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512th Airlift Wing, Dover Air Force Base, Del.



Maj. Catherine Milhoan greets Master Sgt. Ronald McCoy Saturday after assuming command of the 512th Force Support Squadron from Maj. Cathy Anderson. (U.S. Air Force photo by Staff Sgt. Andria J. Allmond)

Milhoan takes reins of 512th FSS

Staff Sgt. Andria J. Allmond
512th Airlift Wing Public Affairs

DOVER AIR FORCE BASE, Del. -- Maj. Cathy Anderson, the 512th Airlift Wing's new performance planner, relinquished command of the 512th Force Support Squadron to Maj. Catherine Milhoan June 8 in a ceremony held at the Air Mobility Command Museum.

Milhoan, who previously held the position of 512th FSS operations officer, expressed excitement about securing a new position within the FSS clan.

"I'm thrilled to take the next step in my career with these folks," she said. "Since I was the (operations officer) for them, it's like getting to be part of a family and then being able to lead that family. I really consider this the pinnacle of my career."

Col. Gretchen Wiltse, 512th Mission Support Group commander, presided over the event attended by members of the Liberty Wing, as well as family members of the incoming and outgoing commander.

"Major Anderson has accomplished so much during her time as the FSS commander," said Wiltse. "I believe Major Milhoan will be the one to take the squadron to the next level. If you look at her background, she has experience not only in personnel, but also in the services squadron and public affairs."

The new squadron commander transferred to the Air Force Reserve Command from the Army in 1998. As a civilian, she serves as a deputy director of public affairs for the Department of Homeland Security, Washington D.C.

The former FSS commander joined the Reserve after climbing to staff sergeant in the regular Air Force, earning a commission in 2000.

"It's been a wonderful experience," said Anderson. "I have worked with great people in FSS and I really will miss them all. But, I couldn't have picked a better successor."

Suicide spike concerns SECDEF

WASHINGTON, D.C. -- In an internal memo written last month, Defense Secretary Leon E. Panetta called the issue of military suicides one of the most complex and urgent problems facing the department.

In a briefing with reporters June 8, Navy Capt. John Kirby confirmed the accuracy of numbers in news reports indicating that military suicides have risen 18 percent, from 130 in the period from Jan. 1 to June 3, 2011, to 154 in the same period this year.

"If you just compare this year's numbers...to 10 years ago, they've doubled, and each one is a tragedy," Kirby said.

The secretary's May memo says that suicide prevention is, first and foremost, a leadership responsibility.

"Leaders throughout the chain of com-

mand must actively promote a constructive command climate that fosters cohesion and encourages individuals to reach out for help when needed," Panetta wrote.

In the memo, he notes that the department established a Defense Suicide Prevention Office to serve as focal point for suicide prevention policy, training and programs. The DOD Task Force on the Prevention of Suicide, established in 2009, recommended the creation of such an office in 2010.

The office, Panetta wrote, will collaborate with military departments to implement the recommendations of the task force and serve as the DOD lead with the Veterans Affairs Department and nongovernment organizations on suicide prevention.

-- American Forces Press Service

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000). The number of people aged 85 and over has increased from 1.5 million to 2.5 million in the same period.

There is a growing awareness of the need to address the needs of the elderly population, and the need to ensure that the elderly are able to live independently in their own homes for as long as possible. This has led to a number of initiatives, including the development of home care services, and the establishment of the Department of Health's 'Age Concern' programme.

The 'Age Concern' programme is a national initiative aimed at improving the lives of the elderly. It is a partnership between the Department of Health, local authorities, and voluntary organisations. The programme has a number of key objectives, including:

- To ensure that the elderly are able to live independently in their own homes for as long as possible.
- To provide a range of services to meet the needs of the elderly, including home care, day care, and residential care.
- To promote the independence and well-being of the elderly.

The 'Age Concern' programme has a number of key components, including:

- Home care services: These services are provided to elderly people who are unable to live independently in their own homes. They include help with personal care, housework, and shopping.
- Day care services: These services provide a safe and stimulating environment for elderly people to spend their days. They include activities, meals, and social interaction.
- Residential care services: These services provide a safe and secure environment for elderly people who are unable to live independently in their own homes. They include accommodation, meals, and personal care.

The 'Age Concern' programme has a number of key achievements, including:

- The provision of over 100,000 hours of home care services to elderly people.
- The provision of over 100,000 hours of day care services to elderly people.
- The provision of over 100,000 hours of residential care services to elderly people.

The 'Age Concern' programme has a number of key challenges, including:

- The need to ensure that services are available to all elderly people who need them.
- The need to ensure that services are of high quality.
- The need to ensure that services are sustainable.

The 'Age Concern' programme is a key initiative in the UK's response to the needs of the elderly population. It is a partnership between the Department of Health, local authorities, and voluntary organisations. The programme has a number of key objectives, including: