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Breaking the silence

TSgt Paul Vermaire's journey with mental health recovery

Story by Staff Sgt. Jacob Wongwai
86th Airlift Wing/Public Affairs

Mental health had always been a familiar topic for U.S. Air Force Tech Sgt. Paul Vermaire, 86th Operations Support Squadron aircraft controller. Growing up, he witnessed family members battling depression and suicide. Little did he know, Paul Vermaire's life would be profoundly affected by his own struggles.

Paul Vermaire and his wife, Claire Vermaire, were eager to embrace their new life at Ramstein Air Base, Germany. From roaming through the vast amount of moving boxes scattered across their new home, to rounding up their excited son, Jonah, Paul Vermaire thought this frantic start was the cause for his brain fog.

After a couple days, what seemed like simple symptoms caused by stress cascaded into a nightmare situation.

Paul Vermaire's cognitive abilities declined rapidly, leaving him unable to think or speak clearly. Paul Vermaire reached out to his wife for help, alarmed by his deteriorating condition uttering only two words amidst his struggle: "Mental health."

"He was admitted to the hospital on Friday due to an unknown mass in his brain," said Claire Vermaire. "On Saturday, he started to have excruciating pain from the abscess swelling and pressing against his brain. Then, he went into brain surgery on Sunday."

While the successful surgery brought a sense of relief, it marked the beginning of a difficult journey for the Vermaire family..

Paul and Claire Vermaire thought he would recover quickly, yet his cognitive health was still severely weakened. He was later transferred to Walter Reed National Military Medical Center in Bethesda, Maryland.

The Vermaires spent five months living in a hotel room with only two suitcases of belongings. The chaotic environment put an incredible strain on not only Paul Vermaire's recovery process but also on Claire Vermaire's life.

"I was sick," said Paul Vermaire. "I couldn't think, I couldn't speak, Claire had to help finish my sentences, I was in a child state of mind where I couldn't contribute, adding to the challenges my family faced."

See **MENTAL HEALTH RECOVERY**, Page 4



U.S. Army photo by Cpl. Sklyer Schendt, 111th Public Affairs Detachment, Nebraska National Guard. Kosovo Forces Veterinary Services and U.S. Army K9 Handlers hosted the "Ruck with the Pack" 5k foot march with Soldiers from KFOR Regional Command-East and local forces at Camp Bondsteel, Kosovo, June 3, 2023. The event was held to honor Military Working Dogs and their handlers for their service, and to give service members the opportunity to support the K9 units in the region.

Kosovo Force veterinary team keeps animals and soldiers safe

Story by Staff Sgt. Anna Pongo
KFOR Regional Command East

The three Soldiers of the 64th Medical Detachment Veterinary Services Support (MDVSS) serve a dual purpose on Camp Bondsteel and in the surrounding communities. They work hard to keep both the animals and people safe as they continue the Kosovo Force (KFOR) mission together.

The small but mighty veterinary team from Baumholder, Germany has what they call the "animal mission" and the "food mission".

Capt. Freemie Mitchell and Cpl.

Alexus Leyno are in charge of the animal part of the mission. Camp Bondsteel has two U.S. military working dogs whose job it is to check vehicles at the base entry point for explosive devices and keep all the people inside Camp Bondsteel safe. Mitchell and Leyno in turn keep the dogs safe and healthy.

"A lot of times people overlook our military working dogs as service members," said Mitchell. "They are service members. They are weapons. So if we can keep them up and going, we multiply the force. They

defend our gates and so they defend our service members here on base."

The job of being a veterinarian, like Mitchell, or animal care specialist, like Leyno, is truly a work of passion. Caring about the animals they look after is the highlight of the job for them.

"My favorite thing about my job is the dogs," said Leyno. "They all have their own personality. Every dog is just different in their own way and some have different qualities than others. So it's nice to just

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• **Veterinary team** (Continued from front page)

be around all these dogs and get to understand them.”

For the U.S. working dogs, the team conducts a twice-a-year physical to ensure that they are healthy from top to bottom. This includes dental and physical, just like with humans. They are also always on call if there are any accidents.

This part of the service extends to the other K-9s serving the KFOR mission. Mitchell explained that they provide emergency care to the Austrian, Italian and Czech coalition partners.

“It can be very calm here at times, considering that we only take care of two U.S. military dogs on a daily basis,” said Leyno. “But we also do life, limb, or eyesight, emergency care for the other foreign military dogs.”

