FEASIBILITY SURVEY OF PILOT PREVENTION AND
HEALTH INTERVENTION STRATEGIES MANAGEMENT
INFORMATION ANALYSIS CENTER (PRHISM-IAC)

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None of the current Information Analysis Centers (IACs) specialize in the area of preventive medicine and related fields. The United States Air Force (USAF) felt there was a need for this type of an information resource. Therefore, the Armstrong Laboratory of the Human Systems Center (Air Force Materiel Command) contracted with Battelle Memorial Institute to perform this feasibility study for the creation of a Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC).

This document outlines the concept, requirements, and proposed development of a PRHISM-IAC. The report presents a plan and justification for the need to establish a Department of Defense (DOD) PRHISM-IAC. It outlines the strategic (long range) and near-term operational objectives for the phased development of the PRHISM-IAC within the U.S. Air Force and uses the results of a feasibility study to develop operational requirements—to include labor and equipment estimates.
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PRHISM-IAC - FINAL REPORT

PREFACE AND ACKNOWLEDGMENTS

This report summarizes a survey of users for a potential Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC). It describes the process Battelle used to gather information on the needs and structure of the PRHISM-IAC which would best serve the Air Force medical community. In addition we discuss our process for gathering information via interviews and questionnaires and the database developed to analyze these results.

The key participants on the Battelle Memorial Institute team were Dr John C. Allen, Dr Thomas R. Doane and Mr Donald B. McGonigle. We would like to acknowledge assistance from various personnel within the US military medical establishment. Their experience in health care research and policy studies was most helpful to this effort. We specifically appreciated the information and guidance provided by Col John R. Herbold, our technical point of contact for this task, which was essential to the quality of this project.
1.0 SUMMARY

"Knowledge is power, but data is useless until it has been made into information."

1.1 This feasibility study for a Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC) was accomplished for the Air Force's Armstrong Laboratory of the Human Systems Center of Air Force Materiel Command by Battelle Memorial Institute's San Antonio Operations Office from October 1992 to March 1993. It was primarily conducted by use of a questionnaire that was mailed to over 800 potential users of such a service facility. Personal interviews were also conducted with several key USAF, DOD and civilian organization personnel who had a professional interest in the establishment of such an information analysis capability.

1.2 Is the PRHISM-IAC feasible? In a word - YES! There was very strong support expressed by the respondents to our questionnaire. Over 75% said they would use the PRHISM-IAC to accomplish their mission. We also received indications of potential supplemental financial support of over half a million dollars per year for special studies.

1.3 It is clear that the USAF preventive medicine community has a strong requirement for more information, most of the people we had contact with wanted a better understanding of some portion of their business. The scope of the questions ranged from interest in how to predict blistering of the feet of basic trainees to concerns over cancer clusters on industrial bases such as the Air Logistics Centers where workers are exposed to many potentially dangerous chemicals. There were also concerns regarding establishing baselines for disease occurrence as well as cost. Many of the concerns we heard about originated with the USPHS Healthy People 2000 initiative. The PRHISM-IAC could act as a gateway for medical and line personnel with such questions to get to the data they needed to support their answers. Perhaps more important, the PRHISM-IAC staff could help with the interpretation of data considered in the context of population information.

1.4 This report details the process used to establish the feasibility of establishing a PRHISM-IAC with details on the use and response to the questionnaire and interviews. It also outlines the services
PRHISM-IAC - FINAL REPORT

and capabilities that would be necessary to have the PRHISM-IAC meet the requirements that were found to exist within the Air Force, DOD and the civilian community.
2.0 THE INFORMATION ANALYSIS CENTER CONCEPT

"I find that a great part of the information I have was acquired by looking up something and finding something else on the way"

2.1 Background

An Information Analysis Center (IAC) is a federal resource that provides technical information for a specific field of technology. The Department of Defense (DOD) Defense Technical Information Center (DTIC) operates over 20 of these centers for the analysis of scientific and technical information. These IACs are similar in operation but dissimilar in subject matter. Each IAC collects, reviews, analyzes, appraises, summarizes, and stores available information on subjects in a highly specialized technical area. The collections, which are computerized, are expanded regularly to incorporate the most current international research information. However, the IACs are much more than simple libraries. Besides the subject matter material processing outlined above, they also employ subject matter experts who are capable of providing in-depth analysis and interpretation of new and existing data for the specialized user community. The IACs thus serve as the focal points (centers of excellence) within DOD for all available worldwide scientific and technical information in a specialized field or subject area.

Once acquired, digested, evaluated, and synthesized, this information can be published in authoritative reference works and reports, or conveyed as an advisory service to interested users in that specialized field. In this way, the IAC links an expert technical staff with an experienced information specialist group that is supported by in-house or external data bases to provide the most accurate and up-to-date technical information to the using community.

The centers generally offer the following categories of products and services:

- Abstracts and Indexes
- Technical Inquiry Services
- Bibliographic Services
Access need not be limited to the sponsoring government agency. IAC services may be made available to the private sector to the extent practical without impairment of services to DOD and consistent with security and other limitations on the release of information. To offset costs incurred in preparing materials and responses, service charges are imposed on the user for products and services. Such costs are established according to guidance provided by the sponsoring DOD component.

2.2 History

The origin of the DOD information analysis center program has been traced to the immediate post-World War II period with the initial support of IACs at the Johns Hopkins University Applied Physics Laboratory and the Naval Research Laboratory. The program grew substantially in the 1960s and 1970s. Both the number of centers and the number of disciplines included in the IAC program expanded, as did the level of financial support provided by the military departments. By 1971 there were nine IACs. At this time contract administration and funding responsibilities were shifted from the military departments to the Defense Supply Agency.

The program experienced considerable growth during the 1980s as DOD recognized the importance of the explosion of new technologies and the concomitant increase in scientific and technical information. Both policy formulation and program oversight were vested in the Office of the Under Secretary of Defense for Research and Engineering.

2.3 Purpose of the Present Study
None of the current IACs specialize in the area of preventive medicine and related fields. Representative of the office of the United States Air Force Surgeon General felt there was a need for this type of an information resource. Therefore the Armstrong Laboratory of the Human Systems Center (AFMC) contracted with Battelle Memorial Institute to perform this feasibility study for the creation of a Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC).

This document outlines the concept, requirements, and proposed development of a PRHISM-IAC. The report presents a plan and justification for the need to establish a DOD PRHISM-IAC. It outlines the strategic (long range) and near-term operational objectives for the phased development of the PRHISM-IAC within the U.S. Air Force and uses the results of a feasibility study to develop operational requirements, to include labor and equipment estimates.
3.0 PURPOSE AND FUNCTION OF THE PRHISM-IAC

"Nothing is so firmly believed as that which is least known"

3.1 Support for Preventive Medicine

The PRHISM-IAC is intended to serve as an information resource, database repository, and technical center for prevention and health intervention strategies research as well as for the integration of a comprehensive preventive medicine program. The PRHISM-IAC is envisioned as a key part of emerging Air Force preventive medicine initiatives in San Antonio, TX. As missions, priorities, and the demographic structure of Air Force units change, the focus and priority of individual preventive medicine programs must change. The direction of such changes will be influenced by input from AF preventive medicine initiatives. A key premise is that Air Force preventive medicine programs must evolve from solid baselines of reliable data.

The creation of the PRHISM-IAC will introduce new capabilities for the operational commander and manager of health programs - access to past and current information about specific patient populations and the availability of operational research tools to help make decisions. Some example decisions include: what the top medical priorities should be; what impact intervention initiatives can or are having on the health status of all assigned personnel; and potential impacts of shifts in health policies.

The PRHISM-IAC will act as a gateway for Air Force preventive medicine professionals to access the vast number of relevant databases and other information repositories. It will also act as an electronic bridge between them and other parts of the USAF, the federal and state governments and industry.

3.2 Integration and Coordination of Interventions

Since most health problems are multi-factorial in their causation, they must be addressed using a variety of interventions. Also, because health problems are not all equal in their effect on populations and because resources for intervention are always limited, some prioritization for health problems must take place. The size of the problem, its seriousness, and amenability to an intervention strategy
should be used to rank problems and provide the basis for analysis for intervention. Identification of a health problem's determinants (risk factors) and contributing co-factors lead to the development of outcome, impact, and process objectives aimed at the improvement of some measure of health. Service delivery can then be introduced in the context of the contributing factors and determinants. Ultimately, the dimensions of the health problems, their determinants, contributing factors, service capacity, and evaluation of the intervention(s) will need to be brought together in a concise and timely fashion for both political and programmatic reasons. The PRHISM-IAC is intended to become the information gateway through which this happens.

A review of health problems, their determinants and contributing factors vs resources and potential interventions describe the relationships among these entities and suggest how changes in one may affect change in the others. A constant challenge in prevention and health promotion is moving the development of interventions away from ownership of specific diseases, body parts, populations, or funding sources and toward coordinated interventions focusing on the determinants or contributing factors underlying the health problem. The PRHISM-IAC will provide the platform for just such a true coordination of community-based interventions that will make a significant difference in total health care quality.

3.3 Basic Structure and Capabilities

The PRHISM-IAC is intended to be a component part of the Air Force's integrated preventive medicine program and reside at the Armstrong Laboratory. It will function through a matrixed management scheme to assist in offering the following capabilities for support to both operational and developmental preventive services requirements:

A. Operations Research Division

   Systems definition and scope of effort
   Exploratory data analysis
   Health risk appraisals
   Preventive services systems modeling
B. Population Research Division

- Problem identification and definition
- Development of survey tools
- Special projects
- Field research
- Program implementation and contract management
- Program evaluation
- Health outcomes research

C. Technical Services Division

- Information management, storage, and retrieval
- Electronic bulletin board
- Organize and manage seminars, symposia, and conferences
- Develop and distribute brochures and pamphlets
- Compile and distribute problem/population specific datasets
- Database access, analysis, processing, and storage of customized datasets
- Database customizing (data screening, structuring, consistency, correlation and factor analysis)

3.4 PRHISM-IAC Management Oversight

The PRHISM-IAC will have management oversight from the Human Systems Center (HSC) which will develop procedures for establishing priorities for the work of the PRHISM-IAC, establish standard operating procedures for the PRHISM-IAC and act as an advocacy group within the USAF as well as in the disease prevention and health promotion community in general.
4.0 FEASIBILITY STUDY METHODOLOGY

"There is no such thing as reliable information or data, only different degrees of uncertainty and unreliability"

4.1 Background

To validate the need for a DOD information analysis center devoted to the gathering, sorting, analysis and distribution of preventive and health intervention strategies management information, we designed a survey questionnaire. We then sent this questionnaire to a large sample of the medical community of potential users of the PRHISM-IAC. We also visited key agencies both within and outside the DOD that are involved in preventive medicine research and development to obtain more detailed information on their current use and sources of information. Appendix D lists the organizations we contacted. These groups were questioned on the perceived value of a DOD IAC devoted to providing preventive medicine information and analysis services. As part of these on-site interviews, we visited three existing IACs to learn firsthand about their methods of operation and experience in analyzing and distributing specialized scientific and technical information. The IACs we visited were the Chemical Warfare/Chemical and Biological Defense Information Analysis Center (CBIAC), the Crew System Ergonomics Information Analysis Center (CSERIAC), and the Supportability Investment Decision Analysis Center (SIDAC).

During November and December of 1992 we mailed a total of 816 questionnaires, with an introductory letter and a general information sheet describing the purposes and services of IACs. These questionnaires were mailed to individuals thought likely to have an interest in the establishment of a PRHISM-IAC. The questionnaire had 18 primary questions and was developed to survey opinions of the potential user community on the need for a PRHISM-IAC. Appendix B contains the complete questionnaire and the accompanying materials included in the mailing. Appendix C provides the complete mailing list.

4.2 Questionnaire Objectives
We designed the questionnaire to determine the value of establishing a PRHISM-IAC and to obtain information necessary to help develop its proposed mission, scope, and level of operation. The implementing regulation for Department of Defense Information Analysis Centers (Appendix A) was reviewed to be certain that the necessary supporting data would be obtained from the questionnaire returns. Some of the specific objectives of the questionnaire were to help us understand:

- The perceived need for a central source of information in preventive medicine and health intervention strategies management.

- The desired output in products and services that could or should be offered by the PRHISM-IAC.

- The medical services offered by, and/or preventive medicine specialties of, respondents to the PRHISM-IAC questionnaire.

- General demographics and patient populations necessary for inclusion in the PRHISM-IAC.

- Potential short and long-term requirements, studies, analyses, and conferences the PRHISM-IAC could perform or support and the willingness/ability of potential customers to budget and pay for these services.

- The most used, desired, and potentially helpful databases and computer-based information sources that might be offered by the PRHISM-IAC.

- The usefulness of access to classified information and scientific and technical intelligence.

We distributed a draft questionnaire, prepared so that it met these design and information objectives, to 23 members of the Air Force Preventive Services Strategic Planning Group for review. The draft was also critiqued by Armstrong Laboratory Human Resources Directorate (AL/HR) personnel who were knowledgeable in questionnaire construction. These experts were asked to comment on both the content and design of the questionnaire. A written critique, personal interview, or detailed telephone
conversation was obtained from each individual who evaluated the draft. The final version of the questionnaire was prepared based upon the collective suggestions of this review group.

The *a priori* assumption made by Human Systems Center/Armstrong Laboratory and Battelle personnel was that only people strongly interested in the establishment of a PRHISM-IAC would respond to the questionnaire. We felt it was important to spread a wide net to capture as many different communities as possible. There was no effort made to coerce a response. We therefore expected a relatively light response to our questionnaire and felt that any response above 20% would be worthwhile and informative.

4.3 Questionnaire Recipients

A variety of professional medical organizations, directories, and membership lists were used to generate the mailing list of questionnaire recipients. We primarily targeted five different groups: Air Force flight surgeons; military public health officers; health promotion officers; commanders of military treatment facilities; and an assortment of staff officers of other DOD and civilian agencies. Appendix C contains the database of organizations used to produce the composite index. All individual lists were cross-checked to remove duplicate names and addresses.

4.4 Returns and Summary of Responses

The recipients were asked to complete and return the questionnaires, which were mailed on 20 November 1992 and 4 December 1992, within ten days. By March 30, 1993 a total of 205 (26%) of the 797 questionnaires distributed were completed and returned. (We use a base of 797 questionnaires since 29 of the original 816 were returned for lack of correct address.) All response data were entered into a Paradox computer database for analysis.

We did analyze the responses by "category" and found some differential returns. For example, there was a 36% return rate from the Medical Treatment Facility (MTF) administration - commander or administrator. We had a 50% return from the Military Public Health Officers we sent questionnaires to and a 26% return from the health promotion community.
4.4.1 Questions 4 and 5 asked about the frequency of use and the perceived need for computer-based information and database repositories. Eighty-four percent of the respondents answering this question indicated they use this type of service at least once a year; 38% said they employ it more frequently than five times a year. Based on these figures, the implication is that the PRHISM-IAC would receive at least 570 requests per year from the questionnaire respondents alone. A full 78% stated they would most likely use the PRHISM-IAC to accomplish their jobs. Only eight individuals (<5%) stated they definitely would not use it. These responses indicate strong support for the Human Systems Center (HSC) hypothesis that a PRHISM-IAC devoted to the collection, analysis, and distribution of preventive medicine information, would be an appropriate mechanism to augment their developing center of expertise. Figures 4-1 and 4-2 graphically depict the answers to these questions.

4.4.2 Question 1 referred to the Information Sheet that accompanied the Questionnaire and which summarized the categories of products and services we envisioned for the PRHISM-IAC. There was strong interest by the potential using community in all of the subject areas and topics considered within the scope and function of the information analysis center. All categories were considered important to the work of at least some health care providers responding to this question. In addition, there were several suggested additions to the products and services we listed. These are presented in Appendix G.

4.4.3 There was substantial interest in almost all of the medical services and preventive medicine specialties that were listed in the questionnaire (Question 2). Those areas deemed most important, or in which respondents were primarily involved, were Preventive Medicine and Public Health (58%) and Health Promotion (51%). Three topics were of interest to less than 30% of the respondents - Industrial Hygiene, Health Care Policy, and Field Medicine. Health Care Policy was the category that was least frequently (25%) cited as important in the work of the respondents. Figure 4-3 presents the response data to this question.

4.4.4 We wanted to know what populations questionnaire respondents thought would be important to them and addressed this in Question 3. All of the military-related patient populations we listed were thought to be appropriate for inclusion in the PRHISM-IAC by a majority of the total respondents. The most important populations consistently cited were Active Duty (85%) and DOD Civilians (72%). There was little differentiation made between Rated (58%) and Non-Rated (55%). Retired
PRHISM-IAC QUESTIONNAIRE

Intention to Use PRHISM-IAC

(<5%)  

NO!  

Probably Not  

YES

Figure 4-1
PRHISM-IAC QUESTIONNAIRE

Current Use of Databases

![Bar Chart]

Responses (%)

Frequency of Use

Figure 4-2
PRHISM-IAC QUESTIONNAIRE

Question 2A-2J

Medical Area of Specialization

Prev Med
Occ Med
Ind Hygiene
Hlth Promo
Hlth Care Policy
Epi & Biostat
Fid Med/Trmt
Clin Prev Med
Aero Med

Responses (%) 0% 20% 40% 60%

Figure 4-3
PRHISM-IAC QUESTIONNAIRE

Question 3A-3I

Patient Populations

Local Comm
Dependent
Non-DOD Civ'n
DoD Civ'n
Non-Rated
Rated
Retired
Active

Response (%) 0% 20% 40% 60% 80% 100%

Figure 4-4
members were identified as valuable by 65% of respondents as were dependents. Even Members of the Local Community were regarded as valuable additions to the PRHISM-IAC database by 36% of those returning the questionnaire. The response data on patient populations is presented in Figure 4-4.

4.4.5 Over 68% of the respondents indicated they would be willing to provide some sort of budgeting support (Figure 4-5). There were only 53 respondents who stated they would neither budget nor advocate for the PRHISM-IAC's funding. While we did not specifically ask if individuals would use the PRHISM-IAC only if services were free, just 4% said they probably would not use the PRHISM-IAC at all, under any circumstances. Over half (60%) stated they would be willing to pay a nominal fee for special studies and personalized services although only 27% of the respondents indicated they would be willing to contribute funds toward the core program for the establishment and maintenance of the PRHISM-IAC.

Almost 20% of the respondents felt they could forecast some type of funding for the PRHISM-IAC. We feel these positive responses at a conceptual stage give a strong indication of potential financial backing for the future PRHISM-IAC. Further, not only do the numbers of individuals willing to pay for PRHISM-IAC services remain constant throughout a four year period (FY93-96), but the resource amounts increase slightly in the outyears, from $513K in FY93 to $522K in both FY94 and 95. While we understand that these funds are neither committed nor budgeted by the organizations responding to this question, we are encouraged by the number of individuals who scoped out their needs and generated funding estimates at this very early, conceptual stage, of the PRHISM-IAC. This funding should be considered to be ancillary to the core funding which will probably be in the range of $750k per year. With this additional funding the total budget for the PRHISM-IAC could approach $1.25M (Figure 4-6).

4.4.6 Questions 8, 9, 10, and 11 asked the recipients of the questionnaire to identify the types of information sources, databases, and statistical packages they currently use, maintain, or find most helpful in accomplishing their jobs. The answers to these questions obviously give meaningful insight into the potential structure and function of the PRHISM-IAC. We feel it is important to design the PRHISM-IAC around the needs and requirements voiced by the using medical community. In addition, during each visit to the agencies and organizations summarized in Section 4.5 (Personal
PRHISM-IAC QUESTIONNAIRE
Budgeting & Advocating Support

Advocate & Budget
Advocate
Perhaps

No Support (32%)

Advocate or Budget 68%

Figure 4-5
PRHISM-IAC QUESTIONNAIRE
Potential Supplemental Funding

Fiscal Years
FY93
FY94
FY95
FY96

$0  $200,000  $400,000  $600,000  $800,000

Supplemental PRHISM-IAC Funding

Figure 4-6
Interviews) we asked for similar source information. Appendix E references the complete list of databases and information repositories identified by the respondents which therefore should be considered for access and advocacy by the PRHISM-IAC as research tools to assist these clients.

4.4.7 Question 16 asked about the usefulness of access to classified information (DOD CONFIDENTIAL, SECRET, etc.) and/or scientific and technical intelligence. Ninety-one of the individuals answering this question (61%) thought that this type of information would be of at least some help (fewer than one-third said necessary) to accomplish their missions. Thirty-eight percent specifically said that classified information was of no use to them in their jobs. Figure 4-7 presents these response data.

4.4.8 It is important to note that an overwhelming majority (87%) of the respondents felt strongly that electronic access (computer link or telephone modem) with the PRHISM-IAC was important. This leads to concerns addressed in question 15 (Figures 4-8) which asked for opinions about protecting patient confidentiality. More than half (~60%) of the health care providers answering this question felt that passwords alone were sufficient to safeguard patient data. However, 57% did indicate agreement that requiring written approval before access is granted would be a worthwhile security measure. In conjunction with comments on this question we received from the various groups and agencies we personally interviewed, the written comments on the questionnaire collectively recommended several specific procedures to protect: (a) patient and physician confidentiality, (b) the confidentiality of the medical treatment facility itself, and (c) the security and ownership of the medical data being generated. The most common suggestions were:

- Primary access should be by name and social security number of the user/requester.

- Unique passwords, even double passwords, for all users might also be required, along with written authorization/approval to the PRHISM-IAC from the director/head of the requesting agency. These safeguards would assure that only legitimate, certified users gained access to patient and physician data.

- A further security measure, besides the master list of authorized users, could involve encryption of the data. This could take the form of a security "code" based upon
PRHISM-IAC QUESTIONNAIRE
Would Classified Data Be Helpful?

Figure 4-7
PRHISM-IAC QUESTIONNAIRE

Question 15A/B

Figure 4-8
scrambled social security numbers and/or additions and deletions to the data to disguise individual data sets.

- Another possible safeguard might revolve around specifically authorized phone numbers in the user community. The requester would call in to the PRHISM-IAC and leave a message with a return phone number. This number must be a legitimate and approved identifier before the PRHISM-IAC would respond further. In addition, the phone number would have to be associated with an authenticated computer terminal before the PRHISM-IAC would provide data.

4.5 Personal Interviews
On-site visits to several Department of Defense agencies, other government organizations, and three existing Information Analysis Centers were accomplished to obtain more detailed information on the structure and function of current information processing centers of expertise. These groups were also interviewed about the perceived value of a DOD IAC devoted to the collection, analysis, and distribution of preventive medicine information.

4.5.1 Air Force Medical Support Agency (AFMSA), Brooks AFB, TX
We met with personnel from the Air Force Medical Support Agency (AFMSA) several times during the conduct of this feasibility study. Much of the medical data that is captured by the Air Force is maintained by AFMSA. Included in these is the Medical Information Center (MEDIC) database that has several sets of hospitalization data. Among these are the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) database and the Medical Expense and Performance Report (MEPRS) database. Other databases either currently maintained by AFMSA or scheduled to be completed/added include: (a) DOD standard inpatient data record, Inpatient Data System (IDS) and (b) Report on Patients (ROP), a war-time reporting system. Both of these databases are maintained by AF 7CG at the Pentagon. AFMSA is also pilot testing an Ambulatory Encounter Summary (AES) database. It is estimated that this database will maintain over 14 million Air Force Miliary Treatment Facility (AFMTF) records per year. (Appendix E provides a composite of all the information and data repositories that might be accessed by the future PRHISM-IAC.)
All these are (or will be) centrally maintained and accessible from a single point, which the PRHISM-IAC could easily access. Additionally, AFMSA currently performs a key biostatistics function for the Surgeon General. Since AFMSA’s capability to perform this function will end in FY 94 due to downsizing, it could be incorporated into the future PRHISM-IAC.

The AFMSA is clearly interested in participating in the establishment, organization, and development of the PRHISM-IAC. A subgroup chaired by the Director of the AFMSA has been formed to examine and substantiate the specific areas of support that AFMSA will provide the PRHISM-IAC. We currently envision the initial (prototype) PRHISM-IAC accessing only the IDS and CHAMPUS databases, while the mature PRHISM-IAC could access any or all of the other databases discussed above.

The Medical Support Agency also has the Informix database on line. The PRHISM-IAC could function as an intermediary to AFMSA’s current capability or make inquiries directly to Informix in response to requests from the field. The PRHISM-IAC would thus perform a vital linking service to provide integrated information analyses, while not being encumbered by the overhead necessary to provide this portion of the support.

4.5.2 Defense Manpower Data Center (DMDC), Monterey, CA

4.5.2.1 DMDC receives and maintains all demographic data related to the Defense Enrollment Eligibility and Reporting System (DEERS). DEERS data are received on all DOD personnel (active duty, guard, reserve and retired) and their dependents and survivors who are currently or potentially eligible for benefits. DEERS also maintains data for the above populations for up to two years following loss of benefits, to support CHAMPUS claims processing. This division of DMDC tracks all eligibility and entitlement data for each of these groups of individuals. Data is received from each MTF through the Defense Medical Information Service (DMIS). Data access and classification are by International Disease Code (IDC) categories. The two primary functions of DMDC in relation to the DEERS database are to (a) locate facilities and define catchment areas for CHAMPUS, and (b) perform modeling studies and analyses (e.g., what are the projected DOD patient loads one, two, five, etc. years into the future).
4.5.2.2 DMDC also receives and maintains all medical data for DOD (total force manpower). Thus, a data archiving function for all of DOD, both demographic and medical, resides in DMDC.

DMDC maintains 10 primary databases, 60 relational databases, and several special databases for the Office of the Secretary of Defense (OSD).

This organization receives both inpatient and outpatient (ambulatory) military medical data, to include CHAMPUS claims. These are very detailed reports that include Diagnostic Reporting Group (DRG) codes (which show what the individual was treated for) and procedures as Current Procedural Terminology (CPT) codes (which report the actual procedures used in treatment). Additionally, for diagnoses, there is an International Classification of Disease (ICD) code that DMDC also receives. This further categorizes the illness.

DMDC receives these data reports from all three services. They examine the data for completeness and correctness and also combine demographics and medical data. They then categorize it by type of procedure and combine the data by clinical service. The resulting data is then passed back to DMIS. A copy is also retained locally in the DMDC library. This, then, is the primary function of DMDC - warehousing the data. They maintain an archival system and report on what they archive.

4.5.3 Naval Health Research Center (NHRC), San Diego, CA

NHRC creates a chronological file with an event structure (consisting of demographic, hospitalization and other data) for all active duty Navy enlisted personnel. This results in an event structured database that is updated quarterly. The aggregate data from this database forms the Career History File maintained at the Navy Health Research Center in San Diego CA. Medical data are added to this system. This database, along with deployment data, allows for surveillance and/or epidemiological studies.

4.5.4 Scripps Clinic and Research Foundation, La Jolla, CA

We visited the Scripps Clinic and Research Facility (SCARF) to discuss the Air Force Health Study (AFHS) with USAF and contractor researchers. The AFHS study was designed as an epidemiologic
investigation to learn whether long-term health effects are associated with exposures to herbicides in South East Asia. However, besides the data collected on those individuals exposed to herbicide, there is a database on normal control subjects. Data from these controls include all background medical, sociological, and demographic information that could be used as a composite model for many types of long-term health studies.

This normal control database could be very useful for the future PRHISM-IAC. The PRHISM-IAC could provide technical and administrative support for comparative studies against this database in such areas as the long-term effects of smoking, alcohol and drug use, diabetes, coronary artery and heart disease, and disease non-battle injury casualties during times of hostilities.

4.5.5 Armstrong Laboratory, Occupational and Environmental Health Directorate, Brooks AFB, TX

One of the functions of this Directorate is to operate an Aeromedical Service Electronic Bulletin Board, named Pegasus, which is accessible to all members of the Aeromedical Service. This includes active duty, the National Guard and Reserves, and specified contractors with a demonstrated need for such information. The Bulletin Board is available worldwide to every Air Force installation, and includes users at the Armed Forces Medical Intelligence Center (AFMIC), the Army-Air Force Exchange Service (AAFES), and the Defense Commissary Service.

A summary of the major databases maintained by the Armstrong Laboratory and available for use with the Pegasus Bulletin Board and/or in laboratory research can be found in Appendix E. Besides hazardous materials, occupational illness, hearing conservation, and radiation exposure information, there are analytical data on environmental and occupational health samples taken at virtually every USAF base over the last several years. The communication with USAF installations function for the future PRHISM-IAC could be incorporated into the Aeromedical Service Electronic Bulletin Board and used to provide data services to the USAF preventive medicine community. This is currently being done through a temporary arrangement between two directorates of the Armstrong Laboratory (AL/OE and AL/OA) and Battelle.

4.5.6 Armstrong Laboratory, Human Resources Directorate
Another directorate of the Armstrong Laboratory, the Human Resource Directorate (AL/HR), maintains approximately 514 unique data files of Air Force personnel records that collectively offer a compilation of Air Force officer and enlisted personnel information from 1954 through the present. This information has been extracted from the master USAF tapes maintained by the Military Personnel Center at Randolph AFB TX. This data will be very useful for correlating demographic data with medical data for USAF personnel.

4.5.7 Armstrong Laboratory, Aerospace Medicine Directorate

4.5.7.1 Epidemiological Research Division

One of the primary functions of the future PRHISM-IAC as envisioned by epidemiologists is population identification. By knowing the medical data sources available to the epidemiologist (through AFMSA, DMDC, etc.), and by developing real time interactions with the Military Personnel Center at Randolph AFB (through AL/HR) for demographic and force location data, the PRHISM-IAC would become a facilitation center and the focal point for information access.

The Armstrong Laboratory could combine these demographic data with health risk appraisal survey data and so generate a composite file on each Air Force member. These files would create a data infrastructure to allow evaluation of clinical preventive services. A key role for the PRHISM-IAC might then become analyzing this surveillance data for the Health Promotion 2000 initiative. The Air Force would have to maintain and be the custodian of the many databases associated with this initiative.

Currently, there are a wide and disparate variety of health risk appraisal forms being used throughout the Air Force. The PRHISM-IAC could analyze these, decide which one was superior, and recommend to the surgeon general that that form be used Air Force-wide.

4.5.7.2 Clinical Sciences Division

There are many databases maintained by the Clinical Sciences Division of the Armstrong Laboratory (AL/AOC) which will be of great use to the potential users of the PRHISM-IAC. Much of this data
is already computerized and the remainder relatively easily accessed through their archives. There is
do also interest within AL/AOC to have new databases established for Air Force wide flight waivers and
for spectacle/contact lens information. The basic structure of these new databases could be outlined
by the PRHISM-IAC as a service to AL/AOC.

4.5.8 HQ ATC/SGP, Randolph AFB, TX

An important role envisioned for the PRHISM-IAC by the medical community within Air Training
Command would be the ability to track the medical outcome, in terms of retention, of trained aviators
and technicians. An understanding of the problems and illnesses that lead to the attrition for medical
reasons of both pilots and navigators, as well as recruits that undergo technical training, would be
very valuable to this Command. It would enable decision makers to potentially screen out those
recruits who would be most at risk for specific disease entities before they were ever commissioned or
accessed into the force. This would decrease attrition and provide for a healthier, fitter force.
Further, if recruits were accepted into the force with certain marginal problems or levels of disease
(e.g., borderline hypertension, slightly elevated blood cholesterol, heart murmur, etc.), it would be
very useful to decision makers to know historically what percentage were "boarded out" before the
20-year point for these particular problems. The data could then be used to develop predictive
physical standards or preventive medicine criteria for future success in both flight training and
recruiting.

