

UNITED STATES DEPARTMENT OF DEFENSE

DoD BLOGGERS ROUNDTABLE

DEPARTMENT OF DEFENSE SOCIAL MEDIA OPERATIONS
HEALTH PROMOTION AND WELLNESS

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Tuesday, June 11, 2013

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Moderator:

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Guests:

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PROCEEDINGS

MR. SELBY: I'd like to welcome you all to the Department of Defense Bloggers Roundtable for Tuesday, June 11, 2013. My name is William Selby with the Office of the Secretary of Defense for Public Affairs, and I'll be moderating the call today.

Today we are honored to have as our guest Dr. Mark Long, Public Health Educator, Health Promotion and Wellness Program, Navy and Marine Corps Public Health Center and Mike, I'm sorry, Mr. Mike Aukerman, Alcohol Program Manager, Navy Alcohol and Drug Abuse Prevention. They will discuss the importance of preventing excessive alcohol consumption among sailors and marines and share updates on Keep What You've Earned Campaign features as well as the recently launched Alcohol Detection Device Implementation Program.

A note to the bloggers on the line, please remember to clearly state your name and blog or organization in advance of your question. Please keep your questions succinct and to the point and if you are not asking a question please place your phone on mute.

With that, Dr. Long, if you have an opening statement you can go ahead with that now followed by Mr. Aukerman's.

DR. LONG: Good afternoon, hopefully you can hear me okay. This month, in June, the Navy and Marine Corps Public Health Center Health Promotion Wellness Department launched our sub-campaign preventing drug abuse and excessive alcohol use in conjunction with the Drink Responsibly Month.

We hope to educate Sailors and Marines on drinking responsibly and taking medications appropriately. On the Navy Marine Corps website we have lots of resources addressing these issues including some new fact sheets, updated brochure and poster.

We're concerned about all this issue because according to CDC there is about 80,000 deaths each year from drinking too much. We also know that binge drinking is a bigger problem that most people think about. CDC says about 38 million Americans binge drink. And historically the military has had higher binge drinking rates than our civilian counterparts.

Most alcohol impaired drivers have been binge drinking. We also, when we're talking about all this excessive alcohol use, we're talking about a couple of different things, heavy drinking, binge drinking, underage drinking and drinking while pregnant. And we're focusing on this because excessive alcohol use affects military readiness and increase our medical and healthcare costs. Sailors and Marines drink for a variety of different reasons whether that's to reduce stress, to fit in, belong, to celebrate, as an enjoyable activity and maybe even for other reasons as well.

But we also know that drinking can take a toll on the individual. They're out late, they can lead to conflicts with their friends, their significant others, they don't get enough rest, then they come to work with a hangover, not feeling their best and they don't do work very well the next day. And often they get into some disciplinary or legal difficulties due to drinking.

So, with that I'd like to pass it on to Mr. Aukerman.

MR. AUKERMAN: Thanks, Doctor. Yeah, I'm going to talk about our new campaign we just launched in May. It's called Keep What You've Earned. It's a campaign that encourages responsible drinking. The campaign first recognizes that our Sailors have already come a long way and made some very good decisions. We tell them that one-third of the 17-24 year olds in the civilian population are eligible for Navy Service and then once you get through that of course you have to make it through boot camp and the mental and physical challenges that you see there. And most of our Sailors have already been able to take an advancement exam and actually have gone up and advanced in rank.

And we ask them also, the second part of it is then, to think about one bad decision about alcohol could do to your career. You know one bad decision might mean captain's mast and loss of pay or rank. It could mean separation from the Navy and if that alcohol event led to a civilian conviction, of course that could be jail time, fines. We certainly don't want our sailors to lose already what they've earned. And that's how we're talking about -- that's how we came up with the Keep What You've Earned Campaign.

So, we ask Sailors to drink responsibly every time meaning plan ahead for a safe ride home. Don't try to keep up with your drinking with other people and know your limit before you get there. And so, this campaign came about as many of ours do based on different talking with Sailors, the focus groups that we have and them saying, hey, we don't really always want this negative campaign and first recognize that we do make good decisions or at least most of us make good decisions all the time. So, that's the Keep What You've Earned Campaign.

One of the tools that we've developed recently that was given to commanding officers are alcohol detection devices. It's what you and I might call breathalyzers. They're a little bit different than breathalyzers in that these tools that COs can use at their discretion are non-evidentiary, meaning that the results that we use here are not to be used in a disciplinary proceeding or any type of judicial environment. They're non-evidentiary because we didn't want to put the burden on commands to have someone trained, to have these devices calibrated. We already knew that commands have a lot on their plates and we didn't want to add an additional program, an additional burden on them. Rather than it's a tool that they can use at their discretion again to assess or to identify or understand what their alcohol consumption is at that command. And for Sailors to understand that or to educate them to recognize what their drinking patterns are.

So, like I said, these are breathalyzers, what you and I would call breathalyzers. We call them alcohol detection devices, not to be confused with breathalyzers say the State Police might use. But breathalyzers to be used as a tool and it's in the lines of safety, security, weapons handling, those types of things so we can again assess what our issues are with alcohol in the Navy. And at that, ready to take any questions.

MR. SELBY: Roger that, sir. Thank you very much. Somebody else joined during the opening statements. Can I get your name, please?

MR. BUECHNER: Hi, this is Bart Buechner calling from *Vet Transitions Blog*.

MR. SELBY: Thanks, Bart. Thom, you were first on the line so you can go ahead with your question.

MR. GOERING: Well, thank you. First of all, Dr. Long and Mr. Aukerman I want to thank you very much for this opportunity. My name is Thom Goering. I'm the webmaster of *Navy Cyberspace*. I'm a retired Master Chief. And my question is since the downturn in the economy, recruiting has lived in a relatively target rich environment. There's been people walking in that -- rates that never have been before. Recruiting is a little simpler. Navy recruiting has and Marine Corps recruiting has done or completed less waivers, allowed less people with prior histories of alcohol abuse or sexual abuse or any kind of involvement with the law, less of them have been coming in. The applicant has been a little older so hopefully a little wiser.

Has the rates of incidents, alcohol related incidents, has it decreased over years? Maybe in part because of some of this or are we able to quantify what the programs that we do each year and specifically things like the ones that we're doing here in June to reduce the overall alcohol abuse and problems that have occurred in the Navy and the Marine Corps over time? Hopefully that makes sense. Thank you.

MR. AUKERMAN: Yeah, I'd like to respond. This is Mike Aukerman. You know I think you make a very good point. We certainly based on the economy are getting very good recruits. We can see over the last five years a decrease in both what we call alcohol related incidents and DUIs and but it's very, very difficult for us to say one way or the other that it's attributed to any one thing. Based on your experience I'm sure you know that we have commanding officers that focus every weekend on how are you going to get home this weekend? Do you have a designated driver? And absolutely focus on the do not drink and drive. So that's a big factor.

So we have other campaigns and other factors and I think and in certainly just not our office but View Med and other parts of the Navy have campaigns as well. So, I think no one campaign or no one new policy should be attributed to the downturn in DUIs. Rather I think it's a collaborative effort throughout the Navy that makes a big difference. And I think recruiting is a part of that as well.

MR. GOERING: Thank you.

MR. SELBY: And I want to, I'm sorry, Dale.

MR. KISSINGER: Good afternoon, Dr. Long, Mr. Aukerman. Thank you for taking the time. Dale Kissinger from Military Avenue.com. I'm also retired but I was in the position of getting to be a Commander in the Air Force and I was curious how the Navy approached the COs on this program for the breathalyzer or the tool. Did they buy in on this? Was this something handed down from above? How will they use it?

MR. AUKERMAN: Yeah, certainly we talked to COs and first thing we wanted to do is make sure that the CO understood that we didn't want this to be an additional program where it's mandatory use, for example, and you have to do 15 percent per month or something like that, like the urinalysis program. We just didn't want to burden them with that. We approached it in a way to say this is a tool for you to use, an additional tool, that doesn't take away from any other program. You can still do everything that you used to be able to do but this is a tool that you can use at your discretion in addition to any of the other tools that you have.