For the other half of the mission, the focus is on the human Soldiers instead of their four-legged fellow service-members. Sgt. Deonte Collins, the unit’s veterinary food inspection specialist, conducts routine inspections

of all of the dining facilities across Kosovo.

“The best way to destroy a military is through their stomachs,” said Mitchell. “So he takes care of the people.”

Collins inspects anywhere there is food that service members might consume. This includes how they store the food, how the food is shipped, and if anything’s expired, he’ll either make sure it’s taken off the shelf or checked for quality and condition, and then extend the food if it is still good.

“Our job is important to the mission out here is to give the Soldiers food,” said Collins. “We ensure that everything is good for them to eat. And we work to make sure they can get their favorite foods like steaks to keep their morale up.”

The job for a food inspector here is a little different than it is back in the U.S.

“It’s been a different experience from when I’m back in the states where everything’s solidified to have all the regulations,” explained Collins. “But here we have to go off of our knowledge and deep dive in regulations to make sure the soldiers are safe.”

Safety is of utmost importance for both the human and animal sides of the veterinary team. Part of their mission to ensure this, is training the dog handlers, medics and first responders in point of injury care for the K-9s that they come in contact with.

“We often train, because the most important thing is if an injury happens, is that point of injury care,” said Mitchell. “And so we make sure that they can adequately treat any of those injuries, and then we train them on how to get the K-9s to us.”

The veterinarian team’s mission extends beyond the confines of the military bases however. Community outreach is an important part of their mission in Kosovo.

“We try to do as much community outreach as possible,” said Mitchell. “We’ve gone to local shelters and we’ve trained with their veterinarians on how to do ultrasounds, different techniques for surgeries, and for spays and neuters to keep the stray population low and healthy. We can learn from each other and trade technical skills.”

In addition to working with local veterinarians, the team has also seized the opportunity to speak to local high schoolers about pet health and food safety.

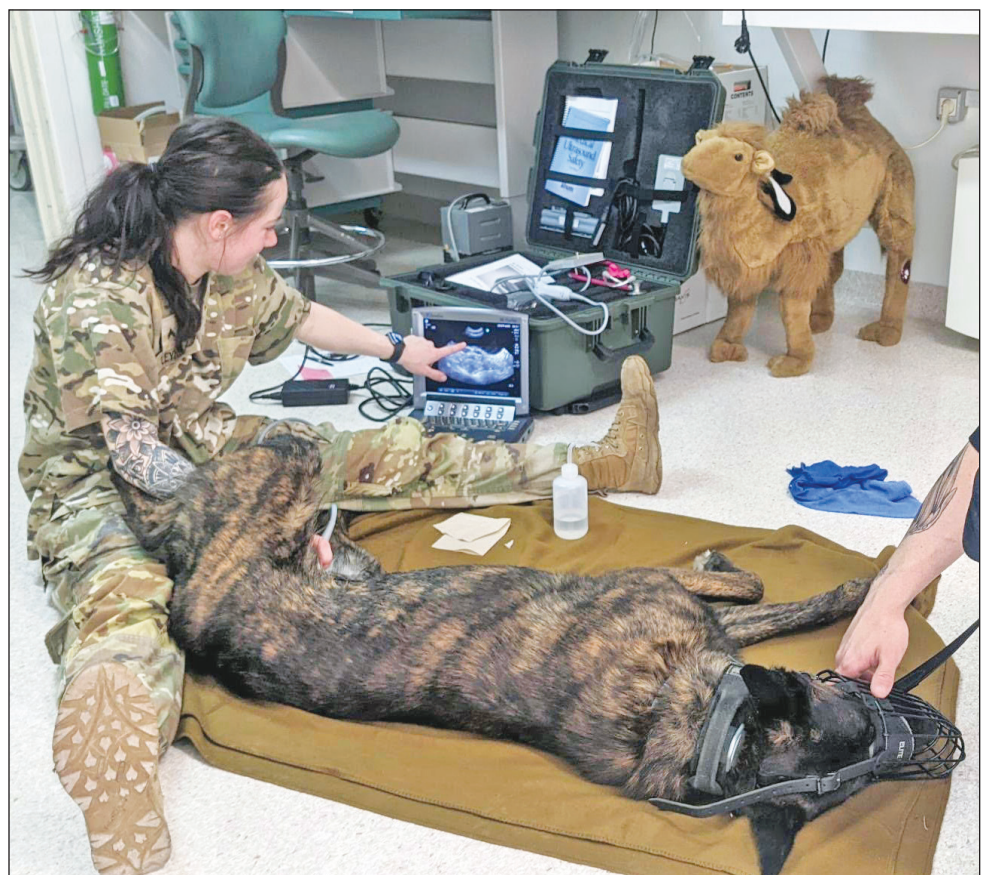
“We have a continued project with the local high school that has a veterinarian program,” explained Mitchell. “We are going and talking to them; not only about different diagnostic techniques that we use but also about... herd health, because this is a very agricultural type community.”

Through their continued efforts, the veterinary team hopes to further expand their impact in the local community and with their KFOR counterparts.



U.S. Army photo by Staff Sgt. Anna Pongo, 111th Public Affairs Detachment, Nebraska National Guard

Cpl. Alexis Leyno, animal care specialist with the 64th Medical Detachment Veterinary Services Support (MDVSS) from Baumholder, Germany, conducts an ultrasound on a military working dog at Camp Bondsteel, Kosovo, June 6.



U.S. Army photo by Staff Sgt. Anna Pongo, 111th Public Affairs Detachment, Nebraska National Guard

Soldiers of the 76th Infantry Brigade Combat Team, “Task Force Nighthawk”, arrive to begin training during KFOR 31 in Hohenfels Training Area in Germany on Oct. 3, 2022. KFOR 31 is a multinational training event conducted to prepare units for their deployment to the Kosovo Regional Command East.



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Limb loss, amputation resources, and advances

Story by Janet Aker
Defense Health Agency

Losing a limb to trauma, or amputation from any cause, creates undeniably serious life adjustments. That's why it's crucial for clinicians helping patients experiencing limb loss to have the tools they need.

For providers treating individuals with limb loss—inside and outside of the military—the Defense Health Agency is a source of continuing education, ongoing research, and outcomes measures. DHA's resources are based on data obtained by treating more than 1,700 deployment-related amputations since 2001. Those clinical resources are updated as the science advances across the Department of Defense and the Department of Veterans Affairs.

"All amputation is major," said Andrea Crunkhorn, chief of clinical affairs at DHA's Extremity Trauma and Amputation Center of Excellence who also holds a doctorate in physical therapy. "In a society where communication is now typing with all 10 fingers or your thumbs, loss of even part of a digit severely impairs efficient and effective communication as well as makes all activities of daily living more difficult, with huge functional implications for anyone."

Clinical Practice Guidelines

EACE was established in 2011 and joined the DHA in 2022 as the fifth center of excellence in the Defense Health Agency's Research and Engineering Directorate. One of the major efforts EACE supports is the development of clinical guidelines. EACE clinicians, Military Health System clinicians, and VA clinicians work with the Department of Veterans Affairs/Department of Defense Evidence-Based Practice Guideline Work Group, which has issued two amputation focused clinical practice guidelines. These CPGs provide the framework for evidence-based best practices, and include:

- Rehabilitation of Lower Limb Amputation, Version 2 – 2017
- Management of Upper Limb Amputation Rehabilitation (ULA) – 2022

"It is essential, particularly in a field that is emerging and changing as quickly as amputation and limb trauma care, that all providers look for well-produced guidelines such as these," Crunkhorn said.

The 2017 Lower Limb Amputation Rehabilitation CPG was based on a review of 3,500 articles on lower limb amputation. Only 73 articles were of high enough quality that the VA/DOD working group creating the guidelines included them in the results for building recommendations, Crunkhorn said.

The working group assesses the research-based evidence and other factors such as results from a patient focus group, patient values, likelihood of harm

of doing or not doing the recommended action, and burden on clinicians and health care systems (time, resources, staffing)," Crunkhorn said. The working group also addresses research and clinical gaps both as part of the CPG and in crafting additional documents to assist clinicians and patients.

For example, last year the work group realized there was zero content on pregnancy, parenting or childcare in the Upper Limb Amputation Rehabilitation CPG. The work group published a novel patient handout on pregnancy and added content on parenting and child care to the patient handbook "Within Reach." This content was primarily written by former U.S. Army Maj (Dr.) Megan Loftsgaarden, who was then chief of the Physical Medicine and Rehabilitation Service at the Center for the Intrepid at Brooke Army Medical Center in San Antonio, Texas.

Additional EACE Resources

There are many other resources at providers' fingertips.

EACE has an archive of on-demand training modules on provider-requested health outcome measures related to limb loss and amputation. This resource hosts 32 archived sessions from the multidisciplinary information-sharing series. Monthly sessions introduce new material, case studies, and best practices into the clinical setting.

Monthly DOD-VA Grand Rounds provide evidence-based educational opportunities designed to improve the quality and consistency of care. There is also a continuing education course, the 2021 Federal Advanced Amputation Skills Training, for at-home study.

EACE partners with three Advanced Rehabilitation Centers. ARCs provide state-of-the-art, patient-centered, sports model-based care for limb dysfunction and amputation to DOD beneficiaries, allied military personnel, and select civilians. The three ARCs are Walter Reed National Military Medical Center's Military Advanced Training Center (MATC); Brooke Army Medical Center's The Center for the Intrepid (CFI); and Naval Medical Center San Diego's Comprehensive Combat and Complex Casualty Care (C5) Program.

The EACE has a resource page for all providers, patients and caregivers. For MHS providers, the EACE developed an internal page on Carepoint for additional content: the ARC Resource Page.

The ARC documents website has DHA outcome measures information "as we drive toward a standardized outcome set to improve amputation rehabilitation across the DHA," she added.

Both websites provide background information on the ARCs, their capabilities, how to refer patients to them, as well as treatment protocols, and other useful information, according to Crunkhorn.



Photo by Aisha Lomax

A physical therapist assists a patient on the treadmill during a visit at the Walter Reed National Military Medical Center (WRNMMC) Advanced Rehabilitation Center (ARC).

Limb Loss Recovery as a Career

Dr. Tawnee Sparling is the medical director for amputee care and the director of combat casualty care at Walter Reed National Military Medical Center in Bethesda, Maryland.

"New clinicians interested in entering this field [should] spend time with providers in all of the different specialties involved in the care of this patient population," Sparling suggested. "You should learn about wound care, observe in the OR, ask your prosthetist questions, spend time in their lab, observe therapists doing their evaluations, and ask your patients about their goals," Sparling advised.

At WRNMMC, Sparling works in the Military Advanced Training Center, which is one of the three ARCs, a state-of-the-art rehabilitation facility that works with prosthetics and athletic equipment to further recovery from limb loss or amputation.

Her daily patient practice crosses many

areas, including clinical, educational, and research components. "I coordinate their rehabilitative care, manage their pain, and help them achieve their functional and quality-of-life goals."

The MATC is "a unique multi-disciplinary clinic where providers from PM&R, physical therapy, occupational therapy, prosthetics/orthotics, and case management teams work together to achieve a patient-centered care model," Sparling explained.

She works with EACE weekly "to improve our use of validated clinical outcome measures within our clinics, develop training principles for providers within the realm of amputee rehabilitation, and develop educational content for providers through our state-of-the-science symposiums."

New Technologies

Newer providers with an interest in

• **Mental health recovery** (Continued from front page)

“I had to be happy and cheerful for our son Jonah while trying to take care of everything but it was hard,” Claire Vermaire added “It was a very difficult time.”

Dealing with Paul Vermaire’s recovery and being stuck in the hotel due to COVID-19, the family was reaching a breaking point. But, then the military community rallied behind them.

Airmen and their families across the Air Force were moved by their story. People pooled together resources to provide anything and everything that the Vermaire family needed to make their hotel room their new home away from home.

“My sister also started an online fundraiser and we got so many totes of clothing, tons of toys, and just so much stuff that we didn’t know what to do with it,” said Claire Vermaire. “The military community love ... we couldn’t have done it without them.”

However, even with the extra support, Paul Vermaire was still struggling.

He experienced months of sleeplessness and battled severe mental health issues after tapering off the steroid medication used for his recovery. Returning to Ramstein, the Vermaires hoped for a fresh start. But, their situation only worsened.

“When I got back I couldn’t sleep for two to three days,” said Paul Vermaire. “I was already depressed and having suicidal thoughts. I just thought I couldn’t get out of it, and that’s when I called my first shirt. Actually I called everyone I knew because something was very wrong.”

Paul Vermaire hoped being prescribed medications and going through an outpatient therapy course would help with the suffering he went through, but they had no effect.