4.5.9 Military Public Health, Kelly AFB, TX

Several suggestions for future support activities for the PRHISM-IAC were posed by the Chief of
Military Public Health at Kelly AFB. For instance, to help Air Force decision makers answer the
question, "Does the government need to pay an individual for hearing loss on the job, or could they
remove that person from the noise environment before the onset of permanent hearing damage," the
PRHISM-IAC could generate a database of workers removed from noisy job environments. This
could be compared to the Hearing Conservation Data Registry to enable researchers to construct a
predictive nomogram that would help forecast when an individual might lose hearing function and
therefore be compensable.
Health care data collection and documentation of both illnesses and injuries are disparate throughout the Air Force; there is no uniform or standard form even from one major command to another. The PRHISM-IAC could assist the Aeromedical Services Information Management System (ASIMS) programmer/managers attempts to standardize data-capture. Managers of the Air Force health care programs could then manipulate the data and identify, for instance, those injury-prone individuals who might most benefit from tutorials, reeducation, or retraining. This type of intervention training might well preclude further illness or future occurrences of specific accidents and injuries (e.g., for lower back injury use of ergonomics or lifting training). The PRHISM-IAC could analyze, recommend and produce standardized forms or formats for specific type of illnesses and injuries.

Another potential service could be to analyze laboratory and pharmacy data: for instance, positive cultures and prescribed medications. The PRHISM-IAC could track several diseases to help determine if the correct and most efficacious medications are being prescribed. These studies might lead to more effective prevention of illness and disease. A potential secondary financial benefit might develop if it was determined which drugs could be identified as high cost compared to utility and which health care providers are prescribing them most often for DOD patients. Similar research could be done on CHAMPUS data bases if managers wanted to determine possible ways to reduce costs.

4.5.10 Wilford Hall Medical Center (Preventive Medicine, Epidemiology, and Occupational Medicine), Lackland AFB, TX

For basic trainees and all officer accessions except Air Force Academy and ROTC graduates, all medical records originate at ATC (Lackland). These records include the results of induction physical examinations, dental records, and complete personal and medical histories. Currently, these data are hand generated; none is automated and no database entries are created. It would be very useful if the Air Force could capture these data and generate population studies so that these individuals could be followed over time. This is similar to the approach used by the US Navy. Further, with enough data, the PRHISM-IAC could generate predictive studies, such as where, when, and to whom medical incidents will most likely occur, or what specific medical problem is costing the Air Force the most in terms of both money and time lost on the job. Specific test results could be examined to perhaps more reliably predict which individuals will (or will not) successfully complete basic training.
Currently there is a local Lotus file (frequency distribution/histogram) of these data. However, it is new (only six months old) and is not a relational database but purely descriptive, with no names or social security numbers attached to the data. A comprehensive database that could predict retention/attrition of the many groups of accessions based on the documented medical conditions individuals exhibit upon accession and separation from the service would be very useful to manpower/recruitment strategic planning.

It is not intended that the PRHISM-IAC collect and maintain data itself. Rather, the PRHISM-IAC will gain access to many external databases, and so create a database of databases for special analyses. The preventive medicine group we talked to at Wilford Hall saw a real need for the PRHISM-IAC to obtain baseline data, such as the incidence of smoking, hepatitis, and other diseases in officer trainees and other young recruits, as well as in the general American population. (The same outside incidence/baseline data would be very valuable for cancer clusters, drug and alcohol use, stress disorders, and AIDS.) Using such data Air Force scientists and health care providers could determine the success of interventions (e.g., the relative effectiveness of the nicotine patch vs. gum vs. no treatment at all in the smoking cessation program). This group at Wilford Hall wanted the PRHISM-IAC to collect data and establish the baseline. Once health care providers have executed an intervention, the PRHISM-IAC could analyze the results and determine if the treatment was effective.

Before deployment (e.g., to Saudi Arabia, Somalia, Kenya) Air Force physicians need to know the disease entities that active duty members and their families (if accompanied) should be protected against. The Armed Forces Medical Intelligence Center (AFMIC) at Ft Detrick, MD maintains much of these data and it is always readily available to Air Force health care providers. However, regardless of AFMIC's success, an ancillary function of the PRHISM-IAC could be to assist/augment the capture and distribution of required medical data during times of troop deployment. Additionally, the TRAVAX database which suggests needed vaccinations and prophylaxes for movement to any part of the world, including endemic medical problems within the United States (e.g., plague in New Mexico, rabies on the east coast, tick borne diseases in the northern tier) could be very useful to base level medical personnel. The PRHISM-IAC should be a subscriber to this information and then provide it to any requester.
Each Major Command in the Air Force has a database of rated personnel who have required any type of medical waiver to continue flying. However, data capture has always been MAJCOM-unique, so that the individual Command database managers cannot communicate with each other. An important function of the future PRHISM-IAC could be to standardize these individual databases so they could be integrated into a meaningful and useful data repository and statistical resource. This was also identified as an interest by ATC/SG (see above).

4.5.11 HQ ACC

Personnel at Air Combat Command Surgeon General's office (ACC/SG) were also interested in data on the effects of granting medical waivers to flyers, i.e., what were the medium and long term effects. This resulted from concern over air crashes or less severe aircraft incidents, but would also involve interest in the effects of the cause of the waivers on other aspects of their life. Did they have an earlier incidence of death from the disease for which they were given a waiver? What was their general life expectancy? This data is not readily available but could be partially "built" from existing databases.

They also expressed an interest in an ophthalmology study group. Now that pilots have been given waivers to fly using contact lenses, what effects are being seen? They thought there was an Air Force wide data base initiated to collect data on the effect of aircrew wearing soft contact lenses. They also were interested in a plan to establish a data base of eye correction prescriptions for both soft contact lens and spectacles for deployed personnel. (This was also mentioned by personnel from AL/AOC.)

Medical intelligence was another concern of the ACC/SG team, but they felt they were getting sufficient support from Armed Forces Medical Intelligence Center. They were interested in such things as thermal burden and effect on performance in aircrew wearing protective suit support ensembles as a result of deployment to hostile weather environments such as the Desert Storm operations.

Health promotion was also a big concern. They felt that standardization was necessary. Such issues as smoking cessation, weight control, blood pressure, etc are all managed locally based on the best
intentions of the local health promotions monitor. There was concern that they might not be using the best type of training. They would like to see a standard Health Risk Appraisal adopted by the USAF.

The ACC/SG personnel would like to see more informational reports from the data collected by Armstrong Laboratory. A specific mention was made regarding the Occupational Illness Disease Registry (OIDR) maintained by the Armstrong Laboratory's Occupational Medicine Division (AL/OEM). (This generic interest in more knowledge about the status of USAF work force is the type of thing that might be managed with a newsletter or periodic special reports on subjects of universal interest to the military medical community.)

Cockpit Resource Management and aircrew attention and awareness management were also concerns of ACC/SG personnel. This issue is discussed further in Section 5.

4.5.12 AFMOA

The personnel we met with in the Air Force Surgeon General's office had several support requirements that mirrored much of what we had previously learned from other interviews and questionnaire responses. However, as they have responsibility for managing specific programs, their interests are even more key to the establishment of the PRHISM-IAC. The following were some specific (and different) requirements that were discussed.

4.5.12.1 The Associate Chief for Bioenvironmental Engineering was interested in support for developing policy positions. Specifically he displayed an interest in having the PRHISM-IAC take a lead in developing new AFOSH standards. He suggested this could be done by having the PRHISM-IAC host a "Tiger Team" of Air Force subject experts who would develop draft standards that the PRHISM-IAC personnel could coordinate and complete for subsequent Air Force approval. There was also an interest expressed in having the PRHISM-IAC staff be responsible for monitoring the Federal Register to identify any federal actions that could affect Air Force programs.

4.5.12.2 We met with the Chief of the Health Promotion Program in the USAF Surgeon General's Office (HQ AFMOA/SGPZ) to determine what their requirements were. One of their biggest
concerns was with the data requirements to answer the survey questions posed by the Healthy People 2000. The Air Force does not have the information to establish the base line to show improvements.

They also want quality of life information. As of the time of our interview with them, they did not have official Air Force backing for a standardized Health Risk Assessment. (We did find that many commands are currently using the Carter Center Health Risk Assessment version.)

4.5.13 HQ AFMC

Since the Armstrong Laboratory is a component organization under the Air Force Materiel Command (AFMC), we met with AFMC personnel early in the feasibility study.

4.5.13.1 HQ AFMC/SG personnel realize the usefulness and importance of a centralized information management center such as the PRHISM-IAC. Although they were aware of the many requirements that existed for such a facility, their intimate knowledge of the severe medical funding problems in the Air Force made them very pessimistic about any chance for funding such a new program. They felt this to be particularly true since non-medical personnel will likely be the final approval authority for the PRHISM-IAC. However, they expressed the opinion that the PRHISM-IAC, if established, would have to consider the epidemiology of the entire DOD workforce, not just aviators and maintenance personnel.

4.5.13.2 HQ AFMC/ST expressed a positive reaction to the possibility of establishing a PRHISM-IAC. As they are responsible for research and development in the Air Force, they were aware of the benefits of establishing an organization capable of acting as a clearinghouse for preventive medicine and other related data and information.

4.5.14 Human Systems Program Office, Brooks AFB TX

Personnel at the Human Systems Program Office (HSC/YA) were interested in human tolerance issues in general. One of their specific interests was in areas such as Disease Non-Battle Illness (DNBI). They would like to be able to simulate or model the expected rate of DNBI for future conflicts. They need this type of data to assist Air Force Surgeon General personnel in strategic planning.
They also expressed an interest in the correlation of live fire testing at equipment on the personnel who would be eventually be involved with that equipment. This would also help them predict human injury effects.

4.5.15 American Health Information Management Association, Ann Arbor, MI

Under the broad heading of the American Health Information Management Association (AHIMA) are several organizations or subsidiaries that are involved in the collection, maintenance, and management of civilian health care data. Oversight of these functions is evidently vested in the Commission on Professional and Hospital Activities (CPHA), a not-for-profit organization sponsored by the American College of Surgeons and the American Hospital Association. Health Care Investment Analysis (HCIA) is an investment firm that directs the business portion of CPHA. Collectively, HCIA and CPHA manage the collection and retention of most of the hospital medical data and civilian patient records in the United States, Canada, and Great Britain.

CPHA maintains huge databanks of both inpatient and outpatient civilian health care data. In essence, they capture 100% of all public (Medicare) data from all patients in all U.S. hospitals. CPHA also analyzes the quality and management of health care, and compares laboratory tests and diagnostic procedures to determine cost and effectiveness parameters. Like the Defense Manpower Data Center, CPHA receives very detailed reports to include the eight Diagnostic Reporting Group codes as well as the International Classification of Disease codes to categorize their illnesses and diseases. In addition, CPHA receives ICD codes (hierarchical 12-digit codes) which detail the services received by each patient, categorized by hospital. This enables CPHA to perform comparative analyses, by disease type, for each medical service.

The largest database CPHA maintains is the Professional Activities Study (PAS) databank which is based on discharge abstracts from each hospital across the nation. This database is also used to perform projections of disease outbreaks.

CPHA protects the confidentiality of both the doctor and the hospital where care is provided, as well as safeguarding patient identity and patient data (both demographic and medical data).
According to the Vice President for Business Development of HCIA, it should be a fairly simple process for the PRHISM-IAC to gain access to all of the databanks maintained by these various organizations.
5.0 PRHISM-IAC SOLUTIONS

"The significant problems we face cannot be solved at the same level of thinking we were at when we created them"

5.1 PRHISM-IAC APPLICATIONS

There have been many application areas that have been identified by our interviews with personnel and the responses to our questionnaires. It is already obvious that not all these needs can be met. They cannot be met because of the magnitude of the requirements in a time of declining resources plus in several cases the data needed to satisfy the requirements don't exist. This lack of data has been one salient finding of our feasibility study. The USAF medical community does not maintain universal computerized medical information on all its personnel. However, there is still a great deal of information available from many sources within the USAF medical community. It is this diversity of sources and formats which makes an organization such as the PRHISM-IAC truly necessary.

Helping to advocate for and develop unique databases is one of the primary mandates of the PRHISM-IAC as we view it. However, the collection of data and maintenance of ongoing databases will always remain with the responsible organization. The PRHISM-IAC will primarily use existing data sets. It is not in the best long term interests of the Air Force preventive medicine community to have the PRHISM-IAC become the primary data repository. We are concerned that if the PRHISM-IAC has primary responsibility for maintaining many diverse databases for the Air Force that it will rapidly have all its resources dedicated to supporting those databases. It would then no longer be able to provide other IAC support functions.

The following are some potential solutions the PRHISM-IAC might employ to address some concerns we heard from our interviews and from the questionnaires we reviewed.

5.1.1 Health Promotion/Disease Prevention/Health Status Info
One of the prime concerns under the general heading of Health Promotion is gathering data to support
the Healthy People 2000 program. To truly comply with the intent of this program it is necessary to
have baseline data on Air Force personnel for many areas such as smoking cessation, blood pressure
control, weight control etc. Unfortunately, there is not a readily available database that can be
queried to provide this type of data on all Air Force personnel. There is some limited data available
from some of the Major Commands that have conducted Health Risk Assessments. This data could
be augmented with data that is available from the Navy and the Army. As mentioned in Section 4,
the Navy has complete medical records on all seaman. The Army has conducted Health Risk
Appraisals for several years. This data could also be queried. The combination of the Navy and
Army data on a similarly situated population could provide very solid estimates on the status of Air
Force personnel. However, we feel there is a strong need to develop an Air Force Health Risk
Assessment program.

5.1.1.1 The Air Force Health Risk Appraisal Survey

As mentioned previously, there is no Air Force Health Risk Appraisal System. However, there are a
variety of Health Risk Appraisal Surveys being used by the different Major Commands. The
PRHISM-IAC could analyze these, decide which one was superior, and recommend to the Surgeon
General that only this one survey form be used Air Force wide.

If this is not done, there is an alternative method of acquiring similar data. The Human Resources
Directorate of the Armstrong Laboratory at Brooks AFB receives all Air Force Military Personnel
Center (MPC) quarterly data updates. This non-medical demographic data could conceivably be
combined with physical conditioning test data and health survey data (filled out each time an
individual is seen at a medical treatment facility) and so generate a composite event structured
chronological file on each Air Force member. Besides being available to health care providers, these
files would create a data infrastructure to allow evaluation of preventive medicine initiatives. Further,
should the PRHISM-IAC be tasked to perform a surveillance function, these files could provide
annual trend-lines of disease entities.

5.1.1.2 Other Health Information

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In order to prioritize the commitment of funding it is necessary for the Air Force Surgeon General to know what are the most prevalent disease conditions in the USAF population. It would also be useful to know what are the most costly treatment routines and some effectiveness measures or validations of interventions.

An example of intervention question would be smoking cessation treatments such as nicotine gum vs patch - which works better? Other questions might be how much fitness is good. What is the point at which there are decreasing benefits or even penalties to health from vigorous fitness routines? A related question of great interest to the Air Force community is how reliable or effective is cycle ergometry?

There is data available to at least partially answer all of these questions.

5.1.2 Epidemiology

Armstrong Laboratory has been active in epidemiology for many years. Although there are existing requirements such as disease tracking and surveillance that are being met, we think the PRHISM-IAC can help bring in a true population perspective by assisting in the access and analysis of other databases in addition to what Air Force epidemiologists normally consult.

5.1.3 Public Health

We did not get many questions that were specifically within the public health arena. The concerns that were expressed dealt with food safety, inspection and sanitation. Again the PRHISM-IAC will have the capability and knowledge base to be able to tap into different sources of data from those routinely consulted by Air Force practitioners.

5.1.4 Occupational Medicine

In the area of occupational medicine there are several new capabilities that the PRHISM-IAC can provide to the using community. The PRHISM-IAC will be able to access a great deal more data on
exposure information and provide comparisons of the effected population with relevant "normal" population data.

It can also provide additional sources of information to support requirements for improved ergonomics capabilities to protect Air Force workers. Similarly the PRHISM-IAC can act as the host facility for Air Force Tiger Teams to write AFOSH standards.

5.1.5 Clinical Preventive Medicine

There are many sources of information that can be accessed by the PRHISM-IAC to assist in the area of clinical care such as the validation of intervention strategies by tracking case histories and treatments. This would help improve the practice of Clinical Preventive Medicine.

The concept presented by personnel at the Kelly AFB Clinic to track pharmacy prescriptions and determine what type of treatment is being prescribed for certain complaints vs effectiveness is an ideal task for the PRHISM-IAC.

5.1.6 Operational/Deployment Medicine & Medical Intelligence

Operational or Deployment Medicine is a topic that came up repeatedly as we reviewed questionnaire results and talked to various Air Force personnel. There is always a need for rapid and reliable information on potential medical problems at potential/real deployment sites. We understand that there are often small teams sent into countries on very short notice. Occasionally they have no time to prepare regarding medical concerns. A very rapid response group like the PRHISM-IAC could very well serve this requirement for them.

Deployment medicine is also concerned with incidents such as non-aircrew heat and cold injuries. Medical support personnel need to know the likelihood of treating everything from athletic injuries to heat stress from desert exposure. An ideal task for the PRHISM-IAC would be to coordinate the medical lessons learned from the recent deployments to Panama, Operation Desert Storm and Somalia.
PRISM-IAC - FINAL REPORT

There is also always the need for generic medical information for travel both within CONUS as well as to other frequently visited overseas locations. Although this data is available from several sources the PRHISM-IAC could be a one stop shop for such routine inquires.

5.1.7 Research Support

We think that research support for Armstrong Laboratory should be one of the strong justifications for the PRHISM-IAC. Although there has been excellent quality research performed by the component organizations of Armstrong Laboratory for many years, the availability of an experienced medical information team within the PRHISM-IAC can only aid in the continuation of this quality work. Some tasks that the PRHISM-IAC could perform are:

- Find, access and interpret information from multiple sources.
- Design and initiate databases for special uses.
- Review/suggest improvements to existing databases.
- Centralized flight waiver information access and analysis.
- Prospective studies of new recruits cohorts.
- Archiving/Interpretation/Evaluation of HSC Data in:
  - Occupation Illness Disease Register (OIDR)
  - Flight Medicine data (FLYREC)
  - Hearing Conservation Data Registry (HCDR)
  - Communicable Disease Surveillance

5.1.8 Updates on New Developments

Another standard service of the PRHISM-IAC should be to keep the client community aware of the latest preventive medicine developments. This could be done by a periodic newsletter, by special focused studies and by sponsoring symposia. If PRHISM-IAC personnel monitor scientific and medical journals they could relay the latest information to the USAF preventive medicine field.

A related type of support would be for PRHISM-IAC personnel to review the Federal Register. They could then provide early indication of activities that might affect the Air Force Aerospace Medicine Program.
5.1.9 Database on Information

The PRHISM-IAC would maintain a database of databases to help core staff and other researchers locate sources of information. The PRHISM-IAC would also maintain a listing and actual copies of technical reports, consultative reports, and other "fugitive" or grey literature that is often very difficult to locate, but very valuable to researchers and practitioners.

5.1.10 Cockpit Resource Management

Although medical concerns regarding flight personnel is only a small part of Cockpit Resources Management programs, the PRHISM-IAC could help in gathering data on historical experiences as well as validating the results of new procedures.

5.2 RELATED APPLICATIONS

There is a very close relationship to what is historically described as preventive medicine, public health, sanitary engineering and the disciplines that come under the heading of environmental sciences. Improvements in environmental quality are key to general preventive health and industrial hygiene is a key part of protecting the health of the worker. We feel it is important to discuss aspects of environmental science and related information analysis requirements. The rapid expansion of requirements and programs suggests that the Air Force should develop a total plan for informational analysis requirements within its environmental programs. This total plan should address all the issues contained in the term "environment".

5.2.1 Environmental Quality

There must usually be a consideration of semantics necessary when defining what "Environmental Quality" is. However, no matter how it is defined, protection of health is often the driving force behind many of today's environmental quality programs throughout DOD. The Air Force community often refers to ESOH for Environmental, Safety and Occupational Health.
We recommend use of the following general definitions in developing usable communications: 1) occupation health should cover the influence of the work place on the health of workers; 2) environmental health should cover the influence of the non-work place environment on health of Air Force personnel and people impacted by Air Force operations; and 3) occupational safety should cover the physical attributes of the work or living place that influence accident and injury potential. Furthermore, we feel that Preventive Medicine spans the concerns of all these disciplines!

Our preliminary assessment is that although there are many Air Force or tri-service ESOH databases or related programs, they are not very well publicized or documented. Our experience shows that within the ESOH user community, a fundamental documentation process for research, development and acquisition of databases is not well accepted and the process is not formalized. While preliminary assessment suggests that there will be extensive data requirements in the ESOH area, the process of reviewing and documenting needs and requirements would help focus the exploratory and prototype development activities of HSC. More important, there will be a definite requirement for linkages to be set up by which other environmental databases programs are continuously evaluated for their impact on the PRHISM-IAC.

5.2.2 Environmental Quality Information Analysis Center (EQIAC)

The Air Force Civil Engineering Service Agency (AFCESA) has maintained a nascent Environmental Quality Information Analysis Center (EQIAC) for the past two years. However, now that the "Environics Laboratory" has become a directorate under the Armstrong Laboratory, the EQIAC has essentially been dissolved with the intention of recreating it within the Human System Center (HSC) at Brooks AFB TX. It will be very important to maintain communications with the responsible personnel within HSC as the EQIAC develops.

5.2.3 PRO-AC

The Air Force Center for Environmental Excellence has initiated their own information analysis center - PRO-AC. Although this IAC has just been initiated, they are already receiving calls from the field. Their primary customers are within the Air Force Civil Engineering Community, and most of
their questions have to do with the Installation Restoration Program. However, they are receiving calls that would more reasonably be handled by one of the directorates of the Armstrong Laboratory.

Our initial assessment from our investigations within the USAF and DOD preventive health arena is that the primary potential users in the ESOH arena are not very familiar with the existing data bases or standardized requirements typical for new systems development. If this assumption is true, there are two key recommendations for development of the functional PRHISM-IAC that can interact with other such services. First, the plan for the PRHISM-IAC should review the adequacy of the existing data resources programs within the environmental arena as they relate to health issues between important users and researchers and make improvement recommendations. Second, during the entire process of developing the prototype PRHISM-IAC, potential new environmental information requirements should be documented for subsequent validation.

5.2.4 Safety Center

There is a great deal of important information of vital interest to the medical community that is currently collected and maintained by the Air Force Safety Center Agency at Norton AFB CA. The PRHISM-IAC, acting as an honest broker between the medical community and the safety community could provide a very valuable service to both groups.

In the interest of mishap prevention, the Safety Center collects air, ground and nuclear mishap information in great detail and stores it in a main-frame computer. The Safety Center makes this data available to organizations involved in the prevention of mishaps and the injuries and fatalities resulting from these.

Through the years personnel from the Life Sciences Division have also conducted numerous studies and analyses of many of these mishaps and published them. These reports are also available to organizations involved in enhancing safety and mishap prevention.

5.2.5 PEGASUS Bulletin Board

The Occupational Health Branch of the Occupation and Health Directorate of the Armstrong Laboratory (AL/OE) currently runs an electronic bulletin board. This bulletin board, called
PEGASUS, is used primarily by the USAF industrial hygiene and public health community. However, this service was intended for of the use of all members of the Aerospace Medicine Program. This service has been offered for approximately four years, although not continuously during that time. It currently has been upgraded to two 486 computers running Wildcat software and has approximately 200 regular users.

The community serviced by the PEGASUS bulletin board is very similar to that envisioned for the PRHISM-IAC. It is very important that a high degree of communication is maintained between the operators of the PRHISM-IAC and the PEGASUS bulletin board. At this time the managers of the PEGASUS bulletin board have created a "conference" for communication among people involved in the development of the PRHISM-IAC. This conference is accessible by any person allowed access by the PEGASUS system operators and it is maintained by PRHISM-IAC feasibility staff of Battelle Memorial Institute at this time.

5.3 POTENTIAL CONSTRAINTS

It appears to us that there are potentially many constraints that will impact the development of the prototype PRHISM-IAC or impact the products derived from it. It is important to document perceived constraints and issues associated with the requirements review, program assessment and investment strategy recommendations that are the key portions of this effort. Part of the prototype PRHISM-IAC will be to identify constraints that could affect implementation of the recommendations:

- Conflicts with different organizational policies, guidelines or existing standards.
- Technical or management constraints such as the requirement to modify an existing database so it can be useful to PRHISM-IAC researchers.
- Public concern is a continuous issue and the public may or may not consider a valid solution to be reasonable.

In developing the plan, there are many constraints that could degrade the final products.
There are organizational politics involved related to interagency, triservice, internal Air Force and HSC roles and missions.

We perceive that many "users" have near-term perspective and minimize the value of the requirements process and subsequent research based solutions. Resources for implementation of RD&A, training and consultation services are scarce.

5.4 PROVIDE ACCESS TO HSC AND AL

A historical concern of Human Systems Center management personnel is the effect of potential clients of trying to get to the right expert to get the support they need. One service the PRHISM-IAC could perform is to direct queries to the right Air Force or DOD organization and follow up to be sure that the inquirer got the information they needed.

The PRHISM-IAC could also serve as broker for the Armstrong Laboratory by providing access to data owned/collected by USAF to other researchers. There is much very useful information within the current data repositories of the Human Systems Center that is not readily available or even known about by outside organizations.
6.0 DESIGN AND FUNCTION OF THE PRHISM-IAC

"For every complex problem there is a simple direct solution...and it is invariably wrong"

6.1 Major Objectives

Central to the effective implementation of the principles behind the concept of a prevention and health intervention strategies management information analysis center is the availability of validated field studies and medical research information. It is one, if not THE primary objective of the PRHISM-IAC to provide Air Force health care professionals with access to a comprehensive data system that can be used for health promotion evaluation, epidemiologic research, disease surveillance, and assessment of other medically-related operational and research issues. The PRHISM-IAC must increase the availability of summarized data to respond to operational, research, health promotion, and clinical care needs of the Air Force Medical Service. One immediate Air Force requirement that is inherently a part of these objectives of the PRHISM-IAC is assistance in defining what information is needed for, and monitoring progress toward accomplishment of, the Health Promotion 2000 objectives. We suggest that fielding of an Air Force-wide Health Risk Appraisal would greatly facilitate this effort. Data so obtained could be archived and analyzed by the PRHISM-IAC.

All of the above general and specific data and information resources could be made available to approved users via an electronic network to address specific concerns and health issues in a timely interactive manner. Building on primarily pre-existing databases, the PRHISM-IAC could provide an immediate, information-based approach for addressing Air Force health, health promotion, medical effectiveness issues, and intervention strategies. These areas could be further broadened to include:

- Lifestyle issues: weight control, nutrition awareness, physical fitness and stress management, smoking cessation, and drug and alcohol awareness and prevention.
- Occupational health: work exposures, safety and injury prevention, low back pain and low back injury prevention and treatment, and cumulative trauma and ergonomics.
Medical parameters: high blood pressure, elevated cholesterol, heart disease, blood donor status and vaccination status.

Other factors that could help set baseline and time-trend information for compliance with and evaluation of progress toward the attainment of Health Promotion 2000 fitness goals and objectives.

The PRHISM-IAC can also assist program and policy offices design and initiate new databases for the USAF medical and operations community. This will assure that new databases are established in such a way so they can be easily accessed by the PRHISM-IAC and other users. It will also help assure that the right data is captured and that the data will intermesh with other related databases.

6.2 Technical Approach

The PRHISM-IAC must build upon the currently available data files already maintained at the Air Force Medical Support Agency (AFMSA), the Defense Manpower Data Center (DMDC), the Armstrong Laboratory and others as discussed in the Personal Interviews section (4.5) of this report. A wealth of medical, sociologic, operational and demographic data sources exist.

The PRHISM-IAC can increase the availability and expand the interactive capabilities of these various data sources. The PRHISM-IAC can provide ready access to medical and health-related information to provide either baseline data or mature analyses for assessment of interventions designed to enhance the health and readiness of Air Force forces worldwide.

6.3 Design and Functional Description of PRHISM-IAC

As previously stated, the primary mission of an Information Analysis Center (IAC) is to provide answers to questions and inquiries from the user community and access state-of-the-art technical information specific to the user community it serves. Within the DOD, the IACs are managed under the Defense Technical Information Center (DTIC) which reports to the Office of the Secretary of Defense (OSD) DDR&E. The IACs expand information gathering capabilities for DTIC and they provide a conduit for DTIC products and services. Although not all IACs are DTIC funded, all have similar functional capabilities. IAC's provide a resource for a community of information users in
specialized technology areas. As mentioned in Section Two, there are presently over 20 contractor-operated IACs. They are basically similar in operation but dissimilar in subject matter. The concepts behind these existing IACs will be used to design the PRHISM-IAC.

The IAC concept introduces a new tool for the preventive medicine researcher, operational commander, and manager of health programs - access to current information about specific defined populations. The PRHISM-IAC staff must have an in-depth understanding of medical database management and the capability to access military and civilian health organizations information sources. The PRHISM-IAC will research the decision making process concerning Air Force medical priorities and the impact intervention initiatives have on the health status of military personnel.

6.3.1 Functional Description:

The critical function of any IAC is to effectively access available information and provide meaningful analyses and query responses that support the needs of the user community. This requires staff qualified in the technical field and the proper tools to provide timely and accurate information when requested. Figure 6-1 illustrates the suggested PRHISM-IAC interface with the user community, database providers, DTIC and USAF management, other IACs and the Civilian Health Community. In a typical IAC, a request for information is administered using the "user inquiry" process shown in figure 6-2. All inquiries are tracked to insure timely completion and quality control.

In order for the PRHISM-IAC to provide such services and others to the user community, access to relevant data is required. This may be in the form of libraries of references and reports, worldwide on-line information services including bibliographic/numeric databases, regional and national libraries and information centers including DTIC, NTIS, NASA, and/or access to experts in the specialty field. Information Processing and Storage/Retrieval Facilities are used in existing IACs and a Collection Maintenance/Distribution System is usually part of any IAC to insure the accessibility of the information.
Figure 6-1: PRISM-IAC Interfaces
Procedures for Responding to User Inquiries

1. Define inquiry problem and establish due date
2. Assign response coordinator
3. Prepare cost estimate
4. Initiate tracking record
5. Enter tracking record in database
6. Contact user, provide status on inquiry
7. Prepare response
8. Complete tracking record
9. Update tracking record in database
10. Mail response package to user
11. Respond to user survey
12. Enter survey results in database
13. Generate quarterly report inputs
14. Handle billing

Figure 6-2: PRHISM-IAC User Inquiry Procedures
6.3.2 Information repository:

DTIC IACs collect and maintain a limited repository of documents and references. These are usually what can be referred to as "grey" literature. The collections would include government reports which have not been published or listed with DTIC as well as information from many other sources. This service is intended for the use of PRHISM-IAC researchers as well as their user community. IAC's also maintain central listings of all other sources of relevant information. This would include any appropriate databases as well as holders of hard to locate references. This information is used to respond to inquiries, develop products, and perform technical tasks. Information repositories can be multi-media in that the document forms may be paper, digital (computer coded electronic), voice (sound), and/or image (digital, microform, video, paper).

Rapid access to the repository is required to effectively respond to user inquiries in a timely fashion. The repository can also serve as a unique centralized collection of PRHISM information accessible by the user community.

6.3.3 IAC Computer Resources:

Every DTIC IAC uses computer technology to improve information access for staff and the user community. There is a wide range of computer architectures at the existing IACs since no overriding requirement dictates the architecture for a given IAC. The most important role of computer resources is the ability to be a useful tool in accomplishing the IAC mission.

Several computer technologies are currently supported within the other existing IACs:

a) input tools
b) storage/retrieval systems
c) administrative/accounting tools
d) analysis aids (e.g. statistical software)
e) communications
Each of these technologies can provide important labor-saving and quality improvements to PRHISM-IAC functions. Input systems will be required to collect information and data needed to perform PRHISM-IAC special studies and analyses. The storage/retrieval systems will also be key to such studies as will the other analysis aids. As the PRHISM-IAC matures, cataloging of descriptive and bibliographic information will be necessary to a PRHISM-IAC information repository. Imaging systems may also be employed to store an electronic image of the information to minimize storage space and to enhance information retrieval.

We envision the PRHISM-IAC to eventually become a fully functional DTIC sponsored IAC which will require the staff to have access to a wide range of computer resources. We recommend implementation of a network which allows shared access to all computer resources. The major elements of an IAC network include disk access for various applications (i.e., word processing) and file sharing, internal and external database access, document input devices (i.e., scanners, keyboards), document output devices (i.e. printer, fax, e-mail), and work stations uniquely configured for specialized applications (i.e., modeling, database servers). The computer architecture required to support the PRHISM-IAC's communications with the other computer systems and the user community can be as simple as a single terminal attached to a modem or network. A layout of a typical IAC computer system is included in Figure 6-3.

Computerized storage/retrieval systems are the reference engine for an IAC. Most of the database information will be located external to the PRHISM-IAC, however, several internal databases will be used as part of PRHISM-IAC operations. Typically a User/Bibliographic Database is generated by an IAC to provide the staff and user community access to the repository. Several other internal database functions will be part of the PRHISM-IAC functional implementation:

- Technical Literature Database
- Periodicals Database
- Technical Area Tasks Database
- Handbooks Database

Temporary databases which are downloaded for manipulation and analyses, as well as other collections of information, will have to be maintained, at least for some limited period. Structured databases, which will be made up of data records, distilled information, and unstructured or full-text databases, will also have to be located within a PRHISM-IAC information repository.
Figure 6-3: Computer System Network Architecture
6.3.3.1 Specialized Full Text (References) or Numeric (Demographic) Databases

Document image processing can transfer hardcopy information through a value added electronic process to eliminate the need to study high volumes of paper or pictorial data. These systems greatly improve retrieval/access and allow an automated workflow environment since the exact information can be readily shared and transferred in digital form. These systems can provide optical character recognition of the image and store the resulting ASCII text in a full-text database which effectively replaces file cabinets as a storage method. Figure 6-4 illustrates a typical document imaging system.

6.3.3.2 Document Administration

The administration of an IAC includes many of the same functions as the typical library. Not only do the IAC staff need access to IAC materials, but the user community needs to access hardcopy and certain IAC computer resources. Most often document administration is required to track loans, classified transmittals, and the status of document requests from external sources. Many of these functions can be automated by a computer system:

- Inventory/Library Management
- Directory of Online Services
- Mailing list
- Technical/Bibliographic Lessons Learned
- Directory of Experts
- Information Sources
- Service Charge System (fee for products provides income to offset the production cost)

Security procedures for handling classified information and procedures/systems must be developed for access control and distribution limitations for PRHISM-IAC information. Administrative procedures can accommodate authorized access to PRHISM-IAC products and services including specialized databases.

An effective capability to identify and retrieve relevant information is the primary resource needed to respond to PRHISM-IAC user inquiries. The user database must support both relational and full-text retrieval methods to allow effective searching. Tools that improve the ability to retrieve relevant information from multiple data sources (internal and external databases, various on-line systems,
bulletin boards, etc.) augment the PRHISM-IAC staff and provide the user with improved thoroughness and overall quality of PRHISM-IAC products.

Examples of tools that aid the researcher/analyst include the following:

- Message Automation Processing (SIFT) and parametric retrieval (J-Space) software
- Analyst GUI environment
- Electronic media processing (image to OCR etc)
- Object Oriented Database tools
- Database parsing and validation software
- Statistical analysis tools

![Diagram of Document Imaging System](image)

Figure 6-4: Document Imaging System
Communications will be essential to the function of the PRHISM-IAC and most often in the form of telephone, fax, e-mail and/or mail. However, access to user computer networks via LAN and/or WAN technologies can further improve communications and allow for more effective transfer of technology to the user community and should therefore be mandatory.

6.3.4 IAC Products/Outputs:

IACs provide the staff and services supporting the user community needs. The "core program" responsibilities are similar across all the IACs. The basic services provided by an IAC include:

- Responding to technical inquiries (specialized and/or standard e-mail/letter responses) and/or bibliographic inquiries and on-line query services.

- Providing copies of pertinent documentation, information, acquisition/processing/maintenance, newsletters, and/or conference/symposia coordination.

Several information products are generated by IACS ranging from newsletters to on-line databases to in depth research projects. Each IAC is staffed by subject matter experts who are specialists in the IAC's technology area. Other products or services can be unique to the user community and may include quarterly or annual State of the Art Reports (SOARS) on relevant topics. Critical reviews and technical assessments, current awareness reports/trend analyses, handbooks, and information summaries may also be developed which condense the available information into more useful format for the user community.

6.3.5 Promotional Efforts:

The services provided by IACs must be utilized by the user community. These services are advertised via promotional efforts by IAC staff and sponsors. Brochures/flyers are developed and distributed at conferences or by mail, staff provide Information Briefings to prospective users, Conference Displays, Users Manuals, and/or Joint meeting sponsorships are used to insure that the user community is supported by the IAC.
6.3.6 Technical Area Tasks

Some IACs also provide special study capabilities via Task-Order Contracts so that clients can obtain more comprehensive analyses augmenting the IAC staff with additional resources which may include corporate staff manpower and expertise or laboratories/test facilities. The Technical Area Tasks (TATs) are specialized studies which require more time and manpower than technical inquiries. TATs also enhance the information repository and provides a method to assure staff are working with state-of-the-art information. Generally TATs are funded by the organization requesting services which may be any Government or Civilian Agency. Additionally, technical area experts plan/conduct effort according to an IAC Work Plan. These personnel are not required to be located at the PRHISM-IAC.

6.4 Resources Required

The PRHISM-IAC would function best with a mix of government and contractor personnel. One suggested organization structure is outlined in Figure 6-5.

6.4.1 Personnel:

A. **Contract Oversight Division** (Government Personnel)
   - Technical Director and Chief Scientist (O6/GM-15)
   - Health Policy Specialist and Contract Manager (O4/GM-13)
   - Secretary (GS-5)
   - Secretary/Clerk Typist (GS-4)

B. **Operations Research Division** (Government Personnel)
   - Operational Research Specialist (GS-13)
   - Demographer (GS-12)
   - Information Sciences Specialist (GS-12)
   - Mathematician/Statistician (GS-12)
   - Epidemiologist (GS-12)

C. **PRHISM-IAC Support Division** (Contract Personnel)
   - Program Manager/Database Manager
   - Epidemiologist
   - Statistician
   - Database Programmer

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6.4.2 Facilities and Equipment

In order to create a functional PRHISM-IAC along the lines outlined above and housing the staff desired, the following office facilities will be needed.

6.4.2.1 Office Space and Furniture
Office space for 18 staff member should be contiguous among staff member and identifiable as a dedicated space for PRHISM-IAC.

6.4.2.2 Office Equipment

- Networked intercom and phone system servicing PRHISM-IAC staff:
  - Four rotary incoming numbers.
  - Direct dial long distance.
  - Phone answering machine
  - Dedicated data quality phone line for direct data exchange with other computer centers

- Facsimile machine: Self-answering, multisheet feed with a dedicated phone line

- Copier with auto feed, sort, front and back coping capability.

- Scanner: High speed with multipage feed.

6.4.2.3 Computer Equipment

- The PRHISM-IAC will need a LAN bridge to Brooks Ethernet backing service by RISC IBM/6000 580 class AIX server etherneted to 486 PC's with Postscript laser printers.

- The RISC server would have the following configuration:
  - 128-256 Megabytes of real memory (RAM)
  - 5-10 spindles of 10-20 Gigabytes of disk storage
  - 1 8mm data tape
  - 1 9 track tape
  - Each "486" (per staff member) with 8 Megabytes RAM, 350 Megabyte hard disk, 33 Mhz cpu, Ethernet card
Software
- Workgroup software: word processing, database management, spreadsheet, e-mail, utilities
- Statistical software: SAS, S-plus
- SCO-Open desktop UNIX for each 486 PC

Desktop Publishing System (Macintosh equivalent)
7.0 CONCLUSIONS

"In the land of the blind, the one-eyed man is king"

7.1 There is a documented requirement for prevention and health intervention strategies management information services within the Air Force. This is additionally validated by the strong endorsements obtained during the many interviews we conducted with Air Force, DOD and civilian community medical personnel. Eighty-four percent stated they used such services. Over three-quarters of the respondents to our questionnaires said they could use the services of a PRHISM-IAC to better conduct their business. The DOD IAC concept is an established mechanism to provide these services.

7.2 Our feasibility study pinpointed many specific information requirements that could be readily addressed by the PRHISM-IAC. Several of these result from the immediate Air Force medical service need to develop priorities for the changing post cold war military architecture. Beyond such far reaching requirements, we estimate there will be about 570 "routine" preventive medicine and public health inquiries a year based on the responses to our questionnaire.

7.3 There is strong interest by the potential users in a wide range of preventive medicine information products and services beyond electronic library services. It will need to have the staff, equipment, funding and capability to offer a full range of data access and analyses capabilities to satisfy the wide range of potential clients.

7.4 There was potential commitment expressed to provide funding for PRHISM-IAC special studies at a rate of over half a million dollars a year.
8.0 RECOMMENDATIONS

"Paradigms for changing times"

8.1 A prototype Prevention and Health Intervention Strategies Management Information Analysis Center (PRHISM-IAC) should be established within the Armstrong Laboratory. It should be established with a mix of Air Force and contracted personnel. There should also be provisions made to provide matrixed support from a wide variety of HSC personnel to offer comprehensive preventive medicine support to the Air Force user community.

8.2 The Human Systems Center should make every effort to present a unified "front door" to the user community. The current possibility that three separate information analysis centers, the AFCEE's PRO-AC, the potential Environmental Quality Information Analysis Center (EQIAC) and the PRHISM-IAC, may coexist on Brooks AFB must be addressed by HSC management.

8.3 The infrastructure needed to manage the Studies and Analysis functions of the IAC might come from Armstrong Laboratory's Population Research Branch as the Air Force Health Study (Ranch Hand) winds down. The possibility that the PRHISM-IAC might also then become a logical repository manager for the Ranch Hand data must be fully evaluated.

8.4 Electronic communication with the user community could be effectively accomplished using the current capabilities of the Pegasus electronic bulletin board managed by the Occupational Health Branch of the Armstrong Laboratory.

8.5 The PRHISM-IAC might logically incorporate the biostatistics function now being performed by the Air Force Medical Support Agency for the Air Force Surgeon General.

8.6 Some immediate tasks for the PRHISM-IAC might include:

- Gathering and interpreting the data necessary to respond to the Health People 2000 goals.
Analyzing the various Health Risk Appraisal Survey forms now being used throughout the Air Force and recommending a standardized form to be used by all Air Force health care providers.

Establish a centralized aeromedical waiver file for Air Force flight personnel.

Establish a formal mechanism for the Air Force to track the outcome, in terms of retention/attrition for medical reasons, of rated aviators and technicians.

Establish a mechanism to validate the efficacy of specific health promotion initiatives.

Identify the diagnoses and medical procedures that are most expensive; follow-on studies might suggest how the Air Force could lessen expenditures in the most costly areas.

Investigate rates of occurrence of specific diseases and comparing these rates to the frequency of examination for these diseases. If exam frequency is out of calibration to actual disease occurrence, the PRHISM-IAC could recommend a different examination schedule.

Analyze laboratory diagnostic and pharmacy usage data to evaluate efficacy of current procedures or determine if different medical or educational interventions might reduce incidence.

Access and disseminate worldwide preventive medicine, vaccination and prophylaxis recommendations for routine PCS and deployments.
APPENDICES


Appendix B: Mail Survey Questionnaire and Accompanying Materials.

Appendix C: Organizations and Directories Used to Generate Mailing List.

Appendix C2: Respondents to Questionnaire

Appendix D: Organizations Contacted (in addition to the Questionnaire) for PRHISM-IAC Input.

Appendix E: List of Potential Databases for the PRHISM-IAC.

Appendix F: List of Potential Information Sources (Journals, Reports, Reviews, Periodicals and other Publications) for the PRHISM-IAC.

Appendix G: Questionnaire Respondents Suggested Additions to the Products and Services Offered by the PRHISM-IAC.

Appendix H: Questionnaire Respondents Suggested Additions to the Medical Services Available for Access in the PRHISM-IAC.

Appendix I: Questionnaire Respondents Suggested Additions to the Patient Populations Included in the PRHISM-IAC.

Appendix J: Questionnaire Respondents Short Term (12 month) and Long Term (1-5 year) Requirements for the PRHISM-IAC.

Appendix K: Conferences, Symposia, and Meetings the IAC Was Asked to Support

Appendix L: General Comments
APPENDIX A

DOD REGULATION 3200.12-R-12
"CENTERS FOR THE ANALYSIS OF SCIENTIFIC AND TECHNICAL INFORMATION"
This Regulation is issued under the authority of DoD Directive 3200.12, "Defense Scientific and Technical Information Program," February 15, 1983. It replaces and cancels DoD Instruction 5100.45, "Centers for Analysis of Scientific and Technical Information," July 28, 1964. This Regulation applies to only those centers whose primary purpose is to provide analytical and evaluative support to defense research, development, and acquisition programs and whose basic operating funds are appropriated for research, development, test, and evaluation.

The provisions of this Regulation apply to the Office of the Secretary of Defense, the Military Departments, and the Defense Agencies (hereafter referred to as "DoD Components"). This Regulation prescribes procedures to be followed by all DoD Components in establishing, operating, and administering centers for Analysis of Scientific and Technical Information (hereinafter referred to as Information Analysis Centers) within the framework of the DoD Scientific and Technical Information Program.

This Regulation is effective immediately and is mandatory for use by all DoD Components. Heads of DoD Components may issue supplementary instructions only when necessary to provide for administration of this Regulation within their respective Components. Send recommended changes to the Regulation through channels to:

Director, Research and Laboratory Management
Office of the Deputy Under Secretary of Defense (Research and Advanced Technology)
The Pentagon, Room 3E114
Washington, D.C. 20301-3081

DoD Components may obtain copies of this Regulation through their own publication channels. Other Federal agencies and the public may obtain copies from the Director, U.S. Naval Publications and Forms Center, 5801 Tabor Avenue, Philadelphia, Pennsylvania 19120.

James P. Wade, Jr.
Acting
Under Secretary for Research and Engineering
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## CHAPTER 1. THE DoD PROGRAM FOR INFORMATION ANALYSIS CENTERS

- Section A. Policy
- Section B. Responsibilities

## CHAPTER 2. ESTABLISHMENT AND DISESTABLISHMENT OF DoD INFORMATION ANALYSIS CENTERS

- Section A. Establishment of IACs
- Section B. Disestablishment of IACs

## CHAPTER 3. OPERATION OF DoD INFORMATION ANALYSIS CENTERS

- Section A. Policy
- Section B. Responsibilities
REFERENCES

(b) DoD Regulation 5220.22-R, "Industrial Security Regulation," February 1984
(h) DoD Directive 5000.11, "Data Elements and Data Codes Standardization Program," December 7, 1964
DEFINITIONS

1. **Analysis.** A qualitative or quantitative information evaluation requiring technical knowledge and judgement.

2. **Centers for Analysis of Scientific and Technical Information.** A formal organization with a primary mission to acquire, digest, analyze, evaluate, synthesize, store, publish, and provide advisory and other user services concerning available worldwide scientific and technical information and engineering data in a clearly defined, specialized field or subject area of significant DoD interest or concern. Information Analysis Centers (IACs) are distinguished from technical information centers and libraries whose functions primarily are concerned with providing reference or access to the documents themselves rather than the information contained in the documents.

3. **Data.** Any representation such as characters or analog quantities to which meaning may be assigned. Data may be expressed in digital, graphic, electronic, or symbolic form.

4. **Scientific and Technical Information (STI).** Communicable knowledge or information resulting from or pertaining to conducting and managing Research, Development, Test and Evaluation (RDT&E) efforts. STI is used by administrators, managers, scientists, and engineers engaged in scientific and technological efforts and is the basic intellectual resource for and result of such effort. Throughout this Regulation the term information shall mean specifically STI and may not be construed to mean scientific and technical intelligence.

5. **Sponsoring DoD Component.** The DoD agency that provides basic operating funds and administrative direction for a given IAC.

6. **Technical Advisory Group.** A group of technical experts chosen to advise and monitor the activities of a given IAC.

7. **Technical Monitor.** The Government technology specialist or project engineer providing continuous technical direction and oversight for the IAC.
CHAPTER 1

THE DoD PROGRAM FOR INFORMATION ANALYSIS CENTERS

A. POLICY

1. In recognition of the important and integral part that information analysis and evaluation activities play in the research and development process, the Department of Defense shall endorse institutionalization of these activities in the form of information analysis centers (IACs) when sufficient requirements or benefits are established.

2. DoD IACs shall be established primarily to support the Department of Defense. They may serve the private sector to the extent practicable within DoD security guidelines and DoD policy regarding the handling of information on military critical technologies. Applicable DoD security guidelines include DoD Regulations 5200.1-R (reference (a)) and 5220.22-R (reference (b)).

3. IACs will not receive, process, or disseminate scientific and technical intelligence.

4. Each IAC shall maintain a staff of technical experts in its field of specialization. The center shall be attached to or have a working relationship with a private sector or DoD organization engaged in technical work related to its mission and may seek assistance from qualified experts employed by that organization.

5. Each IAC shall be administered by a single sponsoring DoD Component to be designated by the Under Secretary of Defense for Research and Engineering (USDR&E) in accordance with DoD Directive 3200.12 (reference (c)).

6. Classified information shall be receipted, controlled, disposed of, and protected from unauthorized disclosure in accordance with the provisions of DoD Regulation 5200.1-R (reference (a)) and DoD Regulation 5220.22R (reference (b)).

7. Publication and release of technical information shall be in accordance with DoD regulations including DoD 5200.1-R (reference (a)). Documents containing classified information shall be issued in accordance with DoD release and security directives contained in reference (a) and (b) after they have been reviewed and approved by responsible technical and security authorities.

8. IACs shall be aware of and shall observe all current export control lists and licensing procedures as established by the Department of State, United States Munitions List; The Department of Commerce, Commodity Control List; and the Department of Energy, Atomic Energy Act. IACs shall ensure that all personnel understand fully these lists and procedures, and centers shall be prepared to act whenever necessary to ensure that these lists and procedures are respected.

9. In the case of contractor operated IACs, the Technical Monitor shall provide technical guidance to the IAC, with the assistance of an ad hoc technical advisory group appointed by the Technical Monitor. In-house IACs
shall have their activities monitored by an ad hoc technical advisory group recommended by the manager of the IAC and approved by the focal point of the sponsoring DoD Component for the IAC concerned.

10. DoD IACs shall establish mechanisms for cooperation and cross-fertilization of ideas on management philosophy, policy, promotion, operating procedures, and other areas of mutual interest. Meetings of all DoD IAC managers, technical monitors, and sponsors shall be held for the purpose of information exchange in these areas.

B. RESPONSIBILITIES

1. The Under Secretary of Defense for Research and Engineering (USD&RE) shall:

   a. Maintain overall management control of the DoD STI Program in accordance with DoD Directive 3200.12 (reference (c)).

   b. Approve or disapprove all proposals by the heads of DoD Components involving the establishment of new IACs, major changes in an IAC's scope or subject area, or disestablishment of an IAC.

   c. Appoint a technology specialist to each DoD IAC as Technical Monitor.

2. The Director, Research and Laboratory Management, USD&RE (Research and Advanced Technology (R&AT)) or his designee shall:

   a. Centrally monitor the DoD IAC program and establish mechanisms to promote standardization among the programs to the DoD Components regarding procurement practices and interagency operations, the development of standard performance measurement, and reporting criteria.

   b. Appoint an ad hoc review board to review each IAC at least biennially.

3. The Sponsoring DoD Component shall:

   a. Provide continuous administrative and operational management for the IAC assigned. Designated in-house DoD IACs are assigned to the proposing Defense Agency or Military Service as approved by the USD&RE.

   b. Prepare and defend programs and budgets consistent with annual budget cycles and USD&RE requirements for each assigned IAC.

   c. Establish USD&RE-approved IACs through procurement of contract services or direct in-house establishment, as appropriate.

   d. Review performance of the IACs in coordination with the Technical Monitor and the Director, Research and Laboratory Management, USD&RE (R&AT) to assess continuing need and approve program changes as necessary to improve performance.
4. The Technical Monitor shall:

a. Provide continuous technical direction and oversight for the IAC assigned.

b. Assess technical subject requirements and adequacy of literature coverage by the IAC for the DoD users.

c. Evaluate and approve IAC proposals for products and services from the technical standpoint.

d. Be a Government employee and not a member of the IAC staff. Synonymous titles are Technical Manager, Government Project Engineer, and Contracting Officer's Technical Representative (COTR).

e. Provide the technical requirements input for the Statement of Work for contractor-operated IACs.
A. **ESTABLISHMENT OF IACs**

1. Proposals from DoD Components for establishment of an IAC shall be processed through the same channels that are used to approve and authorize any other RDT&E program.

2. Approval shall be based on, but not limited to, the following criteria:
   a. Documented evidence of a requirement to fill a void in an emerging DoD technology thrust area.
   b. Clear definition of subject fields to be covered and demonstration that other IACs or sources do not duplicate the proposed IAC.
   c. Cost and effectiveness and evaluation of alternate ways of accomplishing the objectives of the IAC.
   d. Adequate financial support and plans for continuing support to achieve the announced objectives of the IAC.
   e. Active support of the IAC by persons engaged in the type of technical work to be covered by the IAC's information products.
   f. Evidence of capability to enforce proper security procedures and controls on technology transfer.

3. **Subject Coverage.** Subject areas covered by an IAC may be determined from one or both of the following categories:
   a. **Discipline-Oriented Coverage.** This information pertains to all, or a clearly defined part of, a recognized scientific or engineering discipline, which has its own literature or professional traditions.
   b. **Mission-Oriented Coverage.** This information pertains to a military undertaking of special interest to the Department of Defense or to a specific large weapon or its support system or a group of such systems, and therefore, an area that requires an interdisciplinary approach.

4. **Size and Location**
   a. No specific limitations are imposed concerning the size of an IAC as long as the functions described in Definitions (page iv) can be accomplished.
   b. IACs may be located at:
1. DoD installations, laboratories, and activities.

2. Contractor installations (educational institutions, industrial firms, and not-for-profit institutions).

5. Security. IACs will satisfy all physical and document security requirements, as set forth in applicable and referenced DoD directives, for the protection of classified information stored or held therein.

B. DISESTABLISHMENT OF IACs

1. A combination of factors may form the basis for a decision to recommend disestablishment of an IAC. Following a complete review, the USDR&E will make the decision concerning disestablishment of an IAC. The following are typical of questions that may be considered in pondering such a decision.

   a. Is the IAC still functioning in a major DoD technology thrust area?
   b. Is the IAC demonstrably useful to the Department of Defense?
   c. Is the IAC fulfilling a DoD need that is not duplicated by other public, private, or government organizations?
   d. What is the value of products or services to users with respect to current DoD programs?
   e. Are funds available?
   f. Is the IAC maintaining proper security controls and controls over transfer of technology to foreign individuals and organizations?

2. After the USDR&E has decided to disestablish an IAC, the following shall be accomplished:

   a. The sponsoring DoD Component shall announce a termination date at least 90 days before the termination date and shall require the managing supervisor of the IAC to provide a written inventory of the IAC's holdings.
   b. The sponsoring department or agency shall decide the disposition of the IAC's holdings with the assistance of the managing supervisor of the IAC and the approval of USDR&E.
A. POLICY

1. Basic IAC operations, as defined by the sponsoring DoD Component, shall be supported by DoD funds.

2. IACs shall assist in advancing standardization of the technology in the IAC's special field of expertise.

3. IACs shall make optimal use of cost-effective new and advanced technologies, such as computers, telecommunications, and word processing, in operation of their centers.

4. IACs shall acquire, store, and disseminate subject area technical information from appropriate sources, domestic and foreign, including support of approved information exchange programs with countries that have agreements with the United States. However, IACs will not duplicate the existing DoD foreign open-source scientific and technical intelligence literature exploitation program or automated data base.

5. If applicable, IACs shall participate in programs designed for the transfer of technology in assigned areas of technical responsibility. Equally, they shall ensure that such participation does not lead inadvertently to unauthorized transfer of technology.

6. IAC personnel are authorized and encourage to plan, provide technical support for, and participate in major technical conferences, meetings, or symposia in their area of technical specialization. Sponsorship and attendance at meetings will be in accordance with applicable DoD regulations such as DoD Directive 5200.12 (reference (d)) including provisions on security and on transfer of technology. IAC personnel shall maintain contact with senior investigators and develop working relationships with technical, professional, and trade associations and related technical groups to exchange information. Travel funds shall be conserved by using meetings and conferences as an opportunity for making known the products and services of the IAC and maintaining contact with senior investigators in the specialized field of the IAC.

7. IACs shall prepare, announce, and provide primary distribution of critical reviews, state-of-the-art reports, handbooks, data compilations, lists of technical experts, and other significant publications pertaining to their assigned areas of technical specialization. IACs shall respond to inquiries from qualified users bearing in mind applicable security controls and restrictions on transfer of technology to foreign individuals and organizations.

8. With the exception of scientific and technical intelligence, classified or special category material may be received by an IAC provided that the information is pertinent to the mission of the IAC and appropriate security measures have been established.
9. Primary distribution of documents formally issued by an IAC, other than direct correspondence in response to inquiries and the annual reports of the IACs, will include the Defense Technical Information Center (DTIC).

10. IACs will not provide secondary distribution for any documents other than their own. Any IAC engaged in secondary distribution of DoD generated reports shall transfer the distribution activity to the DTIC.

11. The DTIC will provide microfiche copies of technical reports originated by the IACs to DoD and its contractors registered for services with the DTIC at the standard microfiche price.

12. Services provided by the IACs will be on a cost-recovery basis in accordance with guidelines provided by the sponsoring DoD Component.

B. RESPONSIBILITIES

1. The Sponsoring DoD Components shall:

   a. Establish standard reporting requirements and performance measuring criteria for each IAC under its cognizance to the extent possible to permit evaluation of the relative effectiveness of individual IACs.

   b. Ensure that the IAC has a clear definition of subject fields to be covered to avoid duplication.

   c. Evaluate the cost, effectiveness, and continuing need for assigned IACs.

2. The Technical Monitors shall:

   a. Establish operational procedures consistent with DoD security guidelines and technology transfer policy for IAC services to Federal agencies, the private sector, and other customers.

   b. Review and correct as necessary IAC publications prior to printing and dissemination.

   c. Review, in conjunction with responsible security officials, IAC-originated information and material prior to public release to ensure correct distribution statement marking in accordance with DoD Directive 5230.24 (reference (e)) and to ensure correct public release in accordance with DoD Directive 5200.21 (reference (f)).

3. The IAC shall:

   a. Provide services to the DoD departments, agencies, and contractors registered for services with the DTIC.

   b. Manage and control information and data elements consistent with the requirements of DoD Directive 5000.19 (reference (g)) and DoD Directive 5000.11 (reference (h)).
c. Report on their activities consistent with the Contract Data Requirements List for contractor-operated IACs and with report requirements of the sponsoring DoD Component for DoD in-house operated IACs. DoD Components of the National Foreign Intelligence Program involved in intelligence collection, processing, analysis, production, and dissemination functions similar to those of IACs are excluded from reporting requirements of this DoD Regulation 3200.12-R-2.

d. Comply with directions and requirements issued by the sponsoring DoD Component and the Technical Monitor.
APPENDIX B

MAIL SURVEY QUESTIONNAIRE AND ACCOMPANYING MATERIALS
We have hired Battelle Memorial Institute to assist us in developing our Preventive Services Initiative. Battelle is specifically involved in determining the feasibility of establishing a Prevention and Health Intervention Strategies Management (PRHISM) Information Analysis Center (IAC). It is our intention to make this IAC as useful as possible to all potential clients within DOD. In the event you are unfamiliar with IACs, a summary is attached to acquaint you with their purpose and functions (Atch 1).

I need your involvement in developing the PRHISM-IAC. Specifically, I’d like your personal written opinion on its value, whether or not you would use its services, and if so, what products you would like it to provide. Battelle’s questionnaire is attached to assist us in gathering information for use in designing the prototype PRHISM-IAC (Atch 2). To help us design the IAC in the most practical and supportable manner, so it will be most useful to you, please answer each question as thoroughly as you can. If you can return the questionnaire within 10 days, you will do us a valuable service. Please use the enclosed self-addressed envelope.

Our primary contract support personnel are Drs. Thomas R. Doane and John C. Allen of Battelle’s San Antonio office. You can contact them at (512) 737-5921 (FAX ext. 5928). You can also reach them on the E-Mail System at DOANETOM@BCLCL1.

I can be reached at (512) 536-4110; FAX ext. 2042; or E-Mail at: HERBOLD@HQHSD.BROOKS.AF.MIL.

Thank you for your consideration and response.

John Herbold

JOHN R. HERBOLD, DVM, MPH, PhD
Colonel, USAF, BSC
Chief Scientist, Aerospace Medicine Directorate

1. PRHISM-IAC Information Sheet
2. PRHISM-IAC Questionnaire
INFORMATION SHEET
ON
THE PRHISM-IAC

The Prevention and Health Intervention Strategies Management (PRHISM) Information and Analysis Center (IAC) will serve as an information resource, database repository, and technical center for prevention and health intervention strategies research as well as for the integration of a comprehensive preventive medicine program. The IAC is envisioned as the nucleus of an emerging Air Force Preventive Services Initiative (PSI) in San Antonio. The PSI basic premise is that Air Force preventive medicine programs have defined origins (beginnings) and undergo a maturation process. As missions, priorities, and the demographic structure of Air Force units change, the focus and priority of individual preventive medicine programs must change.

The IAC concept introduces a new tool for the operational commander and manager of health programs: access to current information about specific patient populations and application of operational research tools to help make decisions about what your top priorities are and what impact your intervention initiatives are having on the health status of all assigned personnel.

A Preventive Services Strategic Planning Group has sketched a preliminary blueprint for integration of all players (Figure 1). We need your personal participation to assist us in determining the actual requirements and infrastructure for the IAC specifically. The relationships, specific roles and missions of other Air Force medical service supporting organizations will be determined by the Surgeon General and senior Air Force leadership as additional requirements emerge.

The Armstrong Laboratory has chartered Battelle Memorial Institute to determine the feasibility of creating a (PRHISM-IAC). This Center is envisioned to be a service facility for the Air Force, other DOD and Government agencies, universities, research centers, and the commercial civilian community. It will be the focal point for all preventive health services technical information. The PRHISM-IAC will provide the most up-to-date and accurate information available and serve as a studies and analysis center for specialized studies, pilot surveys, operations research, and biostatistical analyses of prevention and health intervention strategies.

There are presently over 20 contractor-operated IACs. They are basically similar in operation but dissimilar in subject matter. Each IAC collects, reviews, analyzes, appraises, summarizes, and stores available information on subjects in a highly specialized technical area. The collections, which are computerized, are expanded on a continuing basis to incorporate the most current international research information. Access is not limited to the sponsoring government agency but is available to the private sector to the extent practical without impairment of services to DOD and consistent with security and other limitations on the release of data. To offset costs incurred in preparing materials and responses, service charges are imposed on the user for products and services. Such costs are established according to guidance provided by the sponsoring DOD component.

(continued on reverse)
The centers generally offer the following categories of products and services (subject areas):

- Abstracts and Indexes
- Technical Inquiry Services
- Bibliographic Service
- Scientific and Technical Reference Works
- State-of-the-Art Reports
- Critical Reviews and Technology Assessments
- Current Awareness
- Special Studies and Tasks
- Technical Conference and Symposia Support

It is envisioned that the PRHISM-IAC will accomplish the following:

- Acquire, digest, analyze, evaluate, synthesize, store, publish and provide advisory and other user services concerning available worldwide information regarding preventive medicine and health intervention strategies.
- Support a database that will contain aggregate patient information concerning clinical episodes of care as well as relevant demographic information.
- Assist in advancing standardization of technologies and processes in the delivery of clinical preventive medicine and health intervention programs.
- Link demographic databases to facilitate epidemiological studies.

Preventive Services Initiative

Figure 1.
This questionnaire will help us understand the value to you of a Prevention and Health Intervention Strategies Management Information Analysis Center. It will also allow us to design the Center in the most useful and practical manner based upon your needs. Your response is very important to us; we would greatly appreciate your returning the completed questionnaire within 10 days.

1. In addition to the categories of products and services (output from the IAC) listed in the introductory Information Sheet, what other information services would you like to see offered by the IAC?

2. Following are the medical services and preventive medicine specialties we feel are important for access in the IAC. Please circle the ones you are primarily involved in. Also indicate any additional areas we've missed.

A. Aerospace Medicine (Flight/Aviation Medicine)

B. Clinical Preventive Medicine

C. Field Medicine and Treatment (Deployment/Operational Medicine)

D. Epidemiology and Biostatistics

E. Health Care Policy

F. Health Promotion

(list continues on next page)
G. Industrial Hygiene
H. Occupational Medicine
I. Preventive Medicine and Public Health
J. Others (please list):

3. Circle the patient populations you feel are appropriate for inclusion in the IAC?
   A. Active Duty
   B. Retired
   C. Rated
   D. Nonrated
   E. DOD Civilian Workers
   F. Non-DOD Civilian Workers
   G. Dependents
   H. Local community (vs. Air Force patient population)
   I. Others (please list):

4. In the past 12 months, how often have you used, or wished you could use, computer-based information analysis and database repositories?
   A. Never
   B. 1-5 times
   C. More than 5 times
5. Would you personally use the PRHISM-IAC as an information resource and database repository?
   A. Definitely yes
   B. Probably yes
   C. Probably not
   D. Definitely not

   (1) What are your short term (three to twelve month) requirements (information analysis and research questions)?

   (2) What are your long term (one to five year) requirements?

6. What special studies would you be interested in having the PRHISM-IAC perform (special studies are distinguished from routine data searches primarily by their complexity, e.g., detailed research gathering studies, biostatistical analyses, etc.)
   A. in the next twelve months?

   B. in one to five years?

7. What specific conferences, symposia, or meetings do you feel the IAC could support?
8. What databases do you use now?

9. What information do you maintain that you would like included in the PRHISM-IAC database?

10. What databases or information sources are currently most helpful to you or would you use if you had access to them (e.g., Dialog)?

11. What statistical packages have you used? Would you suggest the IAC use them to analyze or extract your data sets and information?

12. Would you or your organization be willing to advocate for funds to support the IAC and include them in your budget and POM program-funding process?
   A. Most definitely yes: will both advocate and budget.
   B. Yes, will advocate, but budget unlikely.
   C. Perhaps; will depend upon funding priorities at the time.
   D. Definitely not.

13. Would your organization be willing to pay for the services of the IAC on a Fee For Service arrangement:
   A. For the core program (establishment and maintenance) of the IAC?
      YES  NO
B.  For special studies?

    YES       NO

C.  Can you approximate amounts (a range) by FY?

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D.  What type of funds?

    Research and Development (Major Force Program 6)
    Medical Support (MFP 8)

14.  To protect patient confidentiality:

A.  Do you feel a system of user-unique passwords is sufficient to safeguard access to patient data?

    YES       NO

B.  Would you prefer a written authorization/approval process to certify legitimate user access?

    YES       NO

C.  Any other suggestions to protect the security of patient data?
15. Would it be helpful for the IAC to have access to classified information and scientific and technical intelligence?

A. Extremely helpful.
B. Somewhat helpful.
C. Not helpful at all; doesn’t matter.

Please explain:

16. Would you use electronic access (e.g., computer link or telephone modem) to interact with the IAC?

YES

NO

17. How would you envision evaluating the benefits of the IAC?

A. What sorts of scales or metrics could you use to measure direct benefits (e.g., surveys, customer response and evaluation forms)?

B. How could you measure indirect benefits?
18. Any other comments? For example, what are your personal needs for an IAC? How does this compare to what you think the system needs are for an IAC? Please use additional sheets as necessary.

Our primary contract support personnel for this questionnaire are Drs. Thomas R. Doane and John C. Allen of Battelle's San Antonio office. You may contact them at (512) 737-5921 (FAX ext. 5928) for any type of question, clarification, or additional information about either this questionnaire or the PRHISM-IAC. They can also be reached through the E-Mail System at DOANETOM@BCLCL1. Thanks again for your help.
APPENDIX C

ORGANIZATIONS AND DIRECTORIES USED TO GENERATE THE PRHISM-IAC MAILING LIST

Air Force Chief Scientists
Air Force Flight Surgeons
Air Force Health Promotion Members
Air Force Office of Scientific Research
American College of Epidemiology
Armed Forces Epidemiological Board
Association of State and Territorial Health Officials
  Communicable Disease/AIDS State Contact List
Centers for Disease Control
Health Promotion Members
Medical and Scientific Specialty Listings
Military Public Health Officers
Society for Epidemiologic Research
USAF Worldwide Medical Directory
  Clinics
  Command Surgeons/Administrators
  Direct Reporting Units
  Field Operating Agencies and Special Activities
  Hospitals
  Medical Centers
  Office of the Surgeon General
U.S. Medicine Directory (Major Federal Medical Treatment Facilities)
  Air Force Medical Service
  Department of Health and Human Services
  Department of Veterans Affairs
  DOD
  Federal Aviation Administration
  NASA
  Unified and Specified Commands
  Uniformed Services University of the Health Sciences
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<th>First Name</th>
<th>Phone Number</th>
<th>Company Name</th>
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<th>State</th>
<th>Zip</th>
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<td>George Dr.</td>
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<td>HQ USAF/ST</td>
<td>Washington</td>
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<td></td>
<td>20330</td>
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<tr>
<td>Alexander</td>
<td>Charles Dr.</td>
<td>512-458-7304</td>
<td>TX Department of Health</td>
<td>1100 W. 49th</td>
<td>Austin</td>
<td>TX</td>
<td>78756</td>
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<td>Acree</td>
<td>Kathleen Dr.</td>
<td>916-627-6985</td>
<td>California Dept of Hlth Srvcs</td>
<td>714 P Street</td>
<td>Sacramento</td>
<td>CA</td>
<td>95814</td>
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<tr>
<td>Alexander</td>
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<td>Exxon Biomedical Services</td>
<td>Meltlers Rd, C.N. 2350</td>
<td>East Millstone</td>
<td>NH</td>
<td>08875</td>
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<td>Adams</td>
<td>Col</td>
<td>468-4938</td>
<td>653rd Medical Group</td>
<td>655 Seventh Street</td>
<td>Robins AFB GA 31098-2227</td>
<td>GA</td>
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<tr>
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<td>Anthony Col.</td>
<td>701-723-5103</td>
<td>5 Medical Group</td>
<td>Minot AFB</td>
<td>ND</td>
<td>ND</td>
<td>58701</td>
</tr>
<tr>
<td>Adams</td>
<td>Michael Maj Gen</td>
<td>(709)431-5351</td>
<td>5550 N. Palm #105</td>
<td>Naval Station</td>
<td>Norfolk</td>
<td>VA</td>
<td>23511</td>
</tr>
<tr>
<td>Allen</td>
<td>James</td>
<td>804-444-4657</td>
<td>Navy Environmental Health Cntr</td>
<td>Naval Station</td>
<td>Norfolk</td>
<td>VA</td>
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<tr>
<td>Adkins</td>
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<td>(214)262-0558</td>
<td>200 N. Carrier Pkwy</td>
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<td>Almand</td>
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<td>804-444-4657</td>
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</table>
Last Name: Amsel  
First Name: Jonathan Dr.  
Phone Number: 419-248-5417  
Company Name: Owens Corning Fiberglas  
Address: Fiberglas Tower  
City: Toledo  
State: OH  
Zip: 43659

Last Name: Anderson  
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State: VA  
Zip: 23513

Last Name: Anderson  
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Last Name: Andrews  
First Name: Dee Dr.  
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State: AZ  
Zip: 85240

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State: TX  
Zip: 78235

Last Name: Antonio  
First Name: Melvin Col.  
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City: Beale AFB  
State: CA  
Zip: 95903

Last Name: Anderson  
First Name: Henry Dr.  
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Address: PO Box 309  
City: Madison  
State: WI  
Zip: 53701

Last Name: Armbrustacher  
First Name: Vernon Col.  
Phone Number: 202-576-2800  
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Address: 6825 16 St. NW Bldg. 54  
City: Washington  
State: DC  
Zip: 20306

Last Name: Anderson  
First Name: John Col.  
Phone Number: 513-257-8762  
Address: Medical Center  
City: Wright-Patterson AFB  
State: OH  
Zip: 45433

Last Name: Arreola  
First Name: David Capt.  
Phone Number: 517-747-6575  
Address: 379 Med Gp/SGZ  
City: Wurtsmith AFB  
State: MI  
Zip: 48753-5300
Last Name: Ascher
First Name: Michael Dr.
Phone Number: 510-540-2580
Company Name: Viral & Rickettsial Disease Lab
Address: 2151 Berkeley Way, Room 454
City: Berkeley
State: CA
Zip: 94704

Last Name: Baghdassarian
First Name: Jack LtC
Phone Number: 301-619-7574
Company Name: Armed Forces Med Intlgnc Ctr
Address: Building 1607
City: Fort Detrick, Frederick
State: MD
Zip: 21702

Last Name: Austin
First Name: Susan Dr.
Phone Number: 205-934-3716
Address: UAB Station
City: Birmingham
State: AL
Zip: 35294

Last Name: Bailey
First Name: George O. Col
Phone Number: (318)456-6150
Address: 102 Chennault Ave
City: Barksdale AFB
State: LA
Zip: 71110-2114

Last Name: Avants
First Name: Mervin Col.
Phone Number: 808-449-5195
Address: PACAF
City: Hickam AFB
State: HI
Zip: 96853

Last Name: Baker
First Name: David Col.
Phone Number: 512-652-2028
Address: ATC
City: Randolph AFB
State: TX
Zip: 78150

Last Name: Avery
First Name: Col
Phone Number: 49-6371-44293
Company Name: HQ USAFE
Address: APO AE 09094-5001

Last Name: Baldi
First Name: Aldo G. Col
Address: 56 Creamery Rd
City: Colts Neck
State: NJ
Zip: 07722

Last Name: Avery
First Name: Betty Col.
Phone Number: 01149637147
Company Name: Health Promotion
Address: Unit 3050, Box 130
City: APO
State: AE
Zip: 09094

Last Name: Ball
First Name: Milly Major
Phone Number: 307-775-3240
Company Name: 90 Medical Group/SGZ
Address: 5305 Randall Avenue
City: FE Warren AFB
State: WY
Zip: 82005-5300
Last Name: Beck
First Name: Roger Col.
Phone Number: 405-734-8211
Address: Tinker USAF Hospital
City: Tinker AFB
State: OK
Zip: 73145

Last Name: Bellisario
First Name: Peter Brig Gen
Phone Number: 202-767-4351
Company Name: Chief Medical Service Corps
Address: HQ USAF-SG
City: Bolling AFB
State: DC
Zip: 20332

Last Name: Bekaert
First Name: Lt Col
Phone Number: 739-4383
Company Name: R. L. Thompson Hospital
City: Carswell AFB TX 76127-5300

Last Name: Bender
First Name: Alan Mr.
Phone Number: 612-623-5216
Company Name: Minnesota Department of Health
Address: 717 SE Delaware St
City: Minneapolis
State: MN
Zip: 55440

Last Name: Belihar
First Name: Robert Dr.
Phone Number: 513-257-6632
Company Name: Air Force Material Command
Address: HQ AFMC/SG
City: Wright-Patt AFB
State: OH
Zip: 45433

Last Name: Benenson
First Name: Abram Dr.
Phone Number: 619-594-6108
Company Name: San Diego State University
Address: Graduate School of Public Health
City: San Diego
State: CA
Zip: 92182

Last Name: Belk
First Name: William F. Col
Phone Number: (208)526-1596
Address: 2619 Balboa Dr.
City: Idaho Falls
State: ID
Zip: 83404-7408

Last Name: Bergman
First Name: Ronald Col
Phone Number: (904)664-7865
Address: USAF Clinic / SGP
City: Hurlburt Field
State: FL
Zip: 32544-5300

Last Name: Bell
First Name: Christopher Col.
Phone Number: 805-277-2010
Address: Edwards Hospital
City: Edwards AFB
State: CA
Zip: 93523

Last Name: Bernacky
First Name: Capt
Phone Number: (805)277-7549
Company Name: 650 Medical Group
Address: 55 N. Wolfe Ave
City: Edwards AFB CA 93524-6200
Last Name: Berry
First Name: William Dr.
Phone Number: 202-767-4278
Company Name: AF Office of Scientific Research
Address: Life and Environmental Sciences
City: Bolling AFB
State: DC
Zip: 20332

Last Name: Bertrand
First Name: William Dr.
Company Name: Tulane Univ School of Pub Hlth
Address: 1501 Tulane Avenue
City: New Orleans
State: LA
Zip: 70118

Last Name: Beusse
First Name: Mary Ellen Ms.
Phone Number: 303-331-8330
Company Name: Colorado Dept of Health
Address: 4210 11th Avenue
City: Denver
State: CO
Zip: 80220

Last Name: Bishop
First Name: John A. Col
Phone Number: (512)536-3281
Address: 4106 Margate Drive
City: Beaver Creek
State: OH
Zip: 45430

Last Name: Bissell
First Name: David Col.
Phone Number: 226-4237
Address: 432 Medical Group (Misawa)
City: APO
State: AE
Zip: 96319

Last Name: Black
First Name: Robert Dr.
Company Name: The Johns Hopkins University
Address: 615 North Wolfe Street
City: Baltimore
State: MD
Zip: 21205

Last Name: Blackburn
First Name: Henry Dr.
Phone Number: 612-624-5400
Company Name: U of Minn School of Public Hlth
Address: 515 Delaware St., 1-210 Moos Tower
City: Minneapolis
State: MN
Zip: 55455

Last Name: Blair
First Name: Aaron Dr.
Phone Number: 301-279-7120
Company Name: Cancer Occupation
Address: 11421 Flints Grove Lane
City: Gaithersberg
State: MD
Zip: 20878

Last Name: Blattner
First Name: William Dr.
Company Name: National Cancer Institute
Address: 6130 Executive Blvd. EPN 434
City: Rockville
State: MD
Zip: 20852

Last Name: Block
First Name: Paula LtC.
Phone Number: 513-257-6210
Address: HQ AFMC/SGPZ
City: Wright-Patterson AFB
State: OH
Zip: 45433
Last Name: Blount
First Name: Wilbur C. Col
Phone Number: (614)224-2020
Address: 300 E. Town St
City: Columbus
State: OH
Zip: 43215

Last Name: Bobbitt
First Name: Roy Col.
Phone Number: 512-925-2198
Company Name: Health Promotion
Address: HQ AFIC/SG
City: Midland
State: MI
Zip: 48640

Last Name: Bock
First Name: Charles Dr.
Phone Number: 801-777-7951
Company Name: Armed Forces Pest Mgmt Board
Address: Building 101, Room GO-32
City: Washington
State: UT
Zip: 84056

Last Name: Bolton
First Name: Herbert Capt.
Phone Number: 301-427-5191
Company Name: Armed Forces Pest Mgmt Board
Address: Building 101, Room GO-32
City: Washington
State: DC
Zip: 20307

Last Name: Bond
First Name: Gregory Dr.
Phone Number: 517-836-9732
Company Name: Cancer Env. General
Occupation
Address: 5005 Oakridge
City: Midland
State: MI
Zip: 48640

Last Name: Borcherding
First Name: Donald
Phone Number: 202-482-6676
Company Name: CIA
Address: Office Of Medical Services
City: Washington
State: DC
Zip: 20505

Last Name: Bossley
First Name: Virginia LtC.
Phone Number: 517-739-6561
Address: 379 Medical Group
City: Wurtsmith AFB
State: MI
Zip: 48753

Last Name: Bost
First Name: James W. Col
Phone Number: (512)536-2844
Address: 10103 Outlaw Bend
City: Converse
State: TX
Zip: 78109

Last Name: Bond
First Name: Patrick Mr.
Phone Number: 512-652-6449
Company Name: ATC Research & Tech. Dvlpnt Div.
Address: HQ ATC/XPC
City: Randolph AFB
State: TX
Zip: 78150
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<td>Merle H. Col</td>
<td>813-830-3258</td>
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<td>Brandon</td>
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<tr>
<td>Boyd</td>
<td>Carl R. Col</td>
<td>(219)722-3751</td>
<td>431 Greenlawn Drive</td>
<td>Logansport</td>
<td>IN</td>
<td>46947-1315</td>
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<td>Brandon</td>
<td>Gary K. Col.</td>
<td>(813)830-3258</td>
<td>875 McClelland Dr</td>
<td>Tampa</td>
<td>FL</td>
<td>33621-1602</td>
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<tr>
<td>Boydstun</td>
<td>James A. Col</td>
<td>(509)682-3221</td>
<td>P.O. Box 1647</td>
<td>Chelan</td>
<td>WA</td>
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<td>Brawlay</td>
<td>Robert Capt.</td>
<td>804-444-7575</td>
<td>2510 Walmer Avenue</td>
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<td>Brackin</td>
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<td>601-354-6660</td>
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Last Name: Briccetti
First Name: Albert B. Col
Address: 13729 Piscataway Drive
City: Ft. Washington
State: MD
Zip: 20744

Last Name: Brock
First Name: Col
Company Name: HQ PACAF
Address: 25 E Street, Suite F318
City: Hickam AFB, HI 96853-5418

Last Name: Brooks
First Name: Capt
Phone Number: 477-3309
Company Name: 3498 Medical Squadron
City: Goodfellow AFB TX 76908-5300

Last Name: Brown
First Name: Chester LtC.
Company Name: Canadian Defense Liaison Staff
Address: 2450 Massachusetts AVe. N.W.
City: Washington
State: DC
Zip: 20008

Last Name: Brown
First Name: Harold Capt.
Phone Number: 315-330-5760
Address: 416 Medical Group/SGZ
City: Griffiss AFB
State: NY
Zip: 13441-5300

Last Name: Brown
First Name: Linda Dr
Phone Number: 301-496-4153
Company Name: Cancer Environ Epi-Meth Nutrition
Address: Executive Plaza N. Rm 415
City: Bethesda
State: MD
Zip: 20892

Last Name: Brownell
First Name: Adrienne Capt.
Phone Number: 317-377-2259
Address: 343 Medical Group/SGZ
City: Eielson AFB
State: AK
Zip: 99702-5300

Last Name: Brownlow, Jr.
First Name: Wilfred Dr.
Phone Number: 216-586-8037
Company Name: Occupational Health Division
Address: 200 Public Square 7 J 3801
City: Cleveland
State: OH
Zip: 44114

Last Name: Brumby
First Name: Capt
Phone Number: 347-3171
Company Name: 93d Medical Group
Address: Bldg 1182 Hospital Road
City: Castle AFB CA 95342-5300

Last Name: Brundage
First Name: John LtC.
Phone Number: 202-576-3553
Company Name: Walter Reed Army Institute
Address: Division of Preventive Medicine
City: Washington
State: DC
Zip: 20307
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<td>Burke</td>
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<td>13 Taft Court, Suite 201</td>
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<td>Buck</td>
<td>Richard CMDR</td>
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<td>2510 Walmer Avenue</td>
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<td>Charles Dr.</td>
<td>513-558-1410</td>
<td>Building 471, Mowry Road</td>
<td>Gainesville</td>
<td>FL</td>
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<td>Burgoon</td>
<td>Maj</td>
<td>681-2686</td>
<td>Bldg 375 Mitchell Blvd</td>
<td>Laughlin AFB TX</td>
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Last Name:       Cadenhead
First Name:      Charles Col.
Phone Number:   513-257-6632
Address:        AFMC
City:           Wright-Patterson AFB
State:          OH
Zip:            45433

Last Name:       Calene
First Name:      James Col.
Phone Number:   225-3600
Address:        374 Medical Group
City:           APO
State:          AE
Zip:            96328

Last Name:       Calkins
First Name:      Beverly Dr.
Phone Number:   916-988-0645
Company Name:   Cancer Chronic Environ General
Address:        8941 Edenoaks
City:           Orangevale
State:          CA
Zip:            95662

Last Name:       Campolucci
First Name:      Richard Ms.
Phone Number:   404-488-1819
Company Name:   Centers for Disease Control
Address:        1600 Clifton Rd. NE, Fwy Pk 332
City:           Atlanta
State:          GA
Zip:            30333

Last Name:       Cantor
First Name:      Kenneth Dr
Phone Number:   202-462-4418
Company Name:   Cancer Environ Occupation
Address:        1832 Biltmore Street, N.W.
City:           Washington
State:          DC
Zip:            20009

Last Name:       Burton
First Name:      Joe Col.
Phone Number:   714-655-4461
Address:        22 Medical Group
City:           March AFB
State:          CA
Zip:            92518

Last Name:       Butler
First Name:      Maj
Phone Number:   478-3250
Company Name:   647th Medical Squadron
City:           Hanscom AFB MA 01731-5300

Last Name:       Butler
First Name:      W.M. Capt.
Company Name:   Navy Environmental Hlth Cntr
Address:        Naval Station
City:           Norfolk
State:          VA
Zip:            23511

Last Name:       Buttemiller
First Name:      Robert Col
Address:        QTRS 84 H. Street
City:           Norton AFB
State:          CA
Zip:            92409

Last Name:       Butz
First Name:      Donald Maj Gen
Phone Number:   202-767-5070
Address:        HQ USAF-SG
City:           Bolling AFB
State:          DC
Zip:            20332

Last Name:       CMD Surgeon
Phone Number:   0116805374
Company Name:   U.S. European Command
Address:        Patch Barracks, Vaihingen-Unt 30400
City:           APO
State:          AE
Zip:            09128
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<td>Warren Col.</td>
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<td>Company Name:</td>
<td>U.S. Space Command</td>
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<td>George Dr.</td>
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<td>Arvind Dr.</td>
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<td>Phone Number:</td>
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<td>Company Name:</td>
<td>Rohm and Haas Company</td>
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<td>Address:</td>
<td>PO Box 584</td>
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<td>James L. Col</td>
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<tr>
<td>Phone Number:</td>
<td>804-764-4601</td>
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<td>Address:</td>
<td>HQ ACC/SGPZ</td>
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<td>Langley AFB</td>
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<td>First Name:</td>
<td>Emmanuel J. Col</td>
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<tr>
<td>Phone Number:</td>
<td>310 W. High Ave.</td>
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<td>Address:</td>
<td>Ft. Lauderdale</td>
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</table>
Last Name: Chambers
First Name: Larry Dr.
Phone Number: 416-546-3525
Company Name: McMaster University
Address: 25 Main St. W., 4th Floor
City: Hamilton OT L8N 3P6, Canada

Last Name: Chan
First Name: Claude Col.
Phone Number: 805-866-6726
Address: 30 Medical-Group
City: Vandenberg AFB
State: CA
Zip: 93437

Last Name: Chappelle, Jr.
First Name: Raymond Col.
Phone Number: 301-981-3001
Address: Malcolm Crow USAF Med Center
City: Andrews AFB
State: MD
Zip: 20311

Last Name: Charlat
First Name: Richard A. Col
Address: 3225 Hamilton St.
City: Hill AFB
State: UT
Zip: 84056-5000

Last Name: Charles
First Name: Marie Major
Phone Number: 806-885-3393
Company Name: Health Promotion
Address: 64 FTW Medical Squadron/SGT
City: Reese AFB
State: TX
Zip: 79489

Last Name: Chen
First Name: Jean Dr.
Phone Number: 302-239-5155
Company Name: Cancer Occupation Reproduct
Address: 1 Old Flint Road
City: Hockessin
State: DE
Zip: 19707

Last Name: Cheng
First Name: Alfred Col.
Company Name: HQ USAF/SGPA
Address: Bolling AFB
City: Washington
State: DC
Zip: 20332

Last Name: Chesney
First Name: Murphy A. Lt Gen
Address: 213 Riverhill Blvd.
City: Kerrville
State: TX
Zip: 78028

Last Name: Chester
First Name: Thomas Dr.
Company Name: Chronic Environ Infectious
Address: 1942 Highridge Court
City: Walnut Creek
State: CA
Zip: 94596

Last Name: Chiazze, Jr.
First Name: Leonard Dr.
Phone Number: 202-687-4758
Company Name: Georgetown University
Address: 3750 Reservoir Road NW
City: Washington
State: DC
Zip: 20007

Last Name: Chloupek
First Name: Robert Col.
Phone Number: 404-669-7305
Company Name: Forces Command
City: Ft McPherson
State: GA
Zip: 30330

Last Name: Chong
First Name: Vernon Maj Gen
Address: HQ USEUCOM/ECMD
City: APO
State: AE
Zip: 09128-4209
Last Name: Chovil
First Name: Alan Dr.
Phone Number: 805-683-3379
Company Name: Environ
Consultant
Address: 6121 Stow Canyon Road
City: Goleta
State: CA
Zip: 93117

Last Name: Clarke
First Name: William R.
Address: 13005 Chancery Ct.
City: Richmond
State: VA
Zip: 23233

Last Name: Cleary, Jr.
First Name: John Col.
Phone Number: 601-377-6510
Address: Keesler Med Center
City: Keesler AFB
State: MS
Zip: 39534

Last Name: Close
First Name: Mark Capt.
Phone Number: 602-988-5382
Address: 82d Medical Squadron/SGZ
City: Williams AFB
State: AZ
Zip: 85240-5300

Last Name: Clyde
First Name: David Dr.
Company Name: The Johns Hopkins University
Address: 615 North Wolfe Street
City: Baltimore
State: MD
Zip: 21205

Last Name: Coates
First Name: Donald LtC.
Phone Number: 719-554-6810
Address: HQ AFSPACECOM/SGPM
City: Peterson AFB
State: CO
Zip: 80914

Last Name: Coleman
First Name: Donald L. Brig Gen
Address: P.O. Box 1537
City: Breckenridge
State: CO
Zip: 80424
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<td>Shirley</td>
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<td>333 W. Wacker Dr., Ste 1400</td>
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<td>EL</td>
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<td>Am Inst. of Hazardous Materials</td>
<td>900 Isom Road, Suite 103</td>
<td>San Antonio</td>
<td>TX</td>
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<td>Cooper</td>
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<td>713-792-7457</td>
<td>University of Texas</td>
<td>PO Box 20186</td>
<td>Houston</td>
<td>TX</td>
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<td>675-3204</td>
<td>USAF Clinic</td>
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Last Name: Cousineau  
First Name: Leo Col.  
Phone Number: 701-747-5391  
Address: 319 Medical Group  
City: Grand Forks AFB  
State: ND  
Zip: 58205

Last Name: Cowan  
First Name: Capt  
Phone Number: 362-6175  
Company Name: 319th Medical Group  
Address: 1599 J Street  
City: Grand Forks AFB ND 58205-530

Last Name: Crane  
First Name: Jerry Dr.  
Phone Number: 513-257-5575  
Address: HQ AFLC/EN  
City: Wright-Patterson AFB  
State: OH  
Zip: 45433

Last Name: Creamer  
First Name: Ian Col.  
Company Name: Office of the Surgeon General  
Address: Dept of the Army  
City: Washington  
State: DC  
Zip: 20310

Last Name: Cropper  
First Name: Col  
Phone Number: 633-0213  
Company Name: 652d Medical Group  
Address: 5342 Dudley Blvd  
City: McClellan AFB CA 95652-5300

Last Name: Cross  
First Name: William LtC  
Phone Number: 703-756-8229  
Company Name: Office of the Surgeon General  
Address: 5109 Leesburg Pike, Room 665  
City: Falls Church  
State: VA  
Zip: 22041

Last Name: Crowder  
First Name: Lt Col  
Phone Number: 574-5029  
Company Name: 1st Medical Group  
Address: 45 Pine Street  
City: Langley AFB VA 23665-5300

Last Name: Cunningham III  
First Name: Terence Col.  
Phone Number: 512-670-7351  
Address: Wilford Hall Med Center  
City: Lackland AFB  
State: TX  
Zip: 78236

Last Name: Cunnion  
First Name: Stephen Capt.  
Phone Number: 202-653-0386  
Company Name: Bureau of Medicine and Surgery  
Address: Navy Department  
City: Washington  
State: DC  
Zip: 20372

Last Name: Curlin  
First Name: George Dr.  
Company Name: Fogarty International Center  
Address: Bldg 38A, Room B2N13  
City: Bethesda  
State: MD  
Zip: 20892

Last Name: Curran  
First Name: John S. Col  
Address: 3113 W. Oaklyn Drive  
City: Tampa  
State: FL  
Zip: 33609
Last Name: Daily
First Name: Patrick Capt.
Company Name: Naval Medical Research Institute
City: Bethesda
State: MD
Zip: 20814

Last Name: Darrow
First Name: Charlene CMDR
Phone Number: 202-653-0210
Company Name: Bureau of Medicine and Surgery
Address: Navy Department
City: Washington
State: DC
Zip: 20372

Last Name: Dalager
First Name: Nancy Dr.
Phone Number: 202-634-6005
Company Name: Dept of Veterans Affairs
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State: DC
Zip: 20006

Last Name: Dale
First Name: Col
Phone Number: 945-1962
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City: Kelly AFB TX 78241-5000

Last Name: Dalessandro
First Name: Angelo A. Col
Address: 1515 S. Lewis
City: Tulsa
State: OK
Zip: 74104

Last Name: Daniel
First Name: Donald Dr.
Address: AEDC/CA
City: Arnold AFB
State: TN
Zip: 37389

Last Name: Darnall
First Name: Capt
Phone Number: 838-6361
Company Name: 64th Medical Squadron
City: Reese AFB TX 79489-5300

Last Name: Dash
First Name: Loretta Dr.
Phone Number: 301-671-2926
Company Name: US Army Environ Hygiene Agency
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City: Aberdeen Proving Ground
State: MD
Zip: 21010

Last Name: Davis
First Name: Edwina Ms.
Phone Number: 404-488-4547
Company Name: Centers for Disease Control
Address: 1600 Clifton Rd. NE, CHAM/27,
City: Atlanta
State: GA
Zip: 30333

Last Name: Davis
First Name: Henry F. Col
Address: USAF Hosp/SG
City: APO NY
Zip: 09406-5000

Last Name: Davis
First Name: Jerry Col.
Phone Number: 202-767-1177
Company Name: Chief Biomedical Sciences Corps.
Address: HQ USAF-SG
City: Bolling AFB
State: DC
Zip: 20332
<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Company Name</th>
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<td>Deen</td>
<td>Wallace Dr.</td>
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<td>OSWR/STD/LSB</td>
<td>PO Box 1925</td>
<td>Washington</td>
<td>DC</td>
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<td>Dillenkoffer</td>
<td>Robert L. Col</td>
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<td>409 Ridgewood Dr.</td>
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<td>LA</td>
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<td>Degnon</td>
<td>George Mr.</td>
<td></td>
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<td>1311A Dolly Madison Blvd, Suite 3A</td>
<td>McLean</td>
<td>VA</td>
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<td>Divers, Jr</td>
<td>Walter Col.</td>
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<td>Del Beccaro</td>
<td>Mario Col</td>
<td></td>
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<td>2002 81st Ave. Ct. W.</td>
<td>McLean</td>
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<td>98466</td>
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<tr>
<td>Divine</td>
<td>Barbara Dr.</td>
<td></td>
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<td>1 Allen Ctr. PO Box 1404</td>
<td>Houston</td>
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<td>Deyette</td>
<td>Sherrie Ms.</td>
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<td>Centers for Disease Control</td>
<td>1600 Clifton Rd. NE, Hyattsville</td>
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</table>
Last Name: Doege
First Name: Theodore Dr.
Phone Number: 312-645-4540
Company Name: American Medical Association
Address: 535 N. Dearborn St.
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State: IL
Zip: 60610

Last Name: Dryden
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Zip: 78121

Last Name: Dungan
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Last Name: Dyer
First Name: John T. Col
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State: TX
Zip: 78209-3621

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State: MD
Zip: 20205

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Zip: 68130

Last Name: Edwards
First Name: James Capt.
Phone Number: 804-444-4657
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Address: 2510 Walmer Ave.
City: Norfolk
State: VA
Zip: 23513
Last Name: Falkenheimer  
First Name: Sharon Col.  
Phone Number: 703-697-8233  
Address: The Pentagon, Room 1C545  
City: Washington  
State: DC  
Zip: 20301

Last Name: Ferguson  
First Name: Earl Col.  
Phone Number: 339-7464  
Address: 7100 CSW Med Center (Wiesbaden)  
City: APO  
State: AE  
Zip: 09220

Last Name: Fallon  
First Name: Ann LCDR  
Phone Number: 301-295-3717  
Company Name: Uniformed Servs. University  
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City: Bethesda  
State: MD  
Zip: 20814

Last Name: Ferris  
First Name: Benjamin Dr.  
Phone Number: 617-732-1244  
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City: Boston  
State: MA  
Zip: 02115

Last Name: Farer  
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Zip: 30333

Last Name: Fiden  
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State: NY  
Zip: 13413

Last Name: Farrer  
First Name: Donald Dr.  
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City: Brooks AFB  
State: TX  
Zip: 78235

Last Name: Fay  
First Name: Capt  
Phone Number: 472-1359  
Company Name: 410th Medical Group  
Address: 220 Hospital Circle  
City: K.I. Sawyer AFB MI 49843-305

Last Name: Fayerweather  
First Name: William Dr.  
Phone Number: 302-774-3633  
Company Name: EL du Pont de Nemours & Co.  
Address: ERD, N-11510  
City: Wilmington  
State: DE  
Zip: 19898

Last Name: Finger  
First Name: Reginald Dr.  
Phone Number: 502-564-4478  
Company Name: Department for Health Services  
Address: 275 E. Main Street  
City: Frankfort  
State: KT  
Zip: 40621

Last Name: Fingerhut  
First Name: Marilyn Dr.  
Phone Number: 513-841-4203  
Company Name: Epidemiology, Occupational  
Address: 1600 Clifton Rd. NE, MS-R13  
City: Atlanta  
State: GA  
Zip: 30333
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<tr>
<td>Phone Number:</td>
<td>(414)722-8600</td>
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<td>James S. Col</td>
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<tr>
<td>Phone Number:</td>
<td>(704)263-4716</td>
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<td>Address:</td>
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Last Name: Garten
First Name: Maj
Phone Number: 947-3107
Company Name: 22d Medical Group
Address: 1500 Hospital Way
City: March AFB CA 92518-5300

Last Name: Gentry
First Name: Nancy LtC
Phone Number: 601-377-5305
Address: KTC/SGZ
City: Keesler AFB
State: MS
Zip: 39534-5300

Last Name: Gaugler
First Name: Gary Mr.
Phone Number: 916-643-1248
Address: SM-ALC/CN
City: McClellan AFB
State: CA
Zip: 98652

Last Name: Gerberich
First Name: Susan Dr.
Phone Number: 612-626-0900
Company Name: University of Minnesota
Address: UMHC Box 197, 420 Delaware St. SE
City: Minneapolis
State: MN
Zip: 55455

Last Name: Gaydos
First Name: Joel Col.
Phone Number: 301-295-3717
Company Name: Uniformed Servs. University
Address: 4301 Jones Bridge Road
City: Bethesda
State: MD
Zip: 20814

Last Name: Giadrosich
First Name: Donald Mr.
Phone Number: 904-882-4543
Address: USAF/AC/OA
City: Eglin AFB
State: FL
Zip: 32542

Last Name: Geddie
First Name: Maj
Phone Number: 445-2506/2459
Company Name: 436th Medical Group
Address: 307 Dover St
City: Dover AFB DE 19902-7307

Last Name: Gedrose
First Name: Judith Ms.
Phone Number: 406-444-5580
Company Name: Department of Health
Address: Cogswell Building
City: Helena
State: MT
Zip: 59620

Last Name: Gedrose
First Name: Judith Ms.
Phone Number: 406-444-5580
Company Name: Department of Health
Address: Cogswell Building
City: Helena
State: MT
Zip: 59620

Last Name: Gibbons
First Name: William Mr.
Phone Number: 512-377-3725
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City: San Antonio
State: TX
Zip: 78216

Last Name: Gibbons
First Name: William Mr.
Phone Number: 512-377-3725
Address: 85 NE Loop 410, Suite 612
City: San Antonio
State: TX
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Last Name: Gibbons
First Name: William Mr.
Phone Number: 512-377-3725
Address: 85 NE Loop 410, Suite 612
City: San Antonio
State: TX
Zip: 78216

Last Name: Gibson
First Name: Capt
Phone Number: (714)876-2049
Company Name: 63d Medical Group
Address: H St
City: Norton AFB CA 92409-5300

123
Last Name: Giles
First Name: Forrest Col.
Phone Number: 318-448-5342
Address: 623 Medical Group
City: England AFB
State: LA
Zip: 71311

Last Name: Givens
First Name: Terry Major
Phone Number: 318-456-3746
Address: 2 MEDGP/SGZ
City: Barksdale AFB
State: LA
Zip: 71110-5300

Last Name: Giles
First Name: Forrest Col.
Phone Number: 904-283-7515
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City: Tyndall AFB
State: FL
Zip: 32403

Last Name: Glavan
First Name: Katrina Capt.
Phone Number: 803-764-6321
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City: Langley AFB
State: VA
Zip: 23665-5300

Last Name: Giller
First Name: Walter J. Brig Gen
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State: AR
Zip: 71730

Last Name: Gleason
First Name: Paul Brig Gen
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City: Bolling AFB
State: DC
Zip: 20332

Last Name: Giller
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State: AR
Zip: 71730

Last Name: Gilmore
First Name: Robert Col.
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City: Travis AFB
State: CA
Zip: 94535

Last Name: Ginsburg
First Name: Brian J. Col
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State: CA
Zip: 93720

Last Name: Gold
First Name: Ellen Dr.
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State: CA
Zip: 95616

Last Name: Ginsburg
First Name: Brian J. Col
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State: CA
Zip: 93720

Last Name: Golden
First Name: Terry CMDR
Phone Number: 202-267-0845
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City: Washington
State: DC
Zip: 20593
Last Name: Goodell
First Name: Capt
Phone Number: (315)330-5849
Company Name: 416th Medical Group
Address: 125 Brookley Road
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Zip: 13441

Last Name: Goodwin
First Name: Rebecca Major
Phone Number: 813-830-4739
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City: MacDill AFB
State: FL
Zip: 33608-5300

Last Name: Gordon
First Name: Jane Dr.
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State: OR
Zip: 97201

Last Name: Graham
First Name: Lori Dr.
Phone Number: 207-289-3591
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State: ME
Zip: 04333

Last Name: Gray
First Name: Gary Col.
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City: George AFB
State: CA
Zip: 92394

Last Name: Greeley
First Name: James Col.
Phone Number: 676-6820
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State: AE
Zip: 9824

Last Name: Green
First Name: Ronald S. Col
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State: CO
Zip: 80840

Last Name: Greene
First Name: Jerry W. Col
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City: San Antonio
State: TX
Zip: 78218-3010

Last Name: Gregson
First Name: Gina Capt.
Phone Number: 701-723-5222
Company Name: 5th Medical Group/SGZ
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City: Minot AFB
State: ND
Zip: 58705-5024
Last Name: Griggs  
First Name: Billy Mr.  
Address: 1600 Clifton Rd NE, Bldg 1, Rm B413  
City: Atlanta  
State: Ga  
Zip: 30333

Last Name: Guinee  
First Name: Vincent Dr.  
Phone Number: 713-792-6633  
Company Name: U.T. MD Anderson Cancer Center  
Address: 1515 Holcombe Blvd., Box 214  
City: Houston  
State: TX  
Zip: 77030

Last Name: Grise  
First Name: Darrell Capt.  
Phone Number: 702-653-8312  
Company Name: 37th Medical Squadron/SGZ  
Address: Tonopah Test Range  
City: Nellis AFB  
State: NV  
Zip: 89191-5000

Last Name: Gulbrandsen  
First Name: Patricia Dr.  
Phone Number: 202-453-2665  
Company Name: NASA Headquarters  
Address: 100 Maryland Ave. SW  
City: Washington  
State: DC  
Zip: 20546

Last Name: Gross  
First Name: Leroy Col.  
Phone Number: 904-884-2269  
Company Name: 37th Medical Squadron/SGZ  
Address: Tonopah Test Range  
City: Nellis AFB  
State: NV  
Zip: 89191-5000

Last Name: Gupton  
First Name: Jack Col.  
Phone Number: 719-472-5101  
Company Name: Military Disease Hazards Program  
Address: HQ US Army MRDC  
City: Ft. Detrick, Frederick  
State: MD  
Zip: 21701

Last Name: Hagarty  
First Name: Annette Capt.  
Phone Number: 615-367-6297  
Company Name: Tennessee Dept. of Health  
Address: 283 Plus Park Blvd.  
City: Nashville  
State: TN  
Zip: 37219

Last Name: Grube  
First Name: Col  
Company Name: HQ ACC  
Address: 162 Dodd Blvd., Suite 100  
City: Langley AFB, VA 23665-1995

Last Name: Hagstrom  
First Name: Ruth Dr.  
Phone Number: 615-367-6297  
Company Name: Tennessee Dept. of Health  
Address: 283 Plus Park Blvd.  
City: Nashville  
State: TN  
Zip: 37219
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<td>Hall</td>
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<td>Dr.</td>
<td>517-373-1396</td>
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<td>Halstead</td>
<td>Scott</td>
<td>Dr.</td>
<td>212-869-8500</td>
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<td>Hamill</td>
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<td>Dr.</td>
<td>403-270-6863</td>
<td>University of Colorado</td>
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<td>Hansen</td>
<td>Barbara</td>
<td>Dr.</td>
<td>410-328-3168</td>
<td>University of Maryland</td>
<td>Baltimore</td>
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<td>David</td>
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<td>308-456-6004</td>
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<td>Hammer</td>
<td>Douglas</td>
<td>Dr.</td>
<td>919-847-8821</td>
<td>PO Box 30786</td>
<td>Raleigh</td>
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<td>Hanis-Harrison</td>
<td>Nancy</td>
<td>Ms.</td>
<td>215-691-2587</td>
<td>3601 Canterbury Courth</td>
<td>Bethleham</td>
<td>PA</td>
<td>18017</td>
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<td>Hankirs</td>
<td>Helen</td>
<td>Ms.</td>
<td>404-488-5053</td>
<td>Centers for Disease Control</td>
<td>Atlanta</td>
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<td>Hanko</td>
<td>James</td>
<td>Col.</td>
<td>205-293-7801</td>
<td>AU</td>
<td>10 South Pine St., MSTF 600</td>
<td>Baltimore</td>
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Last Name: Herrera
First Name: Christian Y Col
Address: PO Box 953
City: Loma Linda
State: CA
Zip: 92354

Last Name: Hoel
First Name: David Dr.
Phone Number: 919-541-3441
Company Name: Department of Health
Address: PO Box 12233
City: Research Triangle Park
State: NC
Zip: 27709

Last Name: Hess
First Name: Maj
Phone Number: 736-6416
Company Name: 3750th Medical Group
City: Sheppard AFB TX 76311-5300

Last Name: Heydinger
First Name: David Dr.
Phone Number: 304-348-5358
Company Name: State Department of Health
Address: 1800 Washington St. East
City: Charleston
State: WV
Zip: 25305

Last Name: Hickey
First Name: Capt.
Phone Number: 803-238-6447
Address: 354 Med Gp/SGZ
City: Myrtle Beach AFB
State: SC
Zip: 29577-5300

Last Name: Hickman, Jr.
First Name: James R. Col
Address: 13123 Hunter’s Brook
City: San Antonio
State: TX
Zip: 78230

Last Name: Hickey
First Name: Capt.
Phone Number: 689-7280
Company Name: 380th Medical Group
Address: 1 Michigan Cir
City: Plattsburgh AFB NY 12903-530
Last Name: Holmes
First Name: Talmage Dr.
Phone Number: 517-353-0852
Address: 4559 Keweenaw Dr.
City: Okemos
State: MI
Zip: 48864

Last Name: House
First Name: Capt.
Phone Number: 976-5978
Company Name: 62d Medical Group
Address: 160 G St
City: McChord AFB WA 98438-5300

Last Name: Holsinger, Jr.
First Name: James Dr.
Phone Number: 202-535-7010
Company Name: Veterans Health Services
Address: 810 Vermont Ave. NW
City: Washington
State: DC
Zip: 20420

Last Name: Huber
First Name: Don Col.
Company Name: Armed Forces Med Intlegnc Ctr
Address: Route 1, Box 42H
City: West Point
State: IN
Zip: 47992

Last Name: Hooper
First Name: Stanley J. Col.
Phone Number: (503)232-4846
Company Name: Armed Forces Med Intlegnc Ctr
Address: 6 Essex Court
City: Lake Oswego
State: OR
Zip: 97034

Last Name: Hornick
First Name: Richard Dr.
Phone Number: 407-841-5243
Company Name: Uniformed Servs University
Address: 4301 Jones Bridge Road
City: Bethesda
State: MD
Zip: 20814

Last Name: Hornung
First Name: Richard
Phone Number: 513-841-4211
Company Name: Occupational Safety and Hlth
Address: 1600 Clifton Rd. NE, MS-R4
City: Atlanta
State: GA
Zip: 30333

Last Name: Hulka
First Name: Barbara Dr.
Phone Number: 919-966-7413
Company Name: University of North Carolina
Address: School of Public Health CB# 7400
City: Chapel Hill
State: NC
Zip: 27599

Last Name: Houk
First Name: W.M. Capt.
Company Name: Naval Medical Research
Address: Bethesda
State: MD
Zip: 20814

Last Name: Hull
First Name: Maj
Phone Number: 731-4364
Company Name: 43d Medical Group
Address: Bldg 2040
City: Malmstrom AFB MT 59402-5300
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<td>Phone Number: (407)793-0425</td>
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<td>Phone Number: 203-432-7376</td>
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Last Name: Johnson
First Name: Christine Dr.
Phone Number: 313-354-8060
Company Name: Henry Ford Health System
Address: 23725 Northwestern
City: Southfield
State: MI
Zip: 78076

Last Name: Johnson
First Name: Douglas Col.
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City: Seymour Johnson AFB
State: NC
Zip: 27531

Last Name: Johnson
First Name: Elaine Dr.
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State: MD
Zip: 20857

Last Name: Johnson
First Name: William H. Brig Gen
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State: MI
Zip: 49093

Last Name: Jones
First Name: David R. Col
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City: San Antonio
State: TX
Zip: 78218-1741

Last Name: Jones
First Name: Richard F. Col
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State: TX
Zip: 78218

Last Name: Jones
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State: AL
Zip: 36112

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Zip: 05156-2003

Last Name: Jordan
First Name: William Dr.
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Zip: 20817

Last Name: Kanarek
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Phone Number: 608-263-1626
Company Name: Univ of Wisconsin at Madison
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State: WI
Zip: 53705

Last Name: Kanouse
First Name: David Dr.
Phone Number: 213-393-0411
Company Name: The Rand Corporation
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City: Santa Monica
State: CA
Zip: 90406

Last Name: Karol
First Name: Meryl Dr.
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City: Pittsburgh
State: PA
Zip: 15261
Last Name: Katona  
First Name: Michael Dr.  
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City: Tyndall AFB  
State: FL  
Zip: 32403

First Name: Joseph Col.  
Phone Number: 402-294-7311  
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City: Offutt AFB  
State: NE  
Zip: 68113

Last Name: Keenlyside  
First Name: Richard Dr.  
Phone Number: 401-277-2365  
Company Name: Rhode Island Dept of Health  
Address: 75 David Street  
City: Providence  
State: RI  
Zip: 2908

First Name: TSgt  
Phone Number: 833-5054  
Company Name: 655 Medical Squadron  
Address: P.O. Box 92960  
City: Los Angeles AFB CA 90009-269  
State: NE

Last Name: Kershaw III  
First Name: Charles Col.  
Phone Number: 302-677-2525  
Company Name: Civilian Employee Health Srvcs  
Address: Room 1E356, Pentagon  
City: Washington  
State: DE  
Zip: 20310

First Name: J.P. Dr.  
Address: 436 Medical Group  
City: Dover AFB  
State: DE  
Zip: 19902

Last Name: Keimig  
First Name: Deborah Dr.  
Phone Number: 301-619-7269  
Company Name: AFMIC  
Address: Ft. Detrick  
City: Frederick  
State: MD  
Zip: 21702

First Name: John Dr.  
Company Name: George Washington University  
Address: 901 23rd Street, N.W.  
City: Washington  
State: DC  
Zip: 20037

Last Name: Keiser  
First Name: William LtC  
Phone Number: 512-670-5960  
Company Name: USAF Med Cen/SGZ  
Address: Lackland AFB, TX  
City: Lackland AFB, TX  
State: TX  
Zip: 78236

Last Name: Keiser  
First Name: John Dr.  
Company Name: Malcolm Grow USAF Med Center  
Address: Bldg 1050  
City: Andrews AFB MD 20331-5300  
State: DC  
Zip: 20331

Last Name: Kelleher  
First Name: William LtC  
Phone Number: 512-670-5960  
Company Name: USAF Med Cen/SGZ  
Address: Lackland AFB, TX  
City: Lackland AFB, TX  
State: TX  
Zip: 78236

Last Name: Kilcomons  
First Name: Maj  
Phone Number: 858-2469  
Company Name: Malcolm Grow USAF Med Center  
Address: Bldg 1050  
City: Andrews AFB MD 20331-5300  
State: DC  
Zip: 20331

Last Name: Kildew  
First Name: Capt  
Phone Number: 317-377-4053  
Company Name: 343 Medical Group  
Address: Eielson AFB AK 99702-2325  
State: AK  
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<td>Centers for Disease</td>
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<td>Dept of Social &amp; Hlth</td>
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Last Name: Kuller  
First Name: Lewis Dr.  
Phone Number: 412-624-3054  
Company Name: University of Pittsburgh  
Address: 130 DeSoto Street  
City: Pittsburgh  
State: PA  
Zip: 15261

Last Name: Kulow  
First Name: Lt Col  
Phone Number: 968-5283  
Company Name: 56th Medical Group  
Address: 711 South Bayshore Drive  
City: MacDill AFB FL 33608-5300

Last Name: Kurland  
First Name: Leonard Dr.  
Phone Number: 507-284-5540  
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Address: Harwick 6, Mayo Clinic  
City: Rochester  
State: MN  
Zip: 55905

Last Name: Kurt  
First Name: Thomas Dr.  
Phone Number: 214-655-5315  
Company Name: Food & Drug Administration  
Address: 3032 Bryan Street  
City: Dallas  
State: TX  
Zip: 75204

Last Name: Lahti  
First Name: Capt  
Phone Number: 975-7775  
Company Name: 351 Medical Group  
Address: 331 Sijen Avenue  
City: Whiteman AFB MO 65305-5001

Last Name: Lamoureux  
First Name: Gloria Col.  
Phone Number: 207-999-5541  
Address: 42 Medical Group  
City: Loring AFB  
State: ME  
Zip: 4751

Last Name: Lamson  
First Name: T.H. Col.  
Company Name: Uniformed Srvs. University  
City: Bethesda  
State: MD  
Zip: 20814

Last Name: Landry  
First Name: Roger F. Col  
Phone Number: (202)767-1789  
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City: Bolling AFB  
State: DC  
Zip: 20332-6188

Last Name: Larkin  
First Name: Francis T. Col  
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City: Highland  
State: CA  
Zip: 92346

Last Name: Lavey  
First Name: Michelle Capt.  
Phone Number: 316-651-3646  
Address: 384 MG/SGZ  
City: McConnell AFB  
State: KS  
Zip: 67221-5300

Last Name: Laws, II  
First Name: Harry F. Col  
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City: Alexandria  
State: VA  
Zip: 22310

Last Name: Lawson  
First Name: Nancy Capt.  
Phone Number: 405-734-8255  
Address: USAF Tinker/SGZ  
City: Tinker AFB  
State: OK  
Zip: 73145-5300
Last Name: LeDuc  
First Name: James LtC.  
Company Name: US Army Med Research Institute  
Address: Dept of Epidemiology  
City: Ft Detrick, Frederick  
State: MD  
Zip: 21701

Last Name: Leavitt  
First Name: Joan Dr.  
Company Name: State Dept of Health  
Address: 1001 NE 10th St  
City: Oklahoma City  
State: OK  
Zip: 73152

Last Name: Leftus  
First Name: Thomas LtC.  
Phone Number: 806-885-3542  
Address: 64 Medical Squadron  
City: Reese AFB  
State: TX  
Zip: 79489

Last Name: Leftwich  
First Name: Marion Col.  
Phone Number: 618-256-2303  
Company Name: Health Promotion  
Address: HQ AMC/SGP  
City: Scott AFB  
State: IL  
Zip: 62225

Last Name: Legters  
First Name: Llewellyn Dr.  
Phone Number: 301-295-3170  
Company Name: Uniformed Srv. University  
Address: 4301 Jones Bridge Road  
City: Bethesda  
State: MD  
Zip: 20814

Last Name: Leibrecht  
First Name: Muri E. Col  
Phone Number: (512)536-2844  
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City: San Antonio  
State: TX  
Zip: 78249

Last Name: Lennox  
First Name: Robert Dr.  
Company Name: Vector Biology & Control Project  
Address: 1611 N. Kent Street, Suite 503  
City: Arlington  
State: VA  
Zip: 22209

Last Name: Levy  
First Name: Richard A. Col  
Phone Number: (714)382-3458  
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City: Redlands  
State: CA  
Zip: 92373-5174

Last Name: Lewis  
First Name: Dorothy LtC  
Phone Number: 808-449-1944  
Company Name: Hlth Promotion 15th Med Group/MGN  
City: Hickam,AFB  
State: HI  
Zip: 96853

Last Name: Lilienfeld  
First Name: David Dr.  
Phone Number: 212-246-2290  
Address: 500 East 83rd Street, #6D  
City: New York  
State: NY  
Zip: 10028

Last Name: Llewellyn  
First Name: Craig Dr  
Phone Number: 202-295-3720  
Company Name: Uniformed Svcs University  
Address: 4301 Jones Bridge Road  
City: Bethesda  
State: MD  
Zip: 20814

Last Name: Lobel  
First Name: Hans Dr.  
Company Name: Centers for Disease Control  
Address: 1600 Clifton Rd., NE  
City: Atlanta  
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Last Name: Mabry  
First Name: Judith Col.  
Phone Number: 912-926-6441  
Company Name: Health Promotion  
Address: HQ AFRES/SGN  
City: Robins AFB  
State: GA  
Zip: 31096

Last Name: Manaker  
First Name: Philip A. Col  
Phone Number: (203)433-5193  
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City: S. Glastonbury  
State: CT  
Zip: 06073

Last Name: Manfreda  
First Name: Jure Dr.  
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Last Name: Manning  
First Name: George Col.  
Phone Number: 512-652-4334  
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City: Randolph AFB  
State: TX  
Zip: 78150

Last Name: Marmor  
First Name: Michael Dr.  
Phone Number: 212-340-6500  
Company Name: New York University Medical Center  
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City: New York  
State: NY  
Zip: 10010

Last Name: Maroon  
First Name: Hana LtC  
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City: Dover AFB  
State: DE  
Zip: 19902-5300

Last Name: Marsh  
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State: TX  
Zip: 78235
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State: DC
Zip: 20307

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State: HI
Zip: 96861

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Zip: 96701

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City: Washington
State: DC
Zip: 20307

Last Name: McNeil
First Name: John Maj.
Phone Number: 202-576-0744
Company Name: Walter Reed Army Institute
Address: Division of Preventive Medicine
City: Washington
State: DC
Zip: 20307
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<td>Department of Health Science Research</td>
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Last Name: Milburn
First Name: Capt
Phone Number: 453-5139
Company Name: 5th Medical Group
Address: 10 Missile Avenue
City: Minot AFB ND 58705-5024

Last Name: Millete
First Name: Shelia Major
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Zip: 72099-5300

Last Name: Milham
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State: WA
Zip: 98502

Last Name: Mitro
First Name: Maj
Phone Number: 853-3615
Company Name: 58th Medical Group
Address: 14503 W Sabre Street
City: Luke AFB AZ 85309-1933

Last Name: Millar
First Name: Jack Dr.
Company Name: Society of Med Consultants
Address: 16715 White's Ferry Road
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State: MD
Zip: 20837

Last Name: Mohr
First Name: George Dr.
Company Name: Armstrong Laboratory
Address: AL/CA
City: Brooks AFB
State: TX
Zip: 78235

Last Name: Millar
First Name: Charles Col.
Phone Number: 904-882-7221
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City: Eglin AFB
State: FL
Zip: 32542

Last Name: Mohri
First Name: Col
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Last Name: Miller
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Last Name: Moll
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Zip: 02860-3441

Last Name: Moreno
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State: VA
Zip: 22314-2216
Last Name: Morgan  
First Name: Robert Dr.  
Phone Number: 415-637-0723  
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State: CA  
Zip: 94065

Last Name: Mueller  
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Zip: 99011

Last Name: Mullick  
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Phone Number: 202-576-2873  
Company Name: Center for Advanced Pathology  
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City: Washington  
State: DC  
Zip: 20306

Last Name: Murphy  
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City: Castle AFB  
State: CA  
Zip: 95342-5300

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Zip: 84103

Last Name: Moyses  
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Zip: 21205

Last Name: Muehlberger  
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Phone Number: 702-643-4077  
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City: Nellis AFB  
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Zip: 89191
Last Name: Nelson
First Name: James Col.
Company Name: US Army Health Services Command
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State: TX
Zip: 78234

Last Name: Nelson
First Name: John Dr.
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State: MD
Zip: 21215

Last Name: Nelson
First Name: Norton Dr.
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Company Name: NY University Medical Center
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Zip: 10016

Last Name: Nelson
First Name: Richard Rear Adm
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State: VA
Zip: 23511

Last Name: Nelson, Jr.
First Name: Wilner Col.
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Zip: 61868

Last Name: Nepomuceno
First Name: Normando R. Col
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Zip: 78247

Last Name: Neuberger
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State: KS
Zip: 66103

Last Name: Newton
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State: AE
Zip: 9094

Last Name: Nichols
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State: UT
Zip: 84116

Last Name: Noga
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State: OH
Zip: 45701

Last Name: Nottimier
First Name: Louis A. Col
Phone Number: (404)875-8895
Address: 945 Myrtle St. NE
City: Atlanta
State: GA
Zip: 30309
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<td>Richard Dr.</td>
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<td>Phone Number:</td>
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<td>0711680-5374</td>
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<td>Company Name:</td>
<td>Bureau of Preventive Health Svcs</td>
<td>University of Virginia</td>
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<tr>
<td>Address:</td>
<td>2600 Bull Street</td>
<td>Box 485, Dept of Medicine</td>
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<td>City:</td>
<td>Columbia</td>
<td>Fort Detrick, Frederick</td>
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<td>Edward H. Col</td>
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Last Name: Perez
First Name: Vivian Major
Phone Number: 512-298-6314
Address: 47th Medical Squadron/SGZ
City: Laughlin AFB
State: TX
Zip: 78843-5300

Last Name: Peterson
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State: MD
Zip: 20875

Last Name: Perry
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State: NV
Zip: 89180

Last Name: Peters
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Zip: 21701

Last Name: Peters
First Name: John W. Col
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Last Name: Peters
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Last Name: Peterson
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Zip: 45385

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First Name: Evan A. Col
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State: MO
Zip: 64502

Last Name: Pierce
First Name: Phillip Dr.
Company Name: Georgetown University Med
Cntr
Address: 3800 Reservoir Road, NW
City: Washington
State: DC
Zip: 20007

Last Name: Poel
First Name: Richard Col.
Phone Number: 816-687-2109
Address: 351 Medical Group
City: Whiteman AFB
State: MO
Zip: 65305

Last Name: Poitrast
First Name: Bruce Col.
Phone Number: 512-536-2001
Company Name: Armstrong Laboratory
Address: AL/OE-CA
City: Brooks AFB
State: Tx
Zip: 78235

Last Name: Polhamus
First Name: Garrett LtC
Phone Number: 703-695-9826
Company Name: SAF/AQT
Address: Pentagon, Room BE 939
City: Washington
State: DC
Zip: 20330
Last Name: Policastro  
First Name: Anthony Col.  
Phone Number: 804-764-3000  
Address: 1 Medical Group  
City: Langley AFB  
State: VA  
Zip: 23665  

Last Name: Pollock  
First Name: Gayle LtC  
Phone Number: 703-695-7116  
Company Name: OASD-HA-PA&QA  
Address: The Pentagon, Rm 3D366  
City: Washington  
State: DC  
Zip: 20301  

Last Name: Pontier  
First Name: Lt Col  
Company Name: NGB  
Address: Mail Stop 18, Bldg 3500  
City: Andrews AFB, DC 20331-6008  

Last Name: Poole  
First Name: Robert S. Col  
Address: 6108 Western Ave  
City: Chevy Chase  
State: MD  
Zip: 20815-3310  

Last Name: Porter  
First Name: Diane Ms.  
Phone Number: 404-639-3061  
Company Name: Occupational Safety & Hlth Info.  
Address: 1600 Clifton Rd. NE, MS-D36  
City: Atlanta  
State: GA  
Zip: 30333  

Last Name: Porterfield  
First Name: David E. Col  
Phone Number: (904)651-2662  
Address: 32 Lake Loraine Cr  
City: Shalimar  
State: FL  
Zip: 32579  

Last Name: Postlewaite  
First Name: Lt Col  
Phone Number: 458-4831  
Company Name: 649th Medical Group  
Address: 7321 Eleventh Street  
City: Hill AFB UT 84056-5012  

Last Name: Potter  
First Name: John Dr.  
Phone Number: 612-625-5691  
Company Name: University of Minnesota  
Address: 420 Delaware Street, S.E.  
City: Minneapolis  
State: MN  
Zip: 55455  

Last Name: Powers  
First Name: William Col.  
Phone Number: 513-257-8762  
Company Name: University of Miami  
Address: 1029 NW 15th Street  
City: Miami  
State: FL  
Zip: 33136  

Last Name: Prineas  
First Name: Ronald Dr.  
Phone Number: 305-547-6972  
Company Name: John Hopkins Hospital  
Address: Blalock 1111-Div Infectious Diseases  
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Last Name: Smith
First Name: Robert L. Col
Phone Number: (206)546-4838
Address: 355 N.W. Richmond Beach Rd
City: Seattle
State: WA
Zip: 98177

Last Name: Smith
First Name: Roxanne Lt.
Phone Number: 206-984-2393
Address: USAF Clinic/SGZ
City: McChord AFB
State: WA
Zip: 98438-5300

Last Name: Smitherman
First Name: Richard LtC
Phone Number: 513-257-8764
Company Name: Human & Env. Systems Division
Address: AFMC/STTH
City: Wright-Patterson AFB
State: OH
Zip: 45433

Last Name: Snyder
First Name: Deborah Lt.
Address: 96 Medical Group/SGZ
City: Dyess AFB
State: TX
Zip: 79607-5300

Last Name: Snyder
First Name: James Capt.
Phone Number: 719-554-4299
Address: 21 Medical Group/SGZ
City: Peterson AFB
State: CO
Zip: 80814-5300

Last Name: Speizer
First Name: Frank Dr.
Phone Number: 617-732-2276
Company Name: Harvard Medical School
Address: 180 Longwood Avenue
City: Boston
State: MA
Zip: 2115

Last Name: Sphar
First Name: Ray Capt.
Company Name: Office of Under Sec. of Defense
Address: Room 3D129, Pentagon
City: Washington
State: DC
Zip: 20301

Last Name: Spirtas
First Name: Robert Dr.
Phone Number: 301-496-9093
Company Name: NCI
Address: Landow Bldg RM 4C16
City: Bethesda
State: MD
Zip: 20205

Last Name: Spivey
First Name: James N. Col
Address: 3220 Lakeshore Dr.
City: Orlando
State: FL
Zip: 32803

Last Name: Springberg
First Name: Peter Col.
Phone Number: 601-377-6510
Address: Keesler Med Center
City: Keesler AFB
State: MS
Zip: 39534

Last Name: Sproch
First Name: Richard M. Col
Phone Number: (609)692-1330
Address: 350 Kings Hwy East
City: Haddonfield
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Last Name: Sproles
First Name: Elijah T. Col
Address: 1124 City Park Ave
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<td>08640-5300</td>
</tr>
<tr>
<td>Stetson</td>
<td>Douglas Capt.</td>
<td>202-694-4477</td>
<td>HQ US Marine Corps</td>
<td>Code MED</td>
<td>DC</td>
<td>20380</td>
</tr>
<tr>
<td>Stoffey</td>
<td>Warren Capt.</td>
<td>501-762-6427</td>
<td>97 Medical Group/SGZ</td>
<td>Eaker AFB</td>
<td>AR</td>
<td>72317-5300</td>
</tr>
</tbody>
</table>
Last Name: Takafuji  
First Name: Ernest Dr.  
Phone Number: 301-619-2868  
Company Name: US Army Med Research Institute  
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Last Name: Tallant  
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Last Name: Tallant  
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Last Name: Task  
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Last Name: Tate  
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Last Name: Taubkin  
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Last Name: Thacker  
First Name: Stephen Dr.  
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State: GA  
Zip: 30333

Last Name: Thomann  
First Name: Ariel J. Col  
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Last Name: Thomas  
First Name: John Dr.  
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Company Name: UT Health Science Ctr at SA  
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State: TX  
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Last Name: Thompson  
First Name: Barry Col.  
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State: AE  
Zip: 9094

Last Name: Thompson  
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Address: 2423 N. State Street, PO Box 1700  
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Last Name: Thorn
First Name: Dale Major
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State: AK
Zip: 99506-5300

Last Name: Thorn
First Name: Thori Major
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Zip: 93523-5000

Last Name: Towner
First Name: Paul Capt.
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Address: 319th Medical Group/SGZ
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State: ND
Zip: 58205-5300

Last Name: Townsend
First Name: Frank Dr.
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Company Name: UT Health Science Center
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City: San Antonio
State: TX
Zip: 78284

Last Name: Tramont
First Name: Edmund Col.
Company Name: Walter Reed Army Institute
City: Washington
State: DC
Zip: 20307

Last Name: Tredici
First Name: Thomas J. Col
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Last Name: Troyer  
First Name: Eric Capt.  
Phone Number: 205-953-5177  
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Zip: 36112-5300

Last Name: Vermilyea  
First Name: Bayard C. Col  
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Zip: 29485

Last Name: Tucker, III  
First Name: Garrett R. Col  
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Zip: 45433-1122

Last Name: Turner  
First Name: Sue Brig Gen  
Phone Number: 202-767-5074  
Company Name: Director, Nursing Services  
Address: HQ USAF-SG  
City: Bolling AFB  
State: DC  
Zip: 20332

Last Name: Turney  
First Name: Kimberly Capt.  
Phone Number: 904-283-7666  
Company Name: 325 Medical Group/SGZ  
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City: Tyndall AFB  
State: FL  
Zip: 32403-5612

Last Name: Uddin  
First Name: Mohammed Col.  
Phone Number: 912-926-6441  
Company Name: Det 1, MGMC  
Address: Bldg 1300  
City: Robins AFB  
State: GA  
Zip: 31098

Last Name: Van Ware  
First Name: Timothy Dr.  
Company Name: Dept of Health & Social Services  
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State: DE  
Zip: 19901

Last Name: Vernon  
First Name: Thomas Dr.  
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Last Name: Victor  
First Name: Martin Col.  
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Company Name: Director, Nursing Services  
Address: 45 Medical Group  
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State: FL  
Zip: 32925

Last Name: Virgil  
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Last Name: Vogt  
First Name: Richard Dr.  
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Last Name: Watters, Jr.
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Last Name: Weaver
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Last Name: Weiland
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Last Name: Weiss
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Last Name: Wells
First Name: Robert Col.
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Last Name: Wells
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Last Name: Wenzel
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Last Name: Whelton
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Last Name: Whinnery
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Zip: 20331
Last Name: Whorton
First Name: Donald Dr.
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State: CA
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Last Name: Willis
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Phone Number: 601-434-2297
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Last Name: Willoughby
First Name: William F. BrGen
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State: DC
Zip: 20418

Last Name: Wills
First Name: Harry Col.
Phone Number: 307-775-2277
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State: WY
Zip: 82001

Last Name: Wiedeman, Jr
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City: Carmichael
State: CA
Zip: 95608

Last Name: Wilmore
First Name: Virginia Major
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State: NJ
Zip: 08641-5300

Last Name: Wilson
First Name: John Col.
Phone Number: 602-856-7500
Address: 58 Medical Group
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State: AZ
Zip: 85309

Last Name: Wilson
First Name: Ronald Mr.
Phone Number: 436-7032
Company Name: National Ctr for Hlth Stats
Address: 3700 East-West Highway
City: Hyattsville
State: MD
Zip: 20782

Last Name: Wier
First Name: George T. BrGen
Address: 630 Keller Pkwy
City: St Paul
State: MN
Zip: 55117

Last Name: Wiesenfeld
First Name: Col
Phone Number: 554-5116
Company Name: Wilford Hall USAF Medical Cen
Address: 2200 Bergguist Drive, Suite 1
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Last Name: Williams
First Name: Maj
Phone Number: 316-652-5000
Company Name: 384th Medical Group
Address: 57950 Leavenworth Ave, Ste 1301
City: McConnell AFB KS 67221-3506
APPENDIX C2

RESPONDENTS TO QUESTIONNAIRE
LASTN: Braga  FIRSTN: Col. Djalma  ORGANIZ: 51 Medical Group (Osan)  DATE: 1/14/93

LASTN: Brandon  FIRSTN: Col. Gary  ORGANIZ: 56 Medical Group  DATE: 1/14/93

LASTN: Brooks  FIRSTN: Capt  ORGANIZ: 391 Medical Squadron/SGPM  DATE: 12/29/92


LASTN: Brownlow, Jr.  FIRSTN: Dr. Wilfred  ORGANIZ: Occupational Health Division  DATE: 12/09/92

LASTN: Brueder  FIRSTN: Col. Andrew  ORGANIZ: 380 Medical Group/SG  DATE: 12/21/92

LASTN: Burgoon  FIRSTN: Maj  ORGANIZ: 27th Medical Group  DATE: 1/14/93

LASTN: Burke  FIRSTN: Col Don  ORGANIZ: Walter Reed Army Institute Of Research  DATE: 11/30/92

LASTN: Burte  FIRSTN: Dr. Harris  ORGANIZ: Wright Laboratory/ML  DATE: 12/21/92

LASTN: Calene  FIRSTN: Col. James  ORGANIZ: 374 Medical Group  DATE: 12/21/92

LASTN: Carlson  FIRSTN: Ronald H.  ORGANIZ: PHS/Health Resources And Services Administration  DATE: 12/29/92

LASTN: Chan
FIRSTN: Col. Claude
ORGANIZ: 30 Medical Group
DATE: 12/29/92

LASTN: Charles
FIRSTN: Major
ORGANIZ: 64 FTW Medical Squadron/SGZ
DATE: 1/05/93

LASTN: Church
FIRSTN: LtC Tom
ORGANIZ: USAFSAM/AF
DATE: 1/14/93

LASTN: Cieszynski
FIRSTN: Capt.
ORGANIZ: 366th Medical Group
DATE: 1/05/93

LASTN: Coates
FIRSTN: Ltc. Donald
ORGANIZ: HQ AFSPACECOM/SGPM
DATE: 12/29/92

LASTN: Cook
FIRSTN: Dr. Ralph
ORGANIZ: The Dow Corning Corporation
DATE: 12/04/92

LASTN: Cooper
FIRSTN: Dr. Sharon
ORGANIZ: University Of Texas
DATE: 12/02/92

LASTN: Costa
FIRSTN: Lt Col
ORGANIZ: Ehrling Bergquist Hosp
DATE: 1/05/93

LASTN: Couch
FIRSTN: Capt. C.F.
ORGANIZ: 58th Medical Group
DATE: 12/29/92

LASTN: Cousineau
FIRSTN: Col. Leo
ORGANIZ: 319 Medical Group
DATE: 12/29/92

LASTN: Crow
FIRSTN: Lt Col
ORGANIZ: 554th Medical Group
DATE: 1/14/93

ASTN: Dale
FIRSTN: Col 171
ORGANIZ: 651 Medical Squadron
DATE: 12/29/92
LASTN: Davis
FIRSTN: Col Jerry
ORGANIZ: USAF
DATE: 12/08/92

LASTN: Davis, III
FIRSTN: Col Meade O.
ORGANIZ: Retired
DATE: 12/29/92

LASTN: DeFraites
FIRSTN: LtC Robert
ORGANIZ: Walter Reed Army Institute
DATE: 12/03/92

LASTN: DeMoss
FIRSTN: Capt.
ORGANIZ: 305 Medical Group/SGZ
DATE: 1/05/93

LASTN: Dean
FIRSTN: Capt. Norman
ORGANIZ: NEPMU Six
DATE: 12/29/92

LASTN: Del Beccaro
FIRSTN: Col Mario
ORGANIZ: Retired
DATE: 12/21/92

LASTN: Dixon
FIRSTN: Col. K.E.
ORGANIZ: Unformed Srvs. University
DATE: 12/04/92

LASTN: Dobbertein
FIRSTN: Capt.
ORGANIZ: 49th Medical Group
DATE: 1/14/93

LASTN: Dungan
FIRSTN: Lt Col
ORGANIZ: 654th Medical Group
DATE: 12/29/92

LASTN: Edwards
FIRSTN: Col. Charles
ORGANIZ: Robins USAF Hospital
DATE: 12/07/92

LASTN: Evans
FIRSTN: Col.
ORGANIZ: Deceased
DATE: 1/05/93

LASTN: Fay
FIRSTN: Capt
ORGANIZ: 410th Medical Group
DATE: 12/29/92
ASTN: Finger
FIRSTN: Dr. Reginald
ORGANIZ: Department Of Health Services
DATE: 12/01/92

ASTN: Fraser
FIRSTN: Lt Col
ORGANIZ: 12th Medical Squadron
DATE: 12/29/92

LASTN: Fromhagen, Jr.
FIRSTN: Col Carl
DATE: 12/29/92

LASTN: Fronefield
FIRSTN: Col. Helen P.
DATE: 1/05/93

ASTN: Gaydos, MD
FIRSTN: Col. Joel
ORGANIZ: Uniformed Servs. University
DATE: 12/07/92

ASTN: Geddie
FIRSTN: Maj
ORGANIZ: 436th Medical Group
DATE: 12/29/92

ASTN: Gentry
FIRSTN: LtC
ORGANIZ: KMC/SGZ
DATE: 12/29/92

ASTN: Gibson
FIRSTN: Capt.
ORGANIZ: 63d Medical Group
DATE: 12/29/92

ASTN: Giles
FIRSTN: Col Forrest
ORGANIZ: 325 Medical Group
DATE: 12/11/92

ASTN: Goodwin
FIRSTN: Col. Stanley
ORGANIZ: 416 Medical Group
DATE: 12/29/92

ASTN: Gordon
FIRSTN: Dr. Jane
ORGANIZ: Oregon Health Division
DATE: 12/03/92

ASTN: Greeley
FIRSTN: Col. James
ORGANIZ: 39 TAC Spt Wg Hospital(Incirlik)
DATE: 1/25/93
LASTN: Green  
FIRSTN: Col Ronald S.  
ORGANIZ: USAF Academy  
DATE: 1/15/93

LASTN: Gross  
FIRSTN: Col. Leroy  
ORGANIZ: AFSOC  
DATE: 12/21/92

LASTN: Hafermann  
FIRSTN: Col. David  
ORGANIZ: 542 Medical Group  
DATE: 12/11/92

LASTN: Hall  
FIRSTN: Dr. William  
ORGANIZ: Michigan Dept Of Health  
DATE: 1/14/93

LASTN: Hamilton II  
FIRSTN: Col. Thomas P.  
ORGANIZ: FTSA/MPreventive Medicine Division  
DATE: 12/09/92

LASTN: Hamman  
FIRSTN: Dr. Richard  
ORGANIZ: University Of Colorado  
DATE: 12/29/92

LASTN: Hansen  
FIRSTN: Major  
ORGANIZ: HQ USAFA/SGZ  
DATE: 12/21/92

LASTN: Hansen  
FIRSTN: Msg  
ORGANIZ: 14 MEDSQ/SGZ  
DATE: 12/29/92

LASTN: Heidel  
FIRSTN: Maj.  
ORGANIZ: 347th Medical Group  
DATE: 12/29/92

LASTN: Henneberry  
FIRSTN: Onnalee  
ORGANIZ: CDC  
DATE: 12/03/92

LASTN: Herrera  
FIRSTN: Col Christian Y  
DATE: 1/14/93

LASTN: Hinten  
FIRSTN: Capt.  
ORGANIZ: 380th Medical Group  
DATE: 1/05/93
LASTN: Hooper
FIRSTN: Capt. Richard
ORGANIZ: Uniformed Servs University
DATE: 12/21/92

LASTN: Hull
FIRSTN: Maj.
ORGANIZ: 43d Medical Group
DATE: 1/05/93

LASTN: Hunt
FIRSTN: Mr. Don
ORGANIZ: AGMC/CN
DATE: 1/05/93

LASTN: Irons
FIRSTN: Capt.
ORGANIZ: USAF Hospital Hill/SGZ
DATE: 12/21/92

LASTN: Jemelka
FIRSTN: Lt Col
ORGANIZ: 355th Med Grp
DATE: 1/05/93

LASTN: Johnson
FIRSTN: Dr. Joyce
ORGANIZ: HFD 730
DATE: 12/29/92

LASTN: Jones
FIRSTN: Col David R.
DATE: 12/29/92

LASTN: Jones
FIRSTN: Col Richard F.
DATE: 12/21/92

LASTN: Keimig
FIRSTN: Dr. Deborah
ORGANIZ: AFMIC
DATE: 1/14/93

LASTN: Kemper
FIRSTN: Tsgt
ORGANIZ: 655 Medical Squadron
DATE: 12/29/92

LASTN: Kerr, Jr.
FIRSTN: Major Bernard J.
ORGANIZ: USAF Medical Center Scott/SGU
DATE: 12/29/92

LASTN: Kershaw III
FIRSTN: Col. Charles
ORGANIZ: 436 Medical Group
DATE: 1/14/93
LASTN: Kilbourne
FIRSTN: Edwin M.
ORGANIZ: CDC
DATE: 11/30/92

LASTN: Kilcomons
FIRSTN: Maj
ORGANIZ: Malcolm Grow USAF Med Center/SGPM
DATE: 1/14/93

LASTN: Kildew
FIRSTN: Capt
ORGANIZ: 343 Medical Group
DATE: 12/29/92

LASTN: Kinney
FIRSTN: Maj
ORGANIZ: 90th Medical Group
DATE: 12/29/92

LASTN: Klunder
FIRSTN: Major Charles. S.
ORGANIZ: USAF Clinic/SGZ
DATE: 12/29/92

LASTN: Korn
FIRSTN: Capt
ORGANIZ: 437th Medical Squadron/SGPM
DATE: 12/29/92

LASTN: Krogwold
FIRSTN: LtC
ORGANIZ: 542d Med Grp
DATE: 1/05/93

LASTN: Kuller
FIRSTN: Dr. Lewis
ORGANIZ: University Of Pittsburgh
DATE: 12/04/92

LASTN: Kulow
FIRSTN: Lt Col
ORGANIZ: 56th Medical Group
DATE: 12/22/92

LASTN: Lahti
FIRSTN: Capt
ORGANIZ: 351 Medical Group
DATE: 12/29/92

LASTN: Lamoureux
FIRSTN: Col. Gloria
ORGANIZ: 42 Medical Group
DATE: 1/05/93

LASTN: Larkin
FIRSTN: Col Francis T. 176
DATE: 12/29/92
| LASTN: | Laws, II  |
| FIRSTN: | Col Harry F.  |
| DATE: | 12/29/92  |

| LASTN: | Levy  |
| FIRSTN: | Col. Richard A.  |
| ORGANIZ: | HQ AFSA/SEL  |
| DATE: | 12/22/92  |

| LASTN: | Locker  |
| FIRSTN: | Col. Dan  |
| ORGANIZ: | 396 Medical Group  |
| DATE: | 12/29/92  |

| LASTN: | Mabry  |
| FIRSTN: | Col Judith E.  |
| ORGANIZ: | HQ AFRES/SGN  |
| DATE: | 12/01/92  |

| LASTN: | Machado, III  |
| FIRSTN: | Col. Joseph  |
| ORGANIZ: | AFSpaceCOM/SGA  |
| DATE: | 12/07/92  |

| LASTN: | Magnuson  |
| FIRSTN: | Col. Arthur  |
| ORGANIZ: | 96 Medical Group  |
| DATE: | 1/14/93  |

| LASTN: | Marmor  |
| FIRSTN: | Dr. Michael  |
| ORGANIZ: | NY University Medical Center  |
| DATE: | 12/10/92  |

| LASTN: | Maroon  |
| FIRSTN: | LtC  |
| ORGANIZ: | 436th Medical Group/SGZ  |
| DATE: | 12/29/92  |

| LASTN: | Martin, Jr.  |
| FIRSTN: | Col. Philip  |
| ORGANIZ: | 347 Medical Group  |
| DATE: | 12/04/92  |

| LASTN: | McInerney  |
| FIRSTN: | Dr. M.J.  |
| ORGANIZ: | Dept. Of Health  |
| DATE: | 1/08/93  |

| LASTN: | Mehargue  |
| FIRSTN: | LtC.  |
| ORGANIZ: | David Grant Medical Center/SGZ  |
| DATE: | 12/29/92  |
LASTN: Melcher
FIRSTN: Maj. Gregory
ORGANIZ: Wilford Hall Medical Center
DATE: 12/01/92

LASTN: Melton, III
FIRSTN: Dr. Joseph
ORGANIZ: Dept. Of Health Science Research
DATE: 12/01/92

LASTN: Middleton
FIRSTN: Col. Allen
ORGANIZ: 28 Medical Group
DATE: 12/21/92

LASTN: Milburn
FIRSTN: Capt
ORGANIZ: 5th Medical Group
DATE: 12/29/92

LASTN: Miller
FIRSTN: Capt.
ORGANIZ: 49th Medical Group/MGPZ
DATE: 1/05/93

LASTN: Miller
FIRSTN: Col. Charles H.
ORGANIZ: 646 Medical Group
DATE: 12/15/92

LASTN: Millette
FIRSTN: Major
ORGANIZ: USAF Hospital/SGZ
DATE: 1/14/93

LASTN: Mills
FIRSTN: Col. Harry
ORGANIZ: 90 Medical Group/MG
DATE: 12/29/92

LASTN: Mohr
FIRSTN: Dr. George
ORGANIZ: Armstrong Laboratory
DATE: 12/09/92

LASTN: Mohri
FIRSTN: Col.
ORGANIZ: HQ ATC/SGPM
DATE: 12/21/92

LASTN: Mork
FIRSTN: Michael R.
ORGANIZ: HQPACAF/SGPA
DATE: 12/29/92

LASTN: Moser
FIRSTN: Col Royce
DATE: 12/29/92
LASTN: Muehlberger
FIRSTN: Col. Gerald
ORGANIZ: 554 Medical Group
DATE: 12/21/92

LASTN: Mullins
FIRSTN: Capt. James A.
ORGANIZ: 396 Medical Group
DATE: 12/21/92

LASTN: Mundt
FIRSTN: Diane
ORGANIZ: National Academy Of Sciences
DATE: 1/05/93

LASTN: Murphy
FIRSTN: Major
ORGANIZ: 93rd Medical Group/SGZ
DATE: 12/21/92

LASTN: Nichols
FIRSTN: Mr. Craig
ORGANIZ: Department Of Health
DATE: 11/30/92

LASTN: Noga
FIRSTN: Col Gerald W.
DATE: 12/29/92

LASTN: Norbeck
FIRSTN: Col George
ORGANIZ: MPD/SJ
DATE: 1/05/93

LASTN: Nutt
FIRSTN: Mr. H.B.
ORGANIZ: 396 MTG/TSO
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LASTN: O’Brien
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LASTN: Ortman
FIRSTN: Capt.
ORGANIZ: 4th Med Grp
DATE: 12/29/92

LASTN: Pank
FIRSTN: Capt.
ORGANIZ: 9th Medical Group/SGZ
DATE: 12/29/92

LASTN: Patterson
FIRSTN: Lt Col
ORGANIZ: HQ AFIA
DATE: 1/05/93
<table>
<thead>
<tr>
<th>LASTN:</th>
<th>FIRSTN:</th>
<th>ORGANIZ:</th>
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<tbody>
<tr>
<td>Pennington</td>
<td>Maj. David</td>
<td>Malcolm Grow USAF Med Cen/SGZ</td>
<td>1/05/93</td>
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<td>Perelli</td>
<td>LtC Layne</td>
<td>HSC/XRT</td>
<td>1/15/93</td>
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<td>Peters</td>
<td>Dr. Ruth</td>
<td>USC School Of Medicine</td>
<td>12/04/92</td>
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<td>Policastro</td>
<td>Col. Anthony</td>
<td>1 Medical Group</td>
<td>12/21/92</td>
</tr>
<tr>
<td>Pontier</td>
<td>Lt Col</td>
<td>ANGRD/SGB</td>
<td>12/21/92</td>
</tr>
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<td>Postlewaite</td>
<td>Lt Col</td>
<td>649th Medical Group</td>
<td>1/05/93</td>
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<tr>
<td>Rabkin</td>
<td>Dr. Charles</td>
<td>National Cancer Institute</td>
<td>1/14/93</td>
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<td>Rayman</td>
<td>Col Russell B.</td>
<td></td>
<td>12/29/92</td>
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<tr>
<td>Reeves</td>
<td>Col Glen I.</td>
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<td>12/21/92</td>
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<td>Renn</td>
<td>Col. Benjamin</td>
<td>323 Medical Group</td>
<td>1/14/93</td>
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<tr>
<td>Repp</td>
<td>Lt Col</td>
<td>2nd Medical Group</td>
<td>12/22/92</td>
</tr>
</tbody>
</table>
Ritter
Capt.
97th Medical Group/SGZ
12/18/92

Rodriguez
Capt
23rd Wing/SGZ
1/14/93

Rostermundt
Col Gene F.
12/29/92

Ruda
Col. Richard J.
1/05/93

Ruehle
Col. Charles J.
1/05/93

Sacks
Dr. Susan
Syntex USA
12/14/92

Samet
Dr. Jonathan
University Of New Mexico
12/29/92

Sanchez
Col Gualbert M.
12/29/92

Savitz
Dr. David
University Of North Carolina
12/07/92

Schaad
Col
USAF Academy Hospital
12/21/92

Shaw
Dr. Robert
1/14/93

Skowron
Brig Gen Ralph A.
12/29/92

Smith
Col Robert L.
12/21/92
LASTN: Tucker, III
FIRSTN: Garrett R.
ORGANIZ: HQ AFMC/SGPO
DATE: 12/29/92

LASTN: Van Ware
FIRSTN: Dr. Timothy
ORGANIZ: Dept Of Health & Social Services
DATE: 12/15/92

LASTN: Walter
FIRSTN: Dr. May Ann
ORGANIZ: TX Rsrch And Tech. Foundation
DATE: 12/03/92

LASTN: Weiland
FIRSTN: Lt Col
ORGANIZ: 45th Medical Group
DATE: 12/29/92

LASTN: Wells
FIRSTN: Col. Robert
DATE: 12/29/92

LASTN: Welsh
FIRSTN: Col. G. Frank
DATE: 1/05/93

LASTN: Werner
FIRSTN: Capt.
ORGANIZ: 542 Med Grp/SGZ
DATE: 12/29/92

LASTN: Whinnery
FIRSTN: Col. James
ORGANIZ: NGB/SG
DATE: 12/21/92

LASTN: Whinnery
FIRSTN: Col. James E.
ORGANIZ: Air National Guard/SG
DATE: 1/05/93

LASTN: Williams
FIRSTN: Lt Col
ORGANIZ: HQ AFMOA/SGPA
DATE: 12/29/92

LASTN: Wilson
FIRSTN: Col. John
ORGANIZ: 58 Medical Group
DATE: 12/15/92

LASTN: Wohlrab
FIRSTN: Col Eric P.
DATE: 12/29/92

183
LASTN: Wolfe
FIRSTN: Col William H.
DATE: 12/29/92

LASTN: Wright
FIRSTN: Col. James
ORGANIZ: HQ USAF/SGPA
DATE: 1/14/93

LASTN: Wysowski
FIRSTN: Dr. Diane
ORGANIZ: Food And Drug Administration
DATE: 12/22/92

LASTN: Yoder
FIRSTN: Col James E.
DATE: 12/29/92

LASTN: Zwart
FIRSTN: LtC Ben R
ORGANIZ: AL/AOCF
DATE: 1/14/93
APPENDIX D

ORGANIZATIONS CONTACTED FOR PRHSM IAC INPUT
(IN ADDITION TO THE QUESTIONNAIRE)

American Health Information Management Association
Ann Arbor, MI
POC:
Vice President for Business Development for Health Care Analysis: Dr. Jean Chenoweth (800) 621-6828

Centers for Disease Control
Atlanta, GA
POCs:
Chief, Technical Information Services: Ms. Chris Fralish (404) 488-5080
Deputy Director, Office of Surveillance and Analysis: Dr. Bo Barrow (404) 488-5269
Director, Information Management Resources: Dr. Howard Ory (404) 639-3381
Director, Prevention Effectiveness Division: Dr. Steve Teutsch (404) 488-4390

Chemical Warfare/Chemical and Biological Defense Information Analysis Center
Edgewood, MD
POC:
Director: Mr. Fran Crimmins (301) 676-9030

Crew System Ergonomics Information Analysis Center
Dayton, OH
POC:
Associate Director: Dr. Lawrence Howell (513) 255-4842

Defense Manpower Data Center
Monterey, CA
POCs:
Chief, Demographic Data Division: Ms. Ginger Bassett (408) 646-2126
Chief, Medical Data Division: Captain (USN) Jim Scarromozzino (408) 655-0400

Defense Technical Information Center
Alexandria, VA
POC:
Deputy Program Manager for Information Analysis Centers: Mr. Brian McCabe (703) 274-6260
Naval Health Research Center
San Diego, CA
POC:
Epidemiology and Database Management: Dr. Frank Garland (619) 533-6884

Scripps Institute and Research Foundation
La Jolla, CA
POC:
Database Management for the Air Force Health Study (Ranch Hand Program): Ms. Adele Ball, RN (619) 455-9100

Supportability Investment Decision Analysis Center
Dayton, OH
POC:
Manager, Special Projects: Mr. Kevin Deal (513) 254-9902
APPENDIX E

POTENTIAL DATABASES FOR THE PRHISM-IAC

Owner
Air Force Medical Support Agency (AFMSA), Brooks AFB, TX

Database
1. MEDIC (MEDical Information Center) Database
2. Inpatient Database (Inpatient Data System or IDS)
3. CHAMPUS Database
4. Medical Expense and Performance Report
5. Medical Expense Extract
6. Ambulatory Database
7. Rated Database
8. Clinical Sciences Database
9. Biostatistics
10. Report on Patients (ROP)

Point of Contact
Major Barbara Leisey, AFMSA/SGSB

Phone
(210) 536-4037

Size

Source of Data

Restrictions/Security Safeguards
Users have unique passwords; written authorization & approval system on-site certifies legitimate users.
10. ROP is a part of DMIS (Defense Medical Information Service)

Owner
Centers For Disease Control, Atlanta, GA

Database
1. BRS (Biennial Reporting System of the EPA)
2. DIALOG
3. MEDLINE (all medical literature)
4. Chem Abstracts
5. Psychological Abstracts
6. Sociological Abstracts
(all of the above are commercially available databases which CDC accesses)
(all of the following are produced by CDC)
7. Health Promotion and Education Database
8. Fugitive Materials Archive
9. AIDS Database, (includes Comprehensive School Health Risk Appraisal (survey)
10. Cancer Prevention and Control Database
(9 and 10 together form the Combined Health Information Database)
12. Directory of Key Contacts in Chronic Disease Prevention and Health Promotion.

Point of Contact
Christine Fralish, Chief, Technical Information Services Branch

Phone
(404) 488-5080

Size

Source of Data

Restrictions/Security Safeguards

Comments
PRHISM-IAC - REPORT APPENDICES

All CDC databases would be available to us; the IAC could freely tap into them. Would need only written request from the Air Force and authorization/approval from CDC (POC: Dr Howard Ory, Director of Information Management Resources (404) 639-3381).

Owner
DMDC (Defense Manpower Data Center), Garden Road facility, Monterey, CA.

Database
1. DEERS
2. Composite Health Care System (centralized hospital database)
3. CHAMPUS

Point of Contact
Ginger Bassett; Robert Montelione

Phone
(408) 646-2126

Size

Source of Data
DMIS (Defense Medical Information Service)

Restrictions/Security Safeguards
Access is by ID (SSN) and password; have master list of authorized users. Data is also encrypted (local shorthand).

Comments
DEERS database is on all active duty in DOD and State Department, reserves, retired officers and enlisted, their survivors, DOD civilians, and all dependents of active duty and retired. DEERS is demographic data only. Agreed that they could be a "people feed" for the IAC.

Owner
DMDC (Defense Manpower Data Center), Heritage Harbor facility, Monterey, CA.

Database
1. Total Force Manpower Medical Database from all three services. Includes:
   - all CHAMPUS medical data
   - ambulatory (outpatient) data
   - hospitalization (inpatient) data
   - beneficiaries
   - medical manpower
   - special pays
   - dental panagraphs
   - reportable disease database

   (in addition to the above, heritage harbor maintains 60 relational databases)

Point of Contact
Captain (USN) Jim Scarromozzino; Sue Butler

Phone
(408) 655-0400

Size

Source of Data
DMIS (Defense Medical Information Service)

Restrictions/Security Safeguards
Do not release anything without letter of authorization. Maintain levels of security beyond codewords and passwords, such as scrambling SSNs and encoding (additions to) data. Personal authorization is key to access. Triple redundancy system for sending and filing their reports.
Comments
Eager to help; willing to provide us access to the their databases.

Owner
Naval Health Research Center, Pt Loma, San Diego, CA

Database
1. Event Structure Database (for all active duty enlisted) (Navy Management Information Center)
2. Central Registry for all Navy HIV data

Point of Contact
Dr Frank Garland, epidemiologist and database manager

Phone
(619) 553-6884

Size

Source of Data

Restrictions/Security Safeguards
Double passwords; correct phone numbers (user calls in, leaves message and phone number. The system shuts itself off and calls back. Must have a legitimate, approved phone number and authenticated pc terminal before the system will respond further).
Comments
Event Structure Database: Initiated when individual is first sworn in, then updated quarterly during entire career, so get a chronological file (is demographic only, but medical data could be added).

Owner
USAF, Scripps Clinic, La Jolla, CA
(Database management is contracted out to SAIC)

Database
1. Air Force Health Study, Ranch Hand Project
2. "Normal" database (from the paired controls)

Point of Contact
Colonel Jay Miner, Ranch Hand Project Coordinator
(SAIC: Adele Ball, RN, Nurse Coordinator, Air Force Health Study, (619) 455-9100)

Phone
Colonel Miner (619) 554-8421 at Scripps Clinic, (210) 536-3712 at Brooks AFB, TX
(SAIC (619) 455-9100)

Size

Source of Data

Restrictions/Security Safeguards
Comments
Database management is contracted out to SAIC. There is much more data involved in this study than just the Dioxin data; all medical, sociological, other demographic data—which could be used for, or as a model of, long-term health studies, such as the long term effects of smoking, diabetes. There is also a wealth of normal data from the paired controls—an entire normal database.

Owner
AL/OEM, Brooks AFB, TX

Database
FOR THE AL/OEM AEROMEDICAL SERVICE ELECTRONIC BULLETIN BOARD
(Database are also called "Major Files" by the Bulletin Board)

1. Hazardous Materials Information System (HMIS)
2. Occupational Illness Data Registry (OIDR) (from AF form 190, Occupational Illnesses)
3. Hearing Conservation Data Registry (HCDR; is ORACLE-based) (captures all AF audiometric exams)
4. Master Radiation Exposure Registry (MRER) (Ionizing Radiation Film Badge Program)

ON THE FOLLOWING PAGES ARE LISTED THE MANY DATABASES MAINTAINED BY THE MANPOWER AND PERSONNEL RESEARCH DIVISION OF THE ARMSTRONG LABORATORY

Point of Contact
Captain Gary Meyer, Sgt Paul Johnson

Phone
(210) 536-2063

Source of Data
HMIS comes in from DOD (DLA?)

Restrictions/Security Safeguards
For access, have a security profile (is more than an ID and password system)
Comments
This Bulletin Board goes worldwide, to every AF installation, as well as AFMIC, AAFES, and the
Defense Commissary Service.

(AL/OEM continued)

The following databases are received on a regular basis from AFMPC:

1. Active SSAN Locators (name and SSAN of every active duty officer and all enlisted
   personnel).
2. Alpha Locators (ID information, grade, and current and projected assignment information on
   all officer and enlisted personnel, AD, retired, ANG and Reserve).
3. Air Force Officer Qualification Test Results.
4. Airman Reenlistment and Loss.
5. Identity Changes.
6. PACE PROMIS Job (contains information on jobs (not people) available in the Air Force).
7. PACE PROMIS Personnel Opportunity (contains information on individuals who made
   inquiries about job opportunities at the Military Entrance Processing Stations).
8. Pipeline Management System Technical Training (contains data on all AD AF enlisted and
   officer personnel who attended any technical training course).
9. Separated Officer File (contains information on each officer at the time of separation and
   describes the type and reason for separation).
10. Uniform Airman Record (contains complete personnel data on all AD enlisted personnel).
11. Uniform Airman Record Air National Guard.
12. Uniform Airman Record Extract (contains both active and inactive records).
13. Uniform Airman Record Reserve.
14. Uniform Officer Record (contains complete personnel data on all AD AF officers).
15. Uniform Officer Air National Guard.
16. Uniform Officer Record Extract (contains both active and inaccurate records).
17. Uniform Officer Record Reserve.
18. Weighted Airman Promotion System (contains information on airmen in grades E4-E8 who are
   or will be eligible for promotion under WAPS).

The following databases are received on a regular basis from ATC:

1. Flying Training Summary (summarizes pilot and navigator training of AD AF officers).
2. Flying Training Time Related Instruction Management System (previously called the Base
   Management System, contains data on personnel who attended UFT).
3. Navigator Training Detailed (contains detailed records data on personnel who attend
   undergraduate and/or advanced navigator training).
4. Officer Training School Master (contains detailed personnel records of officer trainees).
5. OTS Student Record of Training.
6. Processing and Classification of Enlistees.
The following database is received from AFROTC:

ROTC Cadet Personnel System (contains data on all students in every ROTC program).

(AL/OEM continued)

Database received from the Defense Manpower Data Center:

Military Entrance Processing Stations (contains biographical, aptitude, and medical information on all applicants and accessions for all AD, Reserve, and Guard enlisted personnel).

Database received from HQ USAF Recruiting Service:

OTS and Health Profession Applicants (contains information on all individuals who applied for either Officer Training School or one of the Health Professions).

The following databases are constructed and maintained locally by AL/OE:

1. Airman Gain/Loss (contains information on enlistments, aptitude, education, and personnel actions).
2. File Item Data Overview.
3. Historical Officer Database (contains information on all officers who are or were on AD since Dec 61).
4. J Shop Identity (contains all name and SSAN changes since Jul 69).
5. Officer Gain/Loss Database (records since Dec 61).

The following are database maintained by AL but not longer updated:

1. Draft Lottery (Jan 70-Jan 74).
2. Officer Accessions and Losses (Jan 56-Sep 63).
3. Officer Effectiveness Reports.
4. Officer Master Personnel Records.
5. Air Force Serial Number Database (contains ability and aptitude test data on airmen).
6. Personnel Identified File (contains AFSNs and SSANs on all AD officer and enlisted personnel through Jun 69).
7. Project 100,000 (contains comprehensive data on medical remedials, new mental standards, and control group participants in Project 100,000).
8. Retirement File (contains all officer and enlisted personnel who retired from the AF prior to Apr 84).
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Owner
National Center for Health Statistics (NCHS)
6525 Belcrest Road
Hyattsville, MD 20782

Database
NCHS publishes the following databases:

1. National Inpatient Hospital Discharge Survey (essentially, hospital patient record sets)
2. National Ambulatory Care Survey (essentially, doctors' office visits)
3. National Nursing Home Survey
4. National Health Care Expenditure Survey

Point of Contact

Phone
(301) 436-8500

Size

Source of Data

Restrictions/Security Safeguards

Comments
The databases on the following pages were suggested by individuals responding to Questions 8, 9, and 10 on the PRHISM-IAC Questionnaire.

Database

AEROSPACE MEDICINE INFORMATION MANAGEMENT SYSTEM
AFMIC BBS
AFMIC-DARTS
AFOMS
AGENCY FOR HEALTH CARE POLICY AND RESEARCH/PHS (many databases)
AIRCREW CONTACT LENS PROGRAM
AQCESS
ARMY HEALTH PROMOTION (Ft Sam Houston, TX)
ASIMS (Aeromedical Services Information Management System)
ATSDR
BEHAVIORAL RISK FACTOR SURVEY/CDC
BIO ABSTRACTS
BIOETHICSLINE
BIOMETRICS
BIOSIS
BIOWORLD
BIRLS
CA RESEARCH
CANCER REGISTRY
CANCERLINE
CANCERNET (from NCI)
CARTER HEALTH RISK APPRAISALS
CCARS (Crew Casualty Assessment Reference System)
CHCS
CHEM ABSTRACTS
CINAHL
CIRC
CIS (Chemical Information System)
CURRENT TOPICS
CURRENT CONTENTS
D-BASE III
DATA-STAR
DDN
DIALOG
DRG ENCODER GROUPE
DTIC
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ECONET
EIES Bulletin Board
EMBASE
EMIS
ENABLE
EPI-INFO
EPICON
EPINET
ERIC
EXCEL
EXERPTA MEDICA
FBIS
FLYREC
FORMES
FOXNET
GEMNET
GRATEFUL MED (National Library of Medicine)
HAZDAT (Public Health Service)
HCFA
HCOC
HEALTH PLANNING AND ADMINISTRATION
HEALTHLINE
HIGH-G EXPOSURE DATABASE
HMMS
HSDB (Hazardous Substances Data Bank)
INDEX MEDICUS
INTERNAL
IRIS
JURIS (Justice Retrieval and Inquiry System)
LEXIS
LOCAL/STATE DEPARTMENT DATABASES
MANPOWER DATABASE (UMD)
MATRIS
MCIC
MEDLARS
MEDLINE
MEDPAR
MICROMEDEX
MINIMEDLINE
MMWR
MULTIPLE CAUSES OF DEATH
NATIONAL DISEASE AND THERAPEUTIC INDEX
NATIONAL PRESCRIPTION AUDIT
NATIONAL CENTER FOR HEALTH STATISTICS/CDC (many databases)
NATIONAL MORTALITY
NATIONAL MORBIDITY (CDC)
NDI
NEXIS
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NHIS
NIOSHIC
OCCUPATIONAL ILLNESS AND INJURY DATABASE
OFFICE OF TECHNICAL ASSISTANCE STUDIES/PHS (many databases)
PDQ
PERSONNEL DATABASE (CBPO)
PHENIX
POPLINE
PSYCINFO
PTF
RCMAS
RDD]
REPORTABLE DISEASE REGISTRY
REUTERS
RTECS (Registry of Toxic Effects of Chemical Substances)
SAFE
SCISEARC
SEER (Surveillance, Epidemiology, and End Result database of the National Cancer Institute
ST LOUIS REGISTRY
TENIA
TIGER (Census
TOMES
TOXLINE
TOXLIT
TOXNET
TRAVAX
TRI-SERVICE HIV DATABASE
US ARMY HEARS
VITAL STATISTICS
WONDER SYSTEM (CDC)
APPENDIX F

POTENTIAL INFORMATION SOURCES FOR THE PRIISM-IAC
(JOURNALS, REVIEWS, REPORTS, PERIODICALS)

"Advance Data"
Department of Health and Human Services
Public Health Service
Centers for Disease Control
National Center for Health Statistics
6525 Belcrest Road
Hyattsville, MD 20782
(301) 436-8500

Division of Statistics and Research Methodology (301) 227-8406
Agency for Health Care Policy and Research
Executive Office Center
Suite 500, 2101 East Jefferson Street
Rockville, MD 20852

"Federal Statistical Source: "Where to Find Agency Experts and Personnel"
"Federal Statistical Directory: The Guide to Personnel and Data Sources"
Oryx Press
4041 N. Central
Phoenix, AZ 85012-3397
1-800-279-6799

"Health Technology Assessment Reports"
Office of Health Technology Assessment (OHTA)
Agency for Health Care Policy and Research (AHCPR)
Executive Office Center
2101 East Jefferson Street, Suite 400
Rockville, MD 20857
(301) 227-8337

"Informix In Action"
Informix Software
4100 Bohannon Drive
Menlo Park, CA 94025
(415) 926-6300

"Research Activities"
Department of Health and Human Services
Public Health Service
Agency for Health Care Policy and Research (AHCPR)
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"AIDS"
"Air Force Coronary Atherosclerosis Prevention Study" (AFCAPS NEWS)
"American Journal of Tropical Medicine and Hygiene"
"Annals of Internal Medicine"
"Aviation, Space, and Environmental Medicine"
"Biochemical Pharmacology"
"Biophysical Journal"
"Blood"
"Circulatory Shock"
"Current Opinions in Immunology"
"Current Opinions in Infectious Diseases"
"Encyclopedia of Immunology"
"Experimental Hematology"
"Infection"
"Journal of Applied Physiology"
"Journal of Cell Biology"
"Journal of Entomology"
"Journal of Immunology"
"Journal of Infectious Diseases"
"Journal of Medical Entomology"
"Journal of Medical Virology"
"Laboratory Medicine"
"Lancet"
"Medical Veterinary Entomology"
"Medical Virology"
"Military Medicine"
"Navy Medicine"
"New England Journal of Medicine"
"Pediatric Infectious Disease Journal"
"Proceedings of the National Academy of Science"
"Proceedings of the Royal Society of Tropical Medicine and Hygiene"
"Thymus"
"Tropical Geographical Medicine"
"Undersea Biomedical Research"
Environmental monitoring data on Air Force hazardous waste sites.

Clinical vs. preventive medicine (epidemiology workplace surveillance data, medical surveillance data, and environmental exposure data).

Global Medicine Diseases updates -- region/country/province breakdowns. Access would need to be secure (i.e., no trace of which base is interested in what area).

Any NIH or other unpublished report by any governmental agency for studies conducted at or on Air Force installations (e.g., the epidemiological study conducted at Hill AFB by NIH on mortality/morbidity resulting from exposure to chlorinated solvents).

It would be useful to include information on medical services training.

List of constant contacts for questions/advice.

Federally recommended documents such as: "Guide to Clinical Preventive Services," from the U.S. Preventive Services Task Force; the complimentary initiatives and follow-on studies produced by expert panels, such as "Put Prevention into Practice" from the Public Health Service/Office of Disease Prevention and Health Promotion.

Demographic profile on base population high risks (i.e., DWI, Suicide, etc.).

List of people working in the field, by location and area of expertise.

If not included in the original concept, a division of the program dedicated to occupational illness including military specific analysis and intervention data. This should be international, seek information from as many sources as possible, and be a connective apparatus to machinery/equipment and process design engineering data.

Other DoD component data such as Navy data from Operation Restore Hope.

More practical recommendations, health education materials, and simple epidemiologic data.

A listing of consultative services for high priority or time sensitive issues.

Military medical after-action reports, to include hostile actions and humanitarian assistance.

Down-loads of specific population databases to integrate with local epidemiological studies.
Physical standards as they apply to accession programs (i.e., USAF Academy and AFROTC). It would be very useful to have access to data on follow-ups of individuals who are waivered for various medical problems.

Access to the US Army Health Risk Appraisal database to measure change in cohorts.

An expertise network of health experts who could be called upon for advice/help).

The language of the ACP Journal Club should be followed in reporting to clinicians.

Listing of overlapping databases and other sources for the same or closely related medical material.

Drug use and adverse reaction data.

Benchmarking (best-in-class comparisons), skills training (operations research and data analysis), and comprehensive guidelines for primary care health screening strategies. These should include demographics, frequencies and risk assessment guidance, and cost considerations.

Travel Medicine.

FCOPR, OSHA, EPA-NIOSH, and policy references.

Occupational injury and illness (numbers reported; numbers treated at specific MTFs).

Direct and regularly recurring input to the Base Commander.

The IAC appears to be directed towards civilian problems and solutions. While the problems are usually similar, the solutions can be quite different.

There is a need for guidance on Operating Instructions and Regulations. Perhaps a database on Flight Medicine Operating Instructions would be appropriate.

Statistical interpretation.

Computer models designed to provide cost/benefit analysis on introduction of any new preventive programs.

Where available, link health and demographic databases to industrial hygiene and ergonomic databases.

Consultation RFP-initiating wellness clinics.

Computer, audio-visual, and printed material useful in health risk appraisals or clinical preventive medicine outreach programs.

Metrics, to help with developing measurable outcomes of our services.
Air Force-wide bulletin board/directory of users. Provide for world-wide access (for medical organizations on deployment or involved in exercises) through remote terminals, possibly using SAT-COMM.

Facilitate access to biologic samples linked to clinical databases. Centralized access to long-term follow-up data (e.g., BIRLS, VA, etc.).

Data on patient compliance with preventive services. Results of patient intervention programs (i.e., how many patients have benefitted according to mobility/mortality data).

Research summaries.

An updated listing of international conferences and the medical specialties involved. Updates on occupational health reports and specific industrial hygiene substances.

Details of all persons injured in the military with separate databases for levels of severity (outpatient, hospitalization, death).

Application of existing data derived in developed countries to emerging developing countries (no reason why a factory put up in an African country should make same mistakes made 30 years ago.

Examples of each of the categories listed in the introductory Information Sheet.

Periodic newsletter re: ongoing projects and their status. Available and updated bibliographies on specific studies/topics.

Epidemiology, workplace surveillance data, medical surveillance data, and environmental exposure data.

Local results of the database which would include collection, analysis, and reporting variances of in-state geography.

Animal related studies and medical breakthroughs.

Medical intelligence (current disease and health information on other countries).

Professional medical interpretation of the Armed Forces Medical Intelligence Center (AFMIC) products to develop an end-product of recommended immunizations, chemoprophylaxes, and other patient interventions required for specific overseas deployments.

State-by-state and county-by-county medical intelligence information and data similar to that provided on foreign countries by AFMIC.

A Federal Register monitoring service to give AFMOA and the field a "heads-up" on any federal regulatory activity that could impact our areas of interest.

Statistics on occupational illness and injury.
The IAC could serve as the facilitator for contracts between users with questions about databases at AFMPC, AFOMS, AFISC, etc. and the custodians of these databases.

Evaluate preventive services initiatives and programs, monitor civilian preventive services programs, and then recommend appropriate programs for the Air Force.

Provide data sets for external analyses, computerize patient medical records, and standardize data collection at all IACs so that they can be linked to provide large sample sizes.
APPENDIX H

QUESTIONNAIRE RESPONDENTS SUGGESTED ADDITIONS TO THE MEDICAL SERVICES AVAILABLE FOR ACCESS IN THE PRHISM-IAC

Civilian Personnel (data on Federal Employees Compensation Act, Workman's Compensation, and Civilian Oversight)

Military Public Health

Health Physics

Bioenvironmental Engineering

Environmental Health ("Environmental Medicine")

Environmental Protection Issues

Immunizations; Evaluations of Vaccines and Chemoprophylaxis (clinical trials)

Ergonomics

Clinical Hyperbaric Medicine

Medical Technical Training

Infection Control; Infectious Diseases (especially blood-borne)

Legal Issues in Occupational Medicine

Food Safety, Inspection, and Sanitation

Public Facility Sanitation

Agricultural Surveillance (diseases and perils of economic importance)

Medical Intelligence (as opposed to clinical field medicine)

Outbreak Investigations

Risk Assessment

Strategic Plans and Medical Management

Listing of all Physicians/Physician Assistants/Practitioners/Dieticians
Toxicology and Cancer Registries

Occupational Epidemiology

Injury Control, Prevention, and Epidemiology

Dive Medicine

Sports Medicine

Travel Medicine

Internal Medicine

Pediatrics

Family Support Programs

Biostatistics

Psychiatry

Human Factors and Health Services R&D and S&T

Dental Preventive Services

Disaster Response

Ophthalmology

Disease Prevention

Human Genome Project (this is likely to have enormous preventive medicine ramifications in spite of the controversies in how to deal with new found knowledge)

Biomedical Ethics (this would take special effort in promoting the IAC to state and local health departments, but in the end would raise the standards of state health departments and increase the uniformity of preventive services)

Biomedical Research

Fitness and Weight Management (separate from health promotions because Air Force has separate programs not based on health promotion considerations); Cycle Ergometry

Physical Standards (especially for entrance into the military or flight training)
APPENDIX I

QUESTIONNAIRE RESPONDENTS SUGGESTED ADDITIONS TO THE PATIENT POPULATIONS INCLUDED IN THE PRHISM-IAC

Civilian and military medical personnel themselves

The entire U.S. Population

Subsets such as: children only; the elderly; VA population

Paired sample populations

DoD beneficiaries by medical treatment facility utilized

National Health Maintenance Organization (HMO) populations

Air Force Reserve

Air National Guard

Racial occupational ethnic groups with specific illness propensities

If gathering data to determine the health risk of exposure to an agent in use on an Air Force base, it might be best to obtain data and/or literature on non-governmental industrial employees

Local foreign nationals/selected international populations depending on issues of concern

Immigrants from countries with U.S. DoD facilities

Foreign populations for whom Air Force is called upon to administer health care (i.e., African nations, SWA, etc.)

Collect patient population data only in areas of the world where the information and data on indigenous people would be useful for medical intelligence and deployment medicine planning.
APPENDIX J

QUESTIONNAIRE RESPONDENTS SHORT TERM (12 MONTH) AND LONG TERM (1-5 YEAR) REQUIREMENTS FOR THE PRHISM-IAC

SHORT TERM REQUIREMENTS:

The top ten health problems for active duty (include inpatient, outpatient, and dependents).

Study of most common preventable disease so we know where to target health promotion.

Obtain environmental monitoring data from Air Force hazardous waste sites.

Need to match exposures to outcomes (or vice versa) to develop preventive strategies (number and location of exposures). Need numerator and denominator figures. Need access to data to establish both exposures (injuries and illnesses) and population served.

Environmental Medicine.

Achieving and maintaining aerobic fitness.

Evaluation of the effectiveness of the Air Force fitness program.

Develop a questionnaire/test system to evaluate fitness for military and their dependents. Develop software to track this, with confidentiality preserved (to include ID "smart card" development).

Normative data on fitness (running, sit ups, pull ups, swimming, etc., by age and sex).

Physical fitness performance data, health promotion strategies, nutrition, and smoking cessation.

Successful smoking cessation programs, smoking reduction trends.

Age and sex distribution of smokers along with trends in patient cholesterol values; would like to track individual progress over time and compare those results to control age/sex-related groups.

Latest studies on nicotine patch.

Comparison of the effectiveness of all Quit Smoking programs (active duty, dependents, retired, civilians, etc.).

Tobacco use trends.

Health promotion and health care policy.
Cost effectiveness of health promotion efforts.

Health promotion metrics.

Initial applications for new health promotion programs.

Healthy People 2000; progress toward promoting Health 2000 goals.

Ergonomics: resources, training, supply/purchase.

Statistics on ergonomically related medical problems and information to help prevent these problems.

Statistics and information on cumulative trauma and ergonomics; on back injuries in base employees.

In Occupational Medicine, on-going implementation of OSHA standards.

Occupational illness and injury.

Analyses of occupationally related diseases with a comprehensive list of intervention strategies.

Special studies relating to Occupational Health.

Communicable diseases and Occupational Health.

Bibliographic Services, literature/subject surveys.

Assuming that medical services training information would be included in the database, new methodologies in this area would be extremely useful to the USAF.

Residency training research requirements.

Medical literature reviews.

Preparation for briefings and meetings.

Am in MHA program and need research material for papers and studies to complete the degree requirements.

Current awareness, technical inquiries, and state-of-the-art reports.

Analysis of Infectious Diseases.

Epidemiology studies on sexually transmitted diseases (STD).

An ATC-wide questionnaire study assessing the sexual behavior trends of students before and after making condoms and sexual education material readily available to them. Pipeline bases should be considered first.
STD rates in active duty personnel who have easy access to condoms.

Family planning and population control.

Proven effective interventions for STD hearing loss.

DoD civilian compensation claims data on hearing loss.

Hearing loss in industrial shop workers.

What is the motivating factor in getting workers to wear hearing protection?

Air Force-wide study assessing the benefits, if any, achieved by the new hearing conservation standard.

Communicable disease incidences.

The immunologic potential of xenobiotics.

The predictive valve (both positive and negative) of ecologic studies.

The identification of hyper-susceptible and sub-susceptible groups to various diseases.

Statistics on the "normal" incidence of cardiovascular disease in the Air Force by sex, age, and AFSC.

Need assessments for Preventive Medicine, Preventive Health, and Health Promotions.

Clinical prevention strategies.

Field trials; surveillance of deployed units.

Database for physical exams for rated and civilian personnel.

Disease data from all previous wars/conflicts.

Deployment biostatistics.

Follow up of post-deployment medical status of personnel serving in the Middle East (Operation Desert Storm/Desert Shield); diseases brought back from the conflict.

Post-Desert Storm epidemiology analyses of the incidence of URI's.

DNBI and environmental conditions for military and civilian populations overseas.

Combat-related diagnoses and follow-up.

Relation between combat stress disorders (acute) and post-traumatic stress disorder (long-term).
Health analysis and problem summary for each state and region.

Anything that bears on the health status of Kentucky's population.

Environmental lead sampling and standards.

Lead standards for environmental contamination.

Pediatric lead exposure rates on base; lead toxicity in children.

Lead effects at different levels on different ages and groups of individuals.

Indoor Air Quality.

DoD and employment agency civilian compensation data.

Budgetary analyses related to CHAMPUS.

Medline scientific information and background databases (population-based preferred).

Analysis of local population illnesses.

Acute disease incidence in beneficiary population.


The cost effectiveness of health promotion efforts on specific populations over time (look at productivity, absenteeism, and health care costs).

Longevity of military members and retirees compared to civilian populations.

Are we identifying occupational health diseases through our screening efforts?

Information on characteristics (exposures, health) of many different populations.

Cost effectiveness of health promotion efforts on specific populations over time (look at productivity, absenteeism, and health care costs).

Medical threat data.

All aspects of public health and preventive medicine.

Direct patient care.

Drug use and adverse drug reactions, especially rare, unlabelled events (rare drug exposure and rare outcomes require a very large database -- all of DoD; other clinical drug-use data.
Self-medication and unauthorized medication in aircrews.

Aviation-related diagnoses and follow-up.

Relationship of selection criteria for accession to health outcomes.

Selection of fliers for training, using differential reasons for failure to validate standards.

Pregnancy in the workplace.

Effects of noise and electromagnetic energy on implantation and first trimester of pregnancy.

In the area of Industrial Hygiene, would be interested in ergonomic studies; new information on reproductive hazards in the workplace; studies and updates on carcinogens; and any refinements in indoor air quality assessments.

Are the Industrial Hygiene surveys for chemicals adequately measuring exposure, especially for the EPA-17 list? Are the biological monitoring interventions sensitive enough to illustrate a trend?

Chemical exposures.

Trend analysis of workers exposed to Benzene who exhibit outset of symptoms consistent with asthma.

Effects of carbon dioxide on workers in closed environments.

Attributable health service costs for fuel haulers, plating shop workers, and paint spray workers.

Short term (months) exposure to hydrocarbons.

Accident prevention strategies and the modification of risk-taking behaviors.

A complete analysis of tuberculosis literature.

Active duty vs. civilian positive TB trends.

Vaccination status for adults (tetanus, pneumonia, hepatitis B, and influenza).

HIV and hepatitis B infection rates within the DoD.

Control measures of HIV transmission by annual routine screening health care workers. Importance of HIV screening as a control method for HIV transfusion.

Review of Hepatitis A prevalence.

As budget cuts confront the MTFs it would be useful to look at cost/benefit analyses of the impact of closing a service if (for financial reasons) something must be curtailed.
PRISM-IAC - REPORT APPENDICES

Health needs assessments.

Impact of initiatives.

Retrospective analysis of neoplastic disease incidence in radar maintenance technicians.

Cancer risks; risk assessment.

Follow up of veteran cohorts for cancer development.

Demographic data on cancer cases in the Air Force and in local areas.

Various malignancies related to toxic waste sites.

Particularly interested in Air Force database as possible population to study testicular cancer and occupational viruses.

Repetitive motion sickness syndrome.

Repetitive motion illness prevention strategies and equipment design.

Health Risk Appraisal (HRA) development and assessment; determination of patient compliance.

Design an occupational illness/injury identification and reporting system for the USAF that really works.

Coefficient correlations of responses to Health Risk Assessment surveys; standard deviation for HRA data.

Sensitivity/specificity of liver function tests for screening for illness due to specific hepatotoxins found in the industrial environment.

Review of available data on high altitude radiation exposure and its possible health consequences; health effects of all types of radiation.

Knowledge of who has appropriate databases to answer legitimate research questions. However, I believe those databases are best maintained by the collectors of the data. Your organization should support the maintenance at the site of collection; not in a repository. Reasons: Only the primary collector of the data is assured of data integrity. They also will best understand the uniqueness of the data structure.

Nutrition or food choice trends.

Very low fat diet (15gm-20gm), the daily maximum and very carefully monitored, on a variety of diseases but primarily on cardiac disability, arteriosclerosis, and stroke -- proven by objective tests such as angiography over a 12 month period.

Intervention effectiveness capacity for service delivery.
Health program analysis.

Epidemiology statistics.

Availability of predeployment medical requirements.

How does the communicable disease risk at our base compare with AF-wide incidences as well as bases in other areas, both CONUS and OCONUS.

Changes in international travel medications.

Occupational-related risks.

Database for medication use/side effects.

Need a compiled database merging selected information from AFOMS, AFMAC, and DEERS; feasibility studies of the utility of AFOMS and AFMAC data for preventive medicine research.

Will you have access to data registries at Brooks, i.e., hearing and occupational illnesses? Plus access to MTF diagnosis data? Also, the safety data bank? All of these could be used to develop an "outcome data analysis" which would help us better define our strategies in the prevention arena.

Drug interdiction.

A study of long term health problems with particular focus an selected connective tissue diseases (RA, SLE, Scleroderma, mixed CTD, etc.) among military personnel and/or their dependents -- with and without breast implants.

Thermal stressors.

Comparison of patient preference for either group or individual health education presentations.

Cost analysis of current common practices of using preventative screening measures in clinical medicine.

Database for the FAA exam.

Methods of cleaning up trichloroethylene (TCE) in the underground water supply.

Obesity and inactivity in the elderly patient.

Level of cholesterol and its relationship to a persons flying career in the military.

Behavior changes resulting in improved health.

Quality of life indicators which demonstrate the individual feels his/her quality of life is improved.
Effects of 36 day-per-year exposure to occupational workplaces (traditional Guardsman with one weekend per month plus two weeks a year).
LONG TERM REQUIREMENTS:

Need to obtain health outcome data from Air Force medical installations about chronic and acute diseases related to environmental contamination.

Health risk analysis of the entire Air Force population; positive and negative trends.

A study on complex issues confronting medical technicians which could have been effectively captured in an intelligent database or tutor for the necessary procedures to deal effectively with the identified situations.

It would be helpful to have a database which verified the tasks commonly performed by medical technicians.

Monitoring of trends of infectious diseases in Occupational Medicine.

Preventive Medicine trends and results.

Preventive methods effective for specified populations.

Cost savings of preventive medicine programs.

To establish collaborative initiatives that will increase the delivery of and access to clinical preventive services.

Bibliographic service; scientific and technical references.

Disease trends; occupational illness trends.

Review of MPH five-year strategic plan and request input for developing action plans.

Epidemiologic Research.

Recommending research to develop new noise abatement materials with the flexibility and economy to be installed liberally throughout individual work centers and weapon systems.

Cost benefit analysis for Preventive Medicine programs.

Actual cost avoidances by specific preventive measures.

Air Force policy as it relates to fetal protection.

Research on medical dissertations.

Current statistical analyses on various preventive medicine topics.

Value derived from health promotion family advocacy and fitness activities: "Is the juice worth the squeeze?" vs. should we not put more $ into these activities?
Impact of the Air Force Family Advocacy outreach program.

Changing health status of beneficiaries.

Immunization status of served populations.

Drug use, adverse reaction, and other clinical data.

Anything and everything to do with assessment of the effectiveness and efficiency of preventive services delivery.


Psychoneuroimmunology.

Pregnancy outcomes, Air Force employees.

Analysis of trends in industrial shops.

The analysis of aircraft accidents and human factors data.

Bibliographic needs: can be filled by Medline or BRS Saunders.

Health promotion efforts on lifestyle behavior changes.

Efficacy of treatment, evaluation of alternatives.

Expanding health promotions.

Is there a need for periodic titers to exhibit Hepatitis B five years post immunization?

Active Duty, dependant, and civilian personnel statistics on smoking.

Prospective cohort analysis of health problems in radar workers.

To find a highly skilled officer and enlisted public health team deployable worldwide.

Studies showing effects of chronic low exposure to industrial solvents, lead, etc., on the job.

Status of Hepatitis B immunity changes in AIDS worldwide.

Occupational health trends.

Proper mix of clinical preventive medicine and clinical primary care for an Air Force outpatient clinic with a limited number of providers.

Effect of health promotions programs on health of population and dollar savings.
More information on population-based reports on health findings in the United States.

Epidemiology of occupational illness and injury effectiveness of new occupational medicine programs in reducing specific occupational illness and injury.

Proof that $ invested in health promotion results in $ cost avoidance for smoking or tobacco use cessation programs and nutrition awareness programs.

Physical fitness tracking of reservists, all categories.

Health promotion intervention effectiveness measurement.

Effects of positive pressure breathing (Combat Edge) on aviators.

Merging data from AFOMS and AFISC. Improving the type of data and completeness of data from AFISC. The IAC could lead the effort to make AFISC data more relevant to Preventive Medicine users.

Promoting Health 2000 objectives; monitoring fitness program modification; developing an outpatient database for illnesses.

Tracking implementation of cycle ergometry program and its effect on force fitness and health.

Hodgkins lymphoma increase among retired US Entomology technicians.

Continuous update of preventive medicine biostatistical data.

Intervention impact study to predict and/or measure impacts. Does health education create life style changes? Use of critical pathways to influence physician clinical practice of preventative and health screening strategies.

Outcome studies relating effectiveness of stress management techniques and physical/somatic relations.

Develop educational program to help DoD-accessible population (including children) improve skills for responsible child-rearing with renewed emphasis on intellectual development and de-emphasis of entertainment and spectator roles in life.
Aerospace Medical Association.

Operational Aeromedical Problems Course.

Air Force and DoD Annual Health Promotions and Health Prevention Symposia.

Global Medicine Conference

Military Public Health Symposium.

State-of-the-art conferences on topics of special relevance to the Air Force and the scientific community, e.g., electric and magnetic field exposures and health effects.

Public Health Officer Symposium.

Program reviews between ATSDR/PHS and the Air Force regarding superfund activities.

Would like global use of Index Medicus, Toxline, etc., with modem access. Perhaps could be hooked to Brooks AFB's Electronic Bulletin Board system with an 800 number.

Undersea and Hyperbaric Medicine.

Inter-service Training Review Organization (ITRO) meetings for health care training.

Army Medical Meetings.

Commanders meetings - line and medic.

EOSHA Fire Prevention Conference.

Any gathering where statistics or data could enhance presentations.

American Society of Tropical Medicine

Society for Epidemiological Research.

Ergonomics, Occupational Medicine, and Preventative Medicine.

Management seminars - wing briefs - Occupational Health working groups - Patient consultations.
AMSUS.

Navy Program Manager Symposium.

Aerospace Medicine Symposium.

Virtually any conference where AF member is presenting.

Occupational and Environmental Symposia.

Epidemic Intelligence Source Conference.

APHA.

Society for Epidemiologic Research.

International Conference on Chemotherapy and Chemoprophylaxis (Infectious Disease).

Association for Practitioners of Infectious Disease Control.

Occupational Medicine - trends and education material.

Command-wide occupational medical problems.


Provide information to local, regional AF meetings, for instance, Davis Monthan, Luke, and Williams hold periodic meetings; future plans are to include Nellis, the Army, and County/State Public Health personnel/input.

Senior (Colonel) Medical Service Corps Officer Conferences.

Practice guidelines conferences for clinical medicine.

Travel Medicine.

Occupational Health (OSHA).

Society of Behavioral Medicine Conference.

National Institute of the Clinical Application of Behavioral Medicine Conference.

AVMA.

Society of USAF Flight Surgeons.

OAP (Operational Aeromedical Problems Course).
USAF Annual Safety Conference.

Air Combat Command Annual Safety Conference.

School of Aerospace Medicine meetings.

Armstrong Laboratory courses.

ASTHO.

Chronic Disease Epidemiology meetings.

The Annual Navy Occupational Health/Preventive Medicine Conference.

DoD Human Factors Technical Group - Subgroup of Human Factors and Biomedical Devices.

Operational Problems in Aerospace Physiology.

Regional meetings of the American College of Preventive Medicine.

American College of Occupational Medicine.

Assistance with updated findings, printed articles, etc., demonstrating health promotion benefits to be used as handouts for Health Promotion Conferences.

Interact with the Computer-Based Patient Record Institute; they share our concerns and the association may be mutually beneficial.

Preventive Medicine; their annual meeting should have a mission statement and description of the services offered by the PSI.

Armed Forces Epidemiologic Board.

Armed Forces Pest Management Board.

Air Force Senior Public Health Officer Symposium.

AGARD.

TAP.

The annual Chronic Disease Surveillance and Control Conference.

BEE-MAH symposium.
APPENDIX L

QUESTIONNAIRE RESPONDENTS SUGGESTED RESPONSES TO QUESTION 19

ADDITIONAL COMMENTS

NOTE: This information has not been fully sorted, reviewed and tabulated.
Record1/Variable Q19
Personal needs for an IAC are minimal. Some current organizational need for access to Air Force environmental monitoring and health outcome data under superfund program

Record2/Variable Q19
My staff and I both agree that this would add very little to our capabilities and services. The expenditure is unacceptable.

In short, we cannot support this effort

Record3/Variable Q19
Q14. Closing base

Record4/Variable Q19
A. Safety collects data on occupational injuries which will be useful in our preventive medicine programs.
B. Civilian personnel is an excellent resource of workforce numbers and the incidence of occupational injuries and illnesses, unit of assignment, cost of benefits, etc.
C. Make the system user friendly.
D. Need to utilize environmental management data.
E. ASTDR, EPA, NIOSH, and OSHA data should be included.
F. Local cancer registries are closing due to lack of funding/use. These would be an excellent source of information.
G. Need to link causation to prevention

Record5/Variable Q19
In days of diminishing resources, should there be consolidation of this type of action - the plan sounds very reminiscent of the Navy Health Research Center here is San Diego.

Sorry - at my present work level many of your questions are not applicable

Record6/Variable Q19

Record7/Variable Q19
We are not in the medical business. I don't think such a system (IAC) would be used by AFOSR. Thus, I did not fill out the questionnaire

Record8/Variable Q19
Your description is so vague and generalized, I really can not vision how this system is going to directly benefit my operations or make my job easier to do than it now is. How, (what services) are you going to provide services are you going to provide that I can't buy or have available some already? Does it duplicate things already available? Cost is extremely important. Will this allow me to do my job easier and at less cost than I am now? This is an interesting concept but I really need alot more information about what it is, what is offers and how I can/will interact with it before I can answer many of your questions. My initial feeling is, I need much more computerization/data automation capability locally before I can consider spendin scarce money on
remote systems
Record9/Variable Q19

Record10/Variable Q19
*Q14. Answered "Perhaps" to funding for special studies
Record11/Variable Q19

Suggestion: Extensive data are now being collected on worker exposure to a wide variety at potential health hazards. This data should be included in your proposed archive
Record12/Variable Q19

Record13/Variable Q19

Record14/Variable Q19

Record15/Variable Q19
I don't fully understand how this would effect me or exactly what this program is. It seems quite "theoretical" - I would like examples of practical applications that I could use at base level. I'm sure my responses aren't too helpful due to my lack of complete understanding. However, the broadening of Preventive Medicine Services appears to be the direction of this program, and I would like to be involved with it as it is developed in the future
Record16/Variable Q19
*See letter with questionnaire for K. Brooks
Record17/Variable Q19
No Interest
Record18/Variable Q19

The information sheet explanation is flying at 40,000ft and I'm still in the weeds! It is not really clear to me what the purpose of this system is and how it will effect operation of a health promotion/preventive medicine service at an average, small MTF. Nor is it clear how this service differs from other online databases. Perhaps this reflects my own inexperience with these systems, but my rule of engagement for operating this MTF is to remain financially viable without limiting access or services to the patient/beneficiary population. Unless this system offers the potential to ultimately help to maintain MTF costs, I doubt it will fund much support at the grass roots level
Record19/Variable Q19

Record20/Variable Q19
I have concluded that it is unlikely that we would directly use the service. I have difficulty seeing how we might find the proposed services useful
Record21/Variable Q19

Little anticipated need possibly in industrial hygiene possibly something related to environmental control
Record22/Variable Q19
*In Japan*

What we need is basic library services and a plan to implement
preventive services and health promo plans
Record23/Variable Q19
*Q6,7,9,10,14d. - Read questionnaire
Record24/Variable Q19
John - As you can tell I don't see that I or we have much use for an IAC. It appears to be another R&D oriented function. We as a command are trying to get away from R&D and become more operationally oriented. I see some parameters that could help us, but I don't think we'd use the IAC over a couple of times a year - we have BEE's, MPH officers, Preventive and Aerospace Med. specialists etc. to do these things for us.
Sorry I'm of no better help to you, but I see this as a nicety and not a necessity
Record25/Variable Q19

Record26/Variable Q19

Record27/Variable Q19

Record28/Variable Q19
A very complicated information sheet and questionnaire. I have no idea what you are trying to get across - Do you?
Record29/Variable Q19

Record30/Variable Q19
If I understand this, you are trying to determine whether you can develop/expand as in service consulting group that could service both the military and non military. I suspect there is a big need in the military for such a function but probably little budget. I also think you could market your service outside of the military - in particular to industry. Probably your niche would be industry with government contacts. That way you could capitalize on both your technical/scientific skills and also your security clearances. Most civilian consulting firms probably will be able to deliver a comparable product faster, but they likely won't have the necessary security clearances to get access to certain type of data
Record31/Variable Q19
I am mainly interested for special research projects, but if online databases were easily accessible and available, e.g., Dialog back in time, I may also be interested depending on cost
Record32/Variable Q19
The key is to develop a system that is extremely user-friendly including the ability to call a real human being for help
Record33/Variable Q19
Although Battelle Institute is highly respected as a commercial, scientific and research firm, I do not feel that it would be in the best interest of National Security and the Air Force to share very sensitive information with this organization. Having close relations with this firm seems to only duplicate activity already performed within the Air Force and DoD. As a graduate of Ohio State University, I am very aware of Battelle Institute and respect their scientific standing, but do not recommend such integration into the Air Force
I hope our conversation was of help with this.

Two way communication helps me
brain storm better than questionnaire completion

Looks like a good idea and a challenging project. I'd be interested in a
summary of responses when available. Although certain members of the biomedical
Sciences Corps have a need for these, services, this office would not be a
user. Thanks for including us in your distribution

I do not understand how this could help me in present mission

Needs at this time are uncertain due to closure issues. Many projects,
programs, etc. will be discontinued as well as funds for such programs.
I am
sure larger facilities will benefit greatly from such a source.

*Q14b.
Answered "uncertain.

*Message across first page -
"I will NOT complete this. This is a terrible
questionnaire - too long - too complicated/confusing - very leading. If this is
an example of contractor's work - cancel contract

Retired, not active in medicine.
I wish this had been available to me some
years ago - especially computer/modem access

This is a huge job, as described, It would be very expensive, and may not be
workable

*Q14. Money matters above pay grade
This was a very difficult questionnaire for someone not connected with the military. If it had come at a busier time, I probably would have pitched it. I think it's a very good idea. Let's press on with it, so folks like me in the field have access to more timely information and consultation.

I am sorry I do not have time to help you justify a new program/system. All my time and energies at present are being spent to see how our meager budget for FY93 can be made to last until 30 Sep 93 without decreasing services to any beneficiary. At present we do have access to some of the information you hope to make available - at present it is at no cost. Even if this info were available from one source we would not have any funding to make use of it.

It is difficult to answer many of your questions because:
- other services have similar initiatives and I don't know the status of these.
- I don't have a clear concept of how strongly your effort will be oriented toward the Air Force and the extent to which it will be a DoD system.

I do suggest that the final outcome provide for links between all services so that the same questions can be asked in the same way for uniformed people and civilians of all services.

Compatibility is a must. Set standards in the beginning so that users will be able to access the system. Make recommendations (written) on software to use with the system so users could make appropriate requests to their resource offices.

*Q18. True measurements would require a great deal of thought and consideration. You need to measure things that matter, not merely things that can be easily counted. Go beyond bean counting.

I am not familiar with the program therefore am not qualified to make a rational fair assessment. Generally I am not in favor of spending more money unless necessary for good use.

I don't think what you propose is needed. If I could be convinced otherwise, it would belong at CDC or NCHS.
Your brief description was not detailed enough to show me how this will benefit us in our operation of a small inpatient/large outpatient facility. I am uncertain that we would use this service very much at Kirtland. I see the theoretical value but not how it will add real $ to our accomplishing our mission.

My personal needs are small - but our PM residents might use education portions of it.

I wish I had more exposure to the type of program you are offering - I don't feel I have the knowledge necessary to even answer most of these questions appropriately. Sorry.

This package still doesn't fully explain to me of how this system would work and how I can benefit. If you aren't sure of what the system would (in simple terms) then it is very difficult to answer this questionnaire appropriately.

With the money crunch in the military, this poses a real problem for me. We barely have enough funds to operate on a day to day basis. Although the this may be beneficial, more effective and faster, it is impractical when it comes to adding it to our budget.

I must apologize for not being able to provide more input. I am relatively new to this career field, and my computer knowledge is, at best, in the budding stages. I have answered what questions I could, but my inexperience prevents me from completing your survey.

The principal idea behind the IAD sounds good, but I cannot provide any specifics on how it would be useful to us, as a small base, other than the reference source. A problem that I foresee for us would be obtaining a budget to pay for such a service.

USUHS should not be regarded as a typical customer. Our main functions are teaching, research and consultation. We are asked to provide answers to questions, usually over a yearly long period. We often have to develop
specific databases to answer specific questions, or sometimes to link databases to answer specific questions
Record74/Variable Q19
I am not very familiar with computerized data bases or literature searches. Other clinic personnel have been very satisfied with Medline & Toxline.

*Answered maybe to the funding questions
Record75/Variable Q19

Record76/Variable Q19

Record77/Variable Q19
Information on how to set up study on local basis with a particular problem. Because of control groups, small populations, etc., such study may not be feasible, but at least someone would be available to access the _________ and give direction
Record78/Variable Q19
I would be happy to discuss in detail our particular needs and share recent RFP's and RFA's with you.
*Q5a. If it had drug use, adverse reaction, and other clinical data.
*Q13a. If it is the specific data we need may be competitive bidding process.
*Q14c. Depends on utility.
*Q14d. Data purchase
Record79/Variable Q19
I'm not sure why you sent this to me. If you really has a specific project in mind, let me know
Record80/Variable Q19

Record81/Variable Q19
Specific serological data/DNBI data could prove useful in improving the accuracy of AFMIC's infectious disease and environmental health risk assessments
Record82/Variable Q19
Dr. Herbold,
After routing this package through Health Promotions and our Flight Surgeon I can tell you that support for this program is low. I could not answer all questions in the survey, except the one on funding! That received a resounding NO.

The only knowledgeable answer I can give is that if this becomes available and we are allowed to "dable" around in it I could better decide on its value
Record83/Variable Q19
Centrally funded and managed information systems have been notoriously expensive and deficient in terms of value added. The IACs should not replicate of duplicate services already in place within the federal health-care
infrastructure. While it is attractive to have on-line access to a database and the capacity to order special studies, the merits of this capability appear limited. Much of the information and technical support which an IAC would provide already exists. The need is to have competent planners at the facility level who know what to access for their specific strategic and evaluative requirements. In today's fiscal environment, there are those who say we cannot afford an IAC and those who say we cannot afford not to have an IAC. At present, it would seem a further investment in CHAMPUS, RCMAS, CHCS, DEERS and other systems would be more prudent.

Does this service duplicate, or is it designed to replace any health promotion functions?

Record84/Variable Q19

Record85/Variable Q19

Spoke personally over phone to Col. Herbold on 11/30/92, therefore written response not provided. Our staff will follow up with Col. Herbold.

Record86/Variable Q19

-You really should have some "prototype" we could "test drive" and then ask these questions.

-Funding at local level will probably "turn off" many users.

Will continue with status quo - we're broke.

-This sounds like InterNe

Record87/Variable Q19

*Q14. Money is a major question. We can't even fund copier paper at times.

Record88/Variable Q19

Record89/Variable Q19

Being quite new to the field of Health Promotion program development, and having been away from statistical analysis for some time, my initial needs probably appear to be rather basic. To my understanding, an IAC would be an excellent resource for development, and continued enhancement of specific areas and programs. The Health Promotion field would greatly benefit from a more systematic approach at organization, assessment and implementation of services that could be "proven" to be effective for appropriate clients.

Record90/Variable Q19

To be frank, I have no idea how to answer many of these questions. The issues are well beyond how we manage our programs at base level. We have a tough enough time getting the day to day job done without considering research. I am just not that knowledgeable about these issues.

Record91/Variable Q19

Would IAC entail much time for input of data? That was an immediate question in our office.

I could see IAC being used as a baseline for out base STO, TB, hepatitis programs.

Record92/Variable Q19

I am not sure why you sent this to me. I do not understand what you are planning to accomplish. Clearly, a data management and tracking system is important for any preventive service. The success of the program depends on
the quality of the services and data. I would like to see a better description or example of the use of this system

Facts and info are great. We already have sources for almost everything I think I need. The problem is that those who make/enforce/set/inspect policies and procedures are unwilling to kill the "sacred cow". Examples Abound! 1. Hydrogine physical exam requirements 2. Basline CBC for X-ray Techs 3. Cholinesteroses for CE pest control(semi annual) 4. BEE's drinking water programs showing how expensive/useless they are -- but they don't go away! We need a commitment, before we invest in more "information services", that DATA WILL BE USED EFFECTIVELY.

You'd better get the evaluation metric firmly established FIRST and work the program back from there or you won't be able to justify your existence. Figure out the reason you are there and how to measure it, then go on

It is critically important to realize that current O&M funding does not cover present base minimum needs. If mother Air Force decides this is an important "value added" service, that will reap the benefits and save money, resources and asset, then the Air Force will have to fund the effort.

There is no way our financially constrained and fiscally strapped agency can provide financial support to a PRHISM-IAC

Much more info is necessary for us to make informed decisions on this initiative. Your outline is seemingly based on the assumption we are more informed on this than we are at present. Need to get down to the basics. Not uncaring just uninformed on this

The information that would be included in PRHISM-IAC would be of no value for our programs

My division chiefs are not certain if they would use PRHISM-IAC services on a regular bases. Would suggest a good marketing program to tell us if we can indeed utilize the proposed service

It is interesting that Dr. Doane is a USAF BEE Retired

Sorry so late in completing this, the "needs of the Air Force came first"

Garry Moore, Maj., (USAF, MC, FS) for Col Magnuso
Record104/Variable Q19
I suppose I was asked to complete this questionnaire because I use VA patients in my research and therefore am listed as a VA researcher. In fact, however, I am an NYU Medical Center employee and the questionnaire seems largely irrelevant to me. I'm not sure my responses are helpful. Please call me if I can be of any further help at 212-263-6651.

Record105/Variable Q19

Record106/Variable Q19
Not really interested in such a program

Record107/Variable Q19
*Q8. State unified programs in Agency Health Projects.

*Q10. We are currently in development. Most useful thus far is Vital Records, demographics anticipate this to become Medicare Pro sets and Insurance payments.

*Q11. Most uniform use is SAS. CDC is currently developing a non professional package "HIRS" Health info retrieval system, it looks very promising - DO NOT reinvent the wheel, go with what is available

Record108/Variable Q19

Record109/Variable Q19

Record110/Variable Q19
This proposal has no relevance for my current activities

Record111/Variable Q19
At small MTF usefulness initially would be hard to measure - TESTS among control groups at large facilities/San Antonio/could be the bases to extrapolate the usefulness at smaller bases given the lack of O&M $ flexibility at these locations

Record112/Variable Q19

Record113/Variable Q19
2 recently obtained Epi Info but haven't learned how to use it

Record114/Variable Q19
Modem access to AL Electronic Bulletin, known as Pegasus, is more than adquate for researching and retrieving epidemiological and medical intelligence data

Record115/Variable Q19
I feel this program would be best utilized by larger facilities or at the command level. Most of our data is processed through locally generated databases.

On the other hand, the information presented in the information sheet is somewhat general, so I am not totally clear on what they are offering. The only area we could utilize would be "the impact your intervention initiatives are having on the health status of all assigned personnel.

Record116/Variable Q19
I am very concerned about the overall approach of this survey. It appears to be an effort to have the respondents define the need for the project and then describe methodology. The survey does not appear to represent appropriate preliminary efforts by the planners and contractor.

This is a closing base, so Health Promotions is a part time job, not much time for any extra projects. An IAC does sound helpful though overall, and would seem to be a good source of info and save a lot of repetitive work by many people.

SUGGESTIONS:
Based on my experience providing psychiatric consultation to the Stanford University. There are a great deal of psychosomatic issues that drive the patient seeking medical attention. If the caregiver only focuses on the ticket for concern and attention, that is the medical symptom, then the primary issue is not being addressed and treatment will have only a minimal chance of success and the patient will become a chronic user of health care services frustrating everyone including themselves.

I would suggest you consider adding a Beck Inventory for depression, or some other mini mental status screen to your assessment in order to more accurately target the appropriate "prevention and health intervention strategy". As you know, confidentiality issues are always a concern with this kind of information and must be addressed.

Best wish on your project, which I think is very important because of its emphasis on prevention.

This group is a training organization and has no needs pertaining to Prevention and Health Intervention. No need for formal response.
The nature of work performed at AFAC does not require access to or use of information on prevention and health intervention strategies or preventive medicine programs. There, I regret that I am unable to provide any meaningful responses to your questionnaire.

Record 130/Variable Q19

*Q8. - I need training on what databases are available and how to use them for public health preventive medicine efforts. I am relatively new to the public health field (2 years) and haven't seen the priority need for this at base level yet.

Record 131/Variable Q19

Record 132/Variable Q19

Record 133/Variable Q19

Record 134/Variable Q19

As the director of the Aerospace Medicine TPIPT, I need access to a database of new medical technologies and equipment. Also medical R&D (Joint, NATO, industry) that can be applied to AF medical problems. I don't expect the PRHISM IAC to meet these needs. I am developing other sources. My interests are mainly for operational/combat medicine problems, Aeromed EVAC, Medical Readiness planning, and so forth.

Record 135/Variable Q19

I do mostly teaching and research—cannot see much use for this as currently described.

Record 136/Variable Q19

Record 137/Variable Q19

We believe there may be SOME usefulness in a centralized data repository and retrieval service.

We believe it is inappropriate for you to contemplate charging Air Force users for your services. You will be transferring existing appropriated monies within accounts ad and such you will only generate work for additional accountants.

Record 138/Variable Q19

Record 139/Variable Q19

IAC should also perform a function of providing periodic reports listing products that have been produced and are available. There should be an active attempt to share information as well as successes (& failures) in implementing incorporating the information into actual programs. Perhaps an annual symposium with user presentations and the publishing of abstracts would be useful.

If IAC is to be most effective there should be a strong outreach effort to get people involved and promote preventive medicine programs.

Record 140/Variable Q19

Record 141/Variable Q19
The system must be very user friendly. Many offices do not have a computer "wizard" who can figure out un-friendly programs. For this same reason the system must be well field tested to work out "bug" before it is mass issued.

Recipients need to receive a good briefing and very user friendly orientation material on the systems capabilities to enable optimal utilization of the system's capabilities.

Since I am very new to health promotions and have only just obtained a new computer, most of your questions are too indepth for to answer at this time. However, I am confused about the difference in what you're offering and Epi Info, a database purchased by ACC and sent out to all Health Promotion Managers. It seems to me that Epi Info does all the things your program would do - at least it will accomplish what I need to do.

I'm sorry, there is little I can do to help your survey. I have little or no experience I don't believe my input should be included.

I can present the idea of an IAC to the Federal Aviation Administration office of aviation medicine for use in the health awareness and occupational medicine programs.

I don't know why I was asked to respond to this - I don't think I have any true understanding of the planned system.

I cannot complete this questionnaire - I am not directly involved with DoD and much of the questionnaire is "not applicable". The letter and questionnaire, however, are immenently steeped with jargon. I have some difficulty in understanding what the PRHISM-IAC is and how it would be applied.

As an Epidemiologist, I would want to use data as AF personnel to study causes of disease and identify strategies for prevention.

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In the ANG the types of information needed is mainly for deployment to help maintain health and illness to environmental problems.

*NOTE* Last two pages of this questionnaire were not attached.

I apologize for not being very thorough with my answers. I’ve only recently started this position and haven’t figured everything out yet.

As you will conclude from my mixed responses, I am not comfortable with this or any other data repository system. The reason is that such systems are easily abused by both well intentioned investigators and paid advocates with particular points of view. On the other hand, the cataloging of who has datasets, and the funneling of support to maintain such datasets can be important function, whether IAC is an appropriate mechanism for such support should be considered. In regard to cataloging useful findings for potential preventive services would also be useful, if the mission can be well characterized. There are many such catalogings at present, however none that might be the appropriate mission for an IAC organization.

Descriptions of the mission needs further work, and I would urge more effort be put into this, rather than trying to consider being a data repository which is far more expensive, and probably more work.

I guess I don’t have the vision you folks have for this IAC. I just don’t see the need. This will cost a bunch of money to the taxpayer. My budget and resources are so tight with the cutbacks that I’m just trying to keep the doors open. No is no time for me to launch into a new program such as this, with an unknown outcome. Bottom line, forget the whole thing, for now.

It is very difficult to provide information via this form. Personal discussion as to what uses and benefits terms of occupational medicine would be more beneficial.

When this system is developed it needs to be explained on a very basic level. There are always a lot of assumptions that prospective users are familiar with equipment and methods to access.

I could not answer many of your questions. Working for the Army secretariat, I do not personally do any of the studies/data collection you describe. Any information I need is tasked over to the office of the Army Surgeon General for collection, collation, and coordinated response.
However, I do believe what you propose is worthwhile for all of DoD, particularly in light of measured outcomes within the coordinated care program.

Press On! As time goes on, let me know how I might be able to contribute.

A. Safety collects data on occupational injuries which will be useful in our preventive medicine programs.
B. Civilian personnel is an excellent resource of workforce numbers and the incidence of occupation injuries and illnesses. They (OCPO at Randolph AFB) produce tapes that list injuries and illnesses, unit of assignment, cost of benefits, etc.
C. Make the system user friendly.
D. Need to utilize environmental management data.
E. ASTDR, EPA, NIOSH, and OSHA data should be included.
F. Local cancer registries are closing due to lack of funding/use. These would be an excellent source of information.
G. Need to link causation to prevention.

PHRISM - IAC, may, provide the platform for true coordination of community based interventions that will make a difference.

By collecting illness data AF wide we could target specific population for intervention strategies then analyze the benefit. For example: collect illness data; then open a new fitness center at three bases; then measure differences in illness data. Another example; Obtain influenza immunization completion rates from each base, compare with disease incidence by geographic region and completion rate. Preventive medicine programs are sometimes difficult to sell, being able to demonstrate results often makes it easier.

This initiative is commendable. Might designate the IAC "a kind of think tank" in order to better popularize its services. The IAC should take over some Medical Intelligence and Information Center services in order to be an effective repository of data. This is an excellent opportunity for the military to take a leadership role in the forthcoming world of outcomes and standards of care. The IAC would be instrumental in re-rolling the military to use military facilities left idle by the drawdown in fulfilling the needs of a national health initiative.
Record177/Variable Q19
I am very new to this position. I feel I will need statistical support soon but question if an outside agency is most economical for the AF.

Thanks for
sending me this survey
Record178/Variable Q19

Record179/Variable Q19
My personal need for an IAC are significantly less than the systems need for an IAC since the Air National Guard does not provide treatment, nor are most of it's members eligible for military medical care. This significantly decreases our occupational medicine involvement and intervention opportunities to our population. The need for assessing health promotion interventions on the ANG will also be complicated by the civilian lifestyles and civilian medical interventions our members have. System wide, the AF should benefit from user friendly access to all four blocks of delivery, education, support/consultation and DR/Eval/Test through one consolidated point. Having a "quick response team" as well as routine computer access would be very helpful
Record180/Variable Q19
I hope this helps. I'm looking forward to having the results of your briefing.

*Q14.I'm not sure how to work this answer. SG should support the IAC. Do I need to get the funding in the same way our as our copier support contract? AFMOA should have access to data for policy decisions. I don't believe this should be a fee for service. It should be an "opening door" cost. Part of the annual cost.
Record181/Variable Q19

Record182/Variable Q19

Record183/Variable Q19

Record184/Variable Q19
Do not think an IAC is the optimum solution. Would prefer a separate physical center with dedicated personnel, budget and office space
Record185/Variable Q19
Pharmacoepidemiology studies (adverse drug reaction studies) and drug use information - Requires huge databases-
*Cooperative agreements DMDC databases are of great interest to her - adverse drug mims - world wide.
Wants DTIC IAC
info brochure
Record186/Variable Q19