The results here and now we -- well, the results here in fact, you know, again are non-disciplinary and the only issue that we have is that from some COs they would like to see, be able to say, you know, I have a positive ADD reading and I would like to take this person to mast as a result. That is not what the intent is but that's a very small percentage of the COs. Most of them have embraced it. Again saying that if a person does come in and get a positive reading, we want to look into that a little deeper. We want to see if that person is this a one incident or one event or is it something that is now just an indicator of other problems going on with this Sailor and do we need to get that person to a substance abuse rehab program.

So, yeah, I think it's largely seen by COs as a good program and it's something, like I said, they use at their discretion so it doesn't take away from what their main mission is.

MR. KISSINGER: Well, that's great. I like that it's not being driven from the top then. How many of them were brought into the Navy? How many tools were brought in?

MR. AUKERMAN: We had 13, 130. We started distributing these in March. We went through five phases. We started with the Fleet concentrated areas or the TYCOMs if you will and we started with the submarine force who had already actually been using these similar devices for the last couple of years. And we went through the air forces and surface forces and then caught the rest of the shore command with phases four and five. So, it was a phase distribution but we think we have plenty of them out there.

MR. KISSINGER: Thank you very much.

MR. SELBY: Thank you, sir and Michelle?

MS. COWELL: I'm on, hello?

MR. SELBY: Yeah, we can hear you.

MS. COWELL: I was, with what you just mentioned with respect to the COs using this as a tool, has the Navy appropriated the COs to cover this tool with all of the sailors early on when they either arrive in their commands or the commands addressing this direct up with them? That this is a possibility and that they are aware that this will be happening and will not be in any way, shape or form taking them to captain's mast? I mean to use it as a tool to help the Navy help the Sailor themselves?

MR. AUKERMAN: Yeah, if I understand your question certainly we have tools online that help the COs implement this and there is an instruction as well as an operating guide that goes with it. The instruction is very specific in that when we test a Sailor, we test a Sailor and certainly you want to do it early on and be very random and unpredictable when you do test. And but it's only for a Sailor that is reporting for duty or reporting for their normal work day. So, for example, we have some Sailors that actually live on the ship and we're not saying to those Sailors that you still can't go out and have a few drinks and come back to the ship when that's where you live. What we're saying is when you report for your normal work day, you're subject to this inspection. And hopefully we don't find those that still have alcohol in their system from the night before but that is what we're looking for. And if we do, we inform the Sailors that it's educational at this point.

We want you to recognize that you were out and that -- and they probably don't know that they still have alcohol in their system. And so, hopefully that changes behavior based on these results.

MS. COWELL: So, in part with the keeping up the campaign, are they advising them, I guess advising would be the best way to let all the Sailors know that we're here to protect you and if we see this is a problem, are they made aware just like they know of the random urinalysis tests that they are all made well aware of could happen at any time? Are they made aware that this might be happening and we want to apprise you and let you know in advance and whether it be command meetings or weekly meetings that they have at the same time, keeping it in concert with that campaign in and of itself?

MR. AUKERMAN: Right and they are and we would do that through our drug and alcohol program advisor. And it is also part of, you know, we have online tools available for them that explain everything and yes, we've asked that those what we call DAPAs conduct training, let people know what it's all about. And certainly yes, we do that. We also do that through our personal readiness summits. We also have -- we go to different places like Service School, Great Lakes and we conduct training there as well and other Service School, excuse me, other schools. It's something we call myths and truths and we bring up the alcohol detection devices and tell them how that works and so, they don't have any misconceptions. And sometimes we see that.

Sometimes we see Sailors, especially our younger Sailors, not really know about the program as well as they should. And so, we try to cover it in a lot of ways but, yeah, they would know what the device is and what's it about long before it is implemented at their command.

MS. COWELL: Very good. I do like the weekly leadership messaging part of the program. I think that's very effective.

MR. AUKERMAN: Yes.

MR. SELBY: And Bart?

MR. BUECHNER: Yes, thank you very much. My question is a little bit of a follow up on that and that's kind of this program seems to be a front end to detect people that are having a little bit of an alcohol issue. The question would be on the back end. Are there pathways that would take available to the command when this sort of activity that is detected that might look for underlying causes, post-traumatic stress from exposure to from environmental effects or other things that might be going on with the Sailor in a social context.

MR. AUKERMAN: Yeah, you know, one of the things that we have our DAPA trained to do is that when something like this would happen, say a person had a positive test, you know we know it's one event. But now we ask them to look deeper and so there's a -- we provide them a document, a screening package that asks a lot of questions. And it asks questions of them but also from this member's chain of command. And the questions are designed to try to determine if there is any other thing going on with this Sailor? And that's really -- so this might be the first thing that -- first concrete event that the command sees but as you look deeper there might be other issues as well. And certainly that's the point where the commanding officer with the advice from the DAPA would consider whether or not this person needs any other type of help. So that might be and particularly for alcohol, it might be a referral to a substance abuse rehab program. And of course, at that point that counselor at what we call the SARP, they make a decision on whether a person has issues and may or may not need treatment for alcohol. But it shouldn't be limited to that, like you said. There may be other underlying issues as well and we expect that this referral process then would uncover some of those and certainly the end result is we want to get the Sailor treatment or counseling, whatever they need as soon as possible. Really to prevent, right, the next alcohol related incident or a DUI.

MR. BUECHNER: Thank you.

DR. LONG: Yes, there's -- Mark Long, here. There's a number of resources available that DAPA's aware of and the commanding officer and the Master Chiefs and that certainly the person could go talk with their primary care provider or their independent duty corpsman, if the case may be, a chaplain. There is excellent resources like Military One Source, within the hospitals and clinics there is mental health and substance abuse professionals. So, there -- as well as chaplains available in the Fleet and operational forces. So, if someone's having some concerns or issues that may be tied to alcohol or relationships or other problems, oftentimes the Sailors are aware of it or can be referred to those resources.

MR. SELBY: You get all that, Bart?

MR. BUECHNER: Yeah, got that, yeah, thank you very much. It's helpful to know that those other alternatives are built in to the process.

MR. SELBY: I believe we may have had somebody else join also. Is there anybody who has not got a -- had a chance to ask a question? Okay, then back around to Thom.

MR. GOERING: Thank you. I have two things really. Mr. Aukerman, you mentioned that we have statistics that show what our rate of incidents were for drug related issues, or excuse me, alcohol related issues. Could I get a copy of that going back as far as you possibly can so I can show kind of a graph of the improvements that we've made in the article that I do write?

And secondly, Dr. Long, this is way off topic probably but spice use, designer drug use was a big issue probably a year or so ago. I haven't really heard that much about it since. Have we made some good progress there maybe through testing or whatever we're doing to make that better? Or is it better? And thank you.

MR. AUKERMAN: This is Mike. Yes, I have a good PowerPoint slide that I can send you that shows that we increased up through probably 2005, 2006 and have been a fairly steady decline since then. We get our reports from a system called ADMITS, it's Alcohol and Drug Management Information Tracking System. I'll say that in my email and it's the results that come from commands reporting and they report through a report called a Drug and Alcohol Abuse Report.

MR. GOERING: Right.

MR. AUKERMAN: We think a lot of our increase over the years was due to the increase in reporting. Once we went online with this system and made it easier to report, it went up. It's been going up since 2001. Again, peaked in about 2006 and then has been steadily going down since. So, I'll send you that document.

MR. GOERING: Thank you.

MR. SELBY: And Dale?

MR. KISSINGER: Yes, sir. My follow on would be are you using social media that the Sailors and Marines are used to having on their phones, et cetera that lets them know about the program to get more involved with it so that they can use the tools before they get caught?

MR. AUKERMAN: You know, we've got a new -- we certainly are and in fact they're working on a mobile app right now. And it's an application that's basically it's a role-playing adventure type game. It walks the Sailor through the responsible drinking situations. If you make bad decisions the game gets a little harder and it gets a little harder to advance. It gets a little harder to make it

through. We expect that to be available sometime in July. It's going to be available through iTunes or the Google play store and it's, I think it's both applicable to Apple type products and the Android supported devices. So, we're working on that and I expect, like I said, that to be out in July. And we're thinking of ways to get Sailors to use it cause that's the critical part. So one of the things that we're thinking about is or encouraging commands to do is to say look, offer to these guys who are big gamers, make it a contest. See who can score the highest. Do something to encourage the use of these types of devices cause that will be the key is whether they use it.

MR. KISSINGER: Sure, what is the -- do you have the name of it already? Can I put that in the article?

MR. AUKERMAN: Oh, you know what, I'll see if we have a name. It's Keep What You've Earned but I'll find out if it's being advertised. I'm not sure. I'll get back to you on that.

MR. KISSINGER: Okay, thanks. That's great. I love that idea.

DR. LONG: From the Navy/Marine Corps public health center we have Facebook messaging that goes with daily posts and particularly this month focusing upon alcohol prevention and we have Weekend Post that directly addresses alcohol use. And we also are doing some tweets. We provide the tweets to the Bureau of Medicine on drinking responsibly as well.

MR. KISSINGER: Thank you, Doctor, I appreciate that too. Is there a particular tweet handle or something that Sailors or Marines should follow that would give them that information?

DR. LONG: The BUMED is the name of the handle.

MR. KISSINGER: I'm sorry, what was that again?

DR. LONG: The handle for BUMED is BUMED and the Facebook account is the Navy/Marine Corps Public Health Center.

MR. KISSINGER: Okay, thank you very much.

DR. LONG: Thank you.

MR. SELBY: And Michelle back to you?

MS. COWELL: I kind of want to follow up on what Thom had made the inquiry about with the spice and I would like to get a copy of that PowerPoint also. The Navy and the Marines were very well ahead addressing the spice issue as opposed to the civilian population. But for when many of the Sailors come home, whether it be on leave, actually on leave would be my main concern, keeping them abreast because that has become real concerning for a lot of the communities who are fighting that very spice problem themselves. Having that information available, are they told at the same time your reduction within those, the Sailors who have used or had a problem with that, do you advise them to go through the programs also with DAPA and with the substance abuse program as well?

If they've had an issue with that? My concern was a lot of it with it being zero tolerance; the Navy was always zero tolerance. And that crosses another category there with the zero tolerance. But getting them, if it was an issue, are they then put into the programs or the COs are giving them the opportunity to put them into the substance abuse programs that they have if they can catch that early enough?

MR. AUKERMAN: Right, I think I understand the question. Now, the Navy does have a zero tolerance policy and whether it's the illegal use of prescription drugs, whether it's illicit drugs like anything else including spice. So Navy is in a tough situation when we talk about treatment. However, each member that tests positive where the CO, you know, has adjudicated the case and found that it was illegal use, is still sent to or given the opportunity to go to some type of rehabilitation. So, they would go through the screening and then at that point they can go through the program but only if they are diagnosed as dependent, right? So dependent on the drug.

If they were a casual user, the Navy is not required nor does it offer treatment. But if they are dependent they are offered treatment prior to separation. However, the policy of zero tolerance still applies. So they will be separated but again like I said offered treatment prior to separation if they're dependent.

MR. SELBY: You got all that, Michelle?

MS. COWELL: Yeah, I do I guess and that's where I find it to be and I know it's a Catch 22. It's very difficult, like you say, having the dependency as opposed to a one-time event. If you get caught on one time event that would be more than enough, you would like to think that they could go into a treatment right away as opposed to if they are dependent and the zero tolerance kicks in. Or actually the zero tolerance would kick in for the one time use as opposed to the dependency aspect of it. And I think if I follow you, that's going to fall down

upon the commanding officer or the CO on the zero tolerance part of the NAVADMIN that that's a given.

MR. AUKERMAN: Yeah, the zero tolerance means that -- now spice I just want to say is different than other drugs.

MS. COWELL: Yes, yes.

MR. AUKERMAN: The testing is different. So, in fact, just the bare test alone is not enough for the CO to separate an individual. So there has to be something more and it's all based on the type of testing and really the science that we have. So, I'll give you an example. Years ago we did a study or DOD did a study on THC. And it was a small enclosed space and the mechanically smoked joints, marijuana cigarettes and they asked for volunteers. And these volunteers were in there and they smoked a lot, simulated smoked a lot of cigarettes mechanically and these volunteers then inhaled passively the marijuana smoke and then they would test them. They tested them at the one hour point, at the four hour point, at the 24 hour point and they said, realistically they were able to set a limit of 15 nanograms per milliliter and say that we can safely assume that there is no way that you went to a concert last night, passively inhaled marijuana and would test positive on one of our tests.

The challenge with spice is we don't have those types of tests. So the standard is different. We don't separate just based on the test. We separate based on the test and some other evidence. And most of the time I can tell you it's an admission by the member. So, it is zero tolerance but a little different standard.

MR. SELBY: Thank you and Bart?

MR. BUECHNER: I don't have any other question at this point but there was an interesting I think tangent on different detection methodologies and how they might play a role in, I guess, overall social deterrence of getting involved in things that are going to cause problems in the shipboard environment or coming back into duty. So the technology has improved a lot over the years based on what it was and I think the question has been addressed are our Sailors aware that these things out there that might be calling attention by the command to things they're doing in their private life. So it does sound like this is evolving and it sounds like these things are being used as a way to encourage more positive types of lifestyles. So that would lead to a question as to in coupled with this detection effort, what other things in addition to looking for underlying causes might be going on that would move Sailors into more, I guess, wholesome type of activities, things like meditation, physical activities and that sort of thing?

MR. AUKERMAN: One thing that you mentioned, physical activities, it's certainly a different group than us but we do recognize the importance of healthy lifestyles and our physical readiness program recognizes that. And I think that is a part of the overall health and readiness of Navy is that. And I think one thing that we certainly need to look at in the Navy is the relationship between alcohol or drugs and the physical readiness program to see if we can capture or identify data that would support that those with healthy lifestyles are less likely to abuse. So that's a link that we're working to make. We're also looking at the relationship between alcohol and suicide. I'm doing that right now. And I think we need to look at the relationship between alcohol and sexual assault.

But certainly we promote the healthy lifestyle through our physical readiness program and that's something we should look closer at.

MR. BUECHNER: Okay, thank you. I think one of the things that was prompting that question is I had a conversation with Admiral Robin Braun who's the Chief of Naval Reserve Forces a couple of weeks ago and she indicated that the Navy Reserve, at least, was taking a look at adopting some variant of what the Army's been doing for the last two years. They call it Comprehensive Soldier Fitness Program which is like a four or five dimensional lifestyle type of assessment and very comprehensive efforts to help people find a better balance in the way that they're living their lives. And I thought maybe that might be some consideration in the future.

DR. LONG: Hi, Mark Long. Here in health promotion we're huge advocates of healthy lifestyles and this whole total force fitness. And we have lots of great resources on eating well, working out, managing stress, navigating and improving your own psychological health, staying fit as ways to deal with the challenges of Navy life.

MR. BUECHNER: Okay, thank you. That's helpful.

MR. SELBY: And I think we're just about -- were there any final questions, Thom, did you have any follow up?

MR. GOERING: No question but I do have one statement real quick. NRS Edmond, Oklahoma to my Facebook feed just now posted a poster saying You've Earned It, Don't Waste It, Keep What You've Earned. So the Navy recruiting stations at least are getting the word out. So, thank you.

MR. SELBY: Thanks, Thom. Dale, did you have a follow-up?

MR. KISSINGER: No, thank you. That was great and it was a great roundtable.

MR. SELBY: Thank you. Michelle, any follow-up?

MS. COWELL: The only one that I have is what Dr. Long had just mentioned on the alcohol and suicide and the alcohol and sexual assault, that being very, very important and topic of conversation today. This program that you have on keeping the campaign going, are you using that within your theory on the alcohol and sexual assault? We've done quite a few programs here locally in Illinois working with the military sexual assault on all branches but including the Navy. And that seems to be a good understanding that they all state that is needed with inside the Navy. So I'd like to see something positive come out of that.

DR. LONG: You know, Michelle, one of the things that we do, as we go through -- we work with Fleet forces commands and they work, in addition, they have DOD contractors talk on sexual assault and they typically four or five times a year I'll also go with them to those Fleet concentrated areas and speak on the relationship between sexual assault and alcohol and alcohol and suicide. And so, it certainly is there. What I would like to be able to do is to be able to quantify that much better, to actually have some data that shows that. So when I say the two programs, we already certainly are working together but I would like to be able to scientifically look at the data and have a better understanding of how bad that is.

So, for example, it might mean that a sexual assault is committed when a person is under the influence or the victim is under the influence. What would help us to understand is does that person have a history of alcohol abuse and if they do, could we address the alcohol abuse and have an impact on the sexual assault.

MS. COWELL: I would love to get your information and have you possibly engage coming into the area here.

DR. LONG: If you wouldn't mind --

MS. COWELL: To have you meet with those individuals when we have our roundtables that we're doing here just very much in fact for those that are suffering that have reached out for the help and wanting to get you in touch with them who are willing to speak and talk about that to give a better understanding for your benefit.

DR. LONG: If you could then send me an email and I'll -- and we'll work on trying to figure out how we can do that.

MR. SELBY: Michelle, go ahead and forward me, well I will forward them your email address, if that's okay?

MS. COWELL: Okay. Sure that would be wonderful because that's -- they're always reaching out and there's nothing more important than the conversations that we've had with them that I think could help both sides on this.

MR. SELBY: Sure. I'll definitely forward your information along. With that I think we are just about at the end of the line here with time. Dr. Long and Mr. Aukerman, do you have any closing comments you'd like to make?

MR. AUKERMAN: No, sir, I don't. Thank you. Other than, I do just want to thank you for the opportunity to get the word out. And I think that's one of our biggest issues is certainly you can have a lot of campaigns and a lot of things going on but the better we can get the word out, the more effective it's going to be. Thanks.

MR. SELBY: Thank you.

DR. LONG: Yes, hi. You asked about the handle for BUMED and I said it was BUMED but it's actually Navy Medicine is the handle when we were talking about the social media for tweets going out.

MR. SELBY: Did you get that, Dale?

MR. KISSINGER: I think I did. It was Navy Medicine @ Navy Medicine?

DR. LONG: Correct.

MR. KISSINGER: Okay, thank you.

MS. SUICH: Excuse me; this is Katie Suich with Navy Personnel Command. For the Keep What You Earn Campaign, the tweets are #drinkreponsibly.

MR. SELBY: Thank you, Katie.

MS. SUICH: And we also have a NADAP Facebook page.

MR. SELBY: Can you be sure and get that sent over to me and I'll forward that all of our bloggers and also add a link on our page?

MS. SUICH: I certainly will.

MR. SELBY: Thank you very much.

MR. KISSINGER: And I asked for it on Twitter already back to DOD live so.

MR. SELBY: Oh, thank you, Dale.

MR. KISSINGER: You're welcome.

MR. SELBY: And did you have any other closing remarks, Mr. Aukerman?

MR. AUKERMAN: No, sir.

MR. SELBY: Okay, roger that. I'd like to thank everybody for your time. Thank you to our participants. Bloggers for your questions and with that I'd like to say that all of this, the audio and a transcript will be on DOD live at some point either later today or tomorrow morning. You'll be able to access those via mp3 link and pdf. I'd like to thank you everybody again for your participation. This ends today's call. Please feel free to disconnect at this time.

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