Claire Vermaire said she was at the point of no return. It seemed she and her husband were delving further into their horrible nightmare with no ending in sight.

“I basically told him I wanted to leave,” said Claire Vermaire. “I want to take our son and leave. Then he said that he wanted to kill himself and we just started bawling. We finally knew how bad it truly was and we needed help.”

Paul Vermaire’s doctor suggested electroconvulsive therapy, which creates an electrical induced seizure, in the hopes the treatment would help manage his severe depression.

While frightened by the idea of leaving his family for the treatment, Paul Vermaire was more afraid of the impact his depression would have on their lives.

“It took three or four treatments to see a change, and after a few more my therapist really saw a major change” Paul Vermaire said.

Claire Vermaire added, “We knew the ECT treatments were truly making a difference for him.”

Thankfully, the treatments proved successful, and allowed the family to reunite in Ramstein. Despite their return, the Vermaires knew their lives had been irreversibly transformed by their journey.

“As a more quiet and timid person, the

experience has definitely opened me up to be more vocal,” said Paul Vermaire “I really sympathize with people with mental health issues.”

Even now, Claire Vermaire struggles letting her husband complete his own sentences.

“I’m very much a type A personality and need to have a set schedule for everything.” Claire Vermaire said. “I learned to be patient, to adapt to new situations and to have more grace.”

Paul Vermaire’s experience ignited a newfound desire within himself to speak openly about mental health. Participating in the Warrior Games through the Wounded Warrior Program helped Paul Vermaire find solace among fellow warriors who shared their stories and struggles.

“It was amazing being around others who were so open about their mental health issues or their disabilities,” Paul Vermaire said. “That’s who I want to be. I wanted to be that open, to be that gracious, and I wanted others around Ramstein to know they can be open about it.”

In a world where silence often shrouds mental health, Paul Vermaire’s journey stands as a beacon of hope. Being open, understanding, and supportive, can end the stigma surrounding mental health and foster a community where everyone feels empowered to seek help.



Courtesy photo

U.S. Air Force Tech Sgt. Paul Vermaire, 86th Operations Support Squadron air traffic controller, recuperates from surgery at Landstuhl Medical Center, Germany, Sept. 2021. Vermaire had a traumatic brain injury, and while recovering from his injury developed extreme depression, affecting his and his family’s lives. Vermaire and his wife received massive amounts of support from their family, friends and the military community who helped them receive necessary care.



Courtesy photo

U.S. Air Force Tech Sgt. Paul Vermaire, 86th Operations Support Squadron air traffic controller, gathers with his family at Ramstein Air Base, Germany, Dec. 25, 2022. Vermaire’s recovery journey from a traumatic brain injury and the mental health struggles that came along with it, inspired him to speak openly and help others to seek support.

Fly on the wall: Interview with a bug expert

Story by Janet Aker
Defense Health Agency

Air Force Maj. Elizabeth Foley, an entomologist and bug expert, is chief of the force health branch at the U.S. Air Force School of Aerospace Medicine at Wright-Patterson Air Force Base in Dayton, Ohio.

In an interview for Bug Week 2023, that took place June 10-17, Foley described the role of entomologists across the Military Health System as they work to control diseases carried by bugs, or vectors, that can be transmitted to humans. The entomologists' work ensures readiness of the military force.

MHS Communications: What are the most important types of work entomologists in the MHS do, whether in the field or a lab?

Foley: Entomologists fill a variety of roles within the services to include research, education, consulting, and contingency operations. In the U.S. Air Force, a contingent of reserve entomologists are responsible for the Department of Defense's aerial application of pesticides. At the Air Force Research Laboratory, our entomology consult team identifies vectors submitted from bases across the globe and tested for diseases.

The Naval Entomology Center of Excellence provides cutting-edge research on equipment and materiel for the DOD. The U.S. Army conducts research, education and directly

supports contingency environments. These are all just a fraction of what each of the services bring to the fight, and they are all extremely valuable. The Armed Forces Pest Management Board is a great joint resource for topics related to entomology and vector management.

MHS Communications: How do entomologists support mission readiness?

Foley: In many locations, vector-borne diseases pose a serious threat to operational missions. In deployed environments, some teams have very specific skills and requirements. If one or two members go down with diseases such as dengue or malaria, it could mean failure for the mission.

Our job as entomologists is to make sure the joint forces are equipped with the knowledge and protective measures to prevent disease. Entomologists directly support deployed locations by assessing the risk of vector-borne disease and providing mitigation strategies for identified threats.

Since there are few entomologists in relation to other career fields, they often act as consultants to a specific theater or area of responsibility. Entomologists are considered the subject matter experts on everything from monkey bites, to venomous snakes, to zoonotic [animal transmission] and insect-borne diseases.

MHS Communications: What are

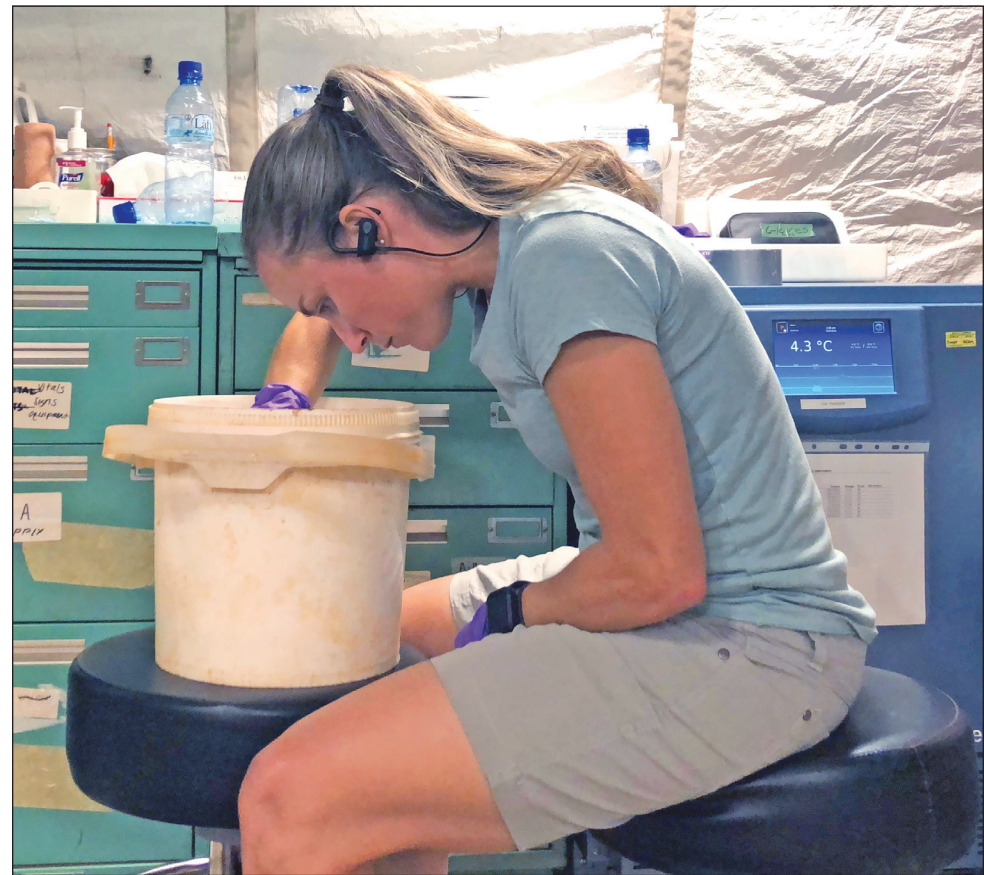


Photo courtesy of U.S. Air Force Maj. Elizabeth Foley
Bug expert U.S. Air Force Maj. Elizabeth Foley is chief of the force health branch at the U.S. Air Force School of Aerospace Medicine at Wright-Patterson Air Force Base in Dayton, Ohio. As an entomologist, her missions often take her overseas. Foley, in a makeshift lab, is looking for mosquitos and mosquito larvae in a water sample. She was deployed in October 2018 to Air Base 101 in Africa to train coalition medical teams on the habitat and behavior of mosquito larvae and the surveillance and identification of those larvae of the mosquito (Anopheles spp.) that transmits malaria.

some of the most significant issues of late identified by military entomologists?

Foley: Scientists and entomologists are working on finding better solutions for personal protection. This could be researching new environmentally friendly repellent applications or refining spatial repellent capabilities, which release chemicals into the air to prevent mosquitoes from biting humans within a given space.

It is a big effort. We need to think about the future fight and leaner, more mobile forces. This means we may not have the ability to provide traditional pest management applications. Keeping this in mind, we are working on how to best support and protect the warfighter from these vector-borne diseases.

MHS Communications: What are some of the prime preventive measures—especially if there is no vaccine—other than insecticides, protective clothing, and awareness?

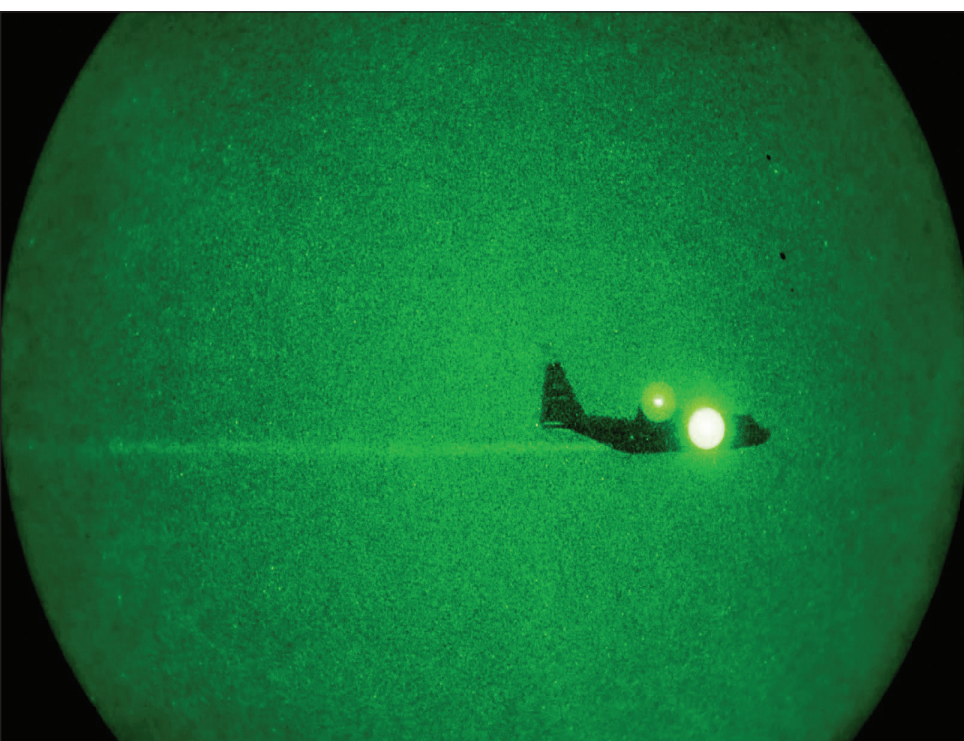
Foley: The reality is we do not have vaccines for most vector-borne diseases. To make matters worse, in deployed locations, we may not even have pesticide capability. In these

cases, we rely heavily on personal protection and education.

For example, if we know a particular mosquito is active at dusk and dawn, we can limit our activities during that time. Conversely, if we know the mosquito is a day-biter, we can emphasize the use of repellents and protective clothing. Additionally, we can provide research and pull data prior to arrival at a site, equipping commanders with the knowledge of existing threats.

MHS Communications: What's on the horizon for DHA entomologists?

Foley: Fortunately, the joint service entomologists have an incredible relationship with each other and the Armed Forces Pest Management Board. I imagine falling under the DHA will only strengthen those relationships as we try to create solutions to common problems for our military and the nation.



U.S. Air Force photo by Staff Sgt. Christina Russo

An aerial spray-modified C-130H Hercules aircraft assigned to the 910th Airlift Wing, Youngstown Air Reserve Station, Ohio, operates over Joint Base Charleston, South Carolina, May 16. The 910th AW maintains the Department of Defense's only large area, fixed-wing aerial spray capability to control disease-carrying insects and pest insects.

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• **Limb loss** (Continued from page 3)

limb loss should stay up to date with research and new technologies and innovations as much as possible, Sparling advised. These include:

- Osseointegration, or the direct anchoring of a prosthesis to the bone structure
- Agonist-antagonist myoneural interfaces to improve proprioceptive control for enhanced prosthetic use, decreased residual limb atrophy, and maintain appropriate phantom limb sensations
- Implantable peripheral nerve electrodes to improve motor prosthetic control and provide sensory integration into prosthetic terminal devices

DHA has developed advanced practice knowledge, skills and abilities in amputation care for physical therapists, occupational therapists, physiatrists, orthotists and prosthetists, Crunkhorn pointed out. “We share knowledge and skills with civilian colleagues to ensure that the lessons learned from war have a greater impact on our Nation and whole society.”



Photo by Alpha Kamara
 Earl Granville, a retired Army National Guard staff sergeant, discusses fixing his artificial limb with Tyler Cook, a prosthetist at Walter Reed National Military Medical Center (WRNMMC), in WRNMMC in Bethesda, Maryland, April 23, 2022. Granville lost his leg in a combat mission abroad. He is one of many veterans that receive prosthetic support and maintenance from WRNMMC’s prosthetics unit.

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TRICARE tips to protect yourself from ticks

Courtesy Story
Defense Health Agency

FALLS CHURCH, Va. – Is your family planning to spend more time outdoors this summer? As the weather gets warmer, keep ticks in mind. Since ticks are more active as temperatures rise, the chances of finding a tick on you, your family members, or pets increase in the summer months.

Lyme disease is one of the most widely known illnesses associated with ticks. Health care providers diagnose and treat an estimated 476,000 Americans for Lyme disease each year, says the Centers for Disease Control and Prevention (CDC). Learn simple steps you can take to protect yourself from ticks.

Know what ticks look like. Learn which tick species live in your region and in places where you travel. Blacklegged ticks and western blacklegged ticks spread Lyme disease. According to the CDC, adult blacklegged ticks are typically the size of a sesame seed.

Know where to expect ticks. Ticks live in grassy, brushy, and wooded areas, and on animals. Avoid wooded and brushy areas with high grass and leaf litter. If you're in the woods, walk in the center of trails. Activities like camping, hiking, and hunting can bring you in close contact with ticks, but so can activities like walking your dog, gardening, and spending time in your own yard or neighborhood.

Protect your body before going outdoors. Cover your skin and scalp by wearing a hat, long pants, long-sleeved shirts, and socks, espe-

cially in grassy, brushy, and wooded areas. The Environmental Protection Agency recommends using insect repellent to discourage ticks from landing on you and biting you. Learn how to use insect repellent safely and effectively before applying it to yourself or family members.

Check your body for ticks after being outdoors. After working or playing in the yard, check your clothes and body for ticks. Key parts of the body to check include: under the arms, in and around the ears, inside the belly button, back of the knees, and in and around the hair.

Showering may help wash off unattached ticks and reduce your risk of getting tick-borne diseases, so shower soon after being outdoors. If you find a tick attached to your skin, the CDC recommends removing the tick with a pair of clean, fine-tipped tweezers. After removing the tick, you should thoroughly clean the bite area and your hands. Never crush a tick with your fingers. To dispose of a live tick, flush it down the toilet or place it in a secure container. You can also submit the tick to MiTICK for free tick testing and identification.

Your pets can also harbor ticks, so don't forget to carefully examine your furry friends after they've been outside.

Learn the signs and symptoms of Lyme disease. Seek medical attention if you have any Lyme disease symptoms and have noticed a tick bite, live in an area known for Lyme disease, or have recently traveled to an area where the disease occurs. Symptoms include: bullseye-shaped bite mark, fever, chills, headache, fatigue,

muscle or joint aches, and swollen lymph nodes.

"In most cases, a tick must be attached for 36 to 48 hours or more before the Lyme disease bacterium can be transmitted," says the CDC. If you remove the tick within 24 hours, you can greatly reduce your chances of getting Lyme disease.

A Lyme disease diagnosis requires a positive blood test. TRICARE covers these tests when they're ordered by a TRICARE-authorized provider. If Lyme disease is diagnosed early, your doctor may treat you with a standard round of antibiotics. If a Lyme infection is left untreated, you may need more intensive courses of medication.

Lyme isn't the only disease spread by ticks, so it's good to know which diseases are spread by ticks where you live and travel. According to the CDC, babesiosis cases have significantly increased in the northeastern United States. As with Lyme, the best way to prevent babesiosis is to take simple steps to reduce your exposure to ticks.

If you need medical advice or care, the Military Health System Nurse Advice Line is a 24/7 resource. Also, understand your urgent care and emergency care options.

Take care of yourself and your family this summer by avoiding bug-borne illnesses. For more tips on preventing bug bites and treating bug-borne illnesses, visit Bug Week.

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