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MEDICAL INFORMATION and ISSUES

STATE DEPARTMENT MEDICAL PROGRAM

The Foreign Service family needs to understand the scope of the Department of State Medical Program. Eligibility for the Department's program is not automatic. Each employee and family member must take a physical examination and receive a medical clearance before going overseas. Any family member who travels to post without proper medical clearance may be denied benefits, including medical evacuation coverage, hospitalization coverage, and health unit access at post.

The Department of State acts as secondary payer (personal health insurance is primary) for treatment of an illness, injury, or medical condition incurred while abroad that requires hospitalization or similar care. U.S. hospitals and American military hospitals overseas will bill the patient's health insurance carrier, and the State Department will cover the balance. If the hospitalization occurs in a local hospital overseas, the State Department will pay the bill but the employee is expected to submit a claim to his/her insurance carrier and reimburse the Department. The Department of State does not pay for illness, injury, or medical condition incurred while the employee or family is in the United States for any reason (assignment, home leave, personal travel, or education).

Where there is an embassy health unit, or where Department medical personnel serve the post, certain limited in-house services are available at no cost. If a medical problem arises for which adequate resources (including those of the host country) do not exist, the Department of State will pay for travel from the post to the nearest adequate care for either hospitalization or out-patient care. Otherwise, medical treatment is not covered unless the treatment is in connection with covered inpatient care and occurs within a one-year period following that care.

Certain family members living overseas with the employee may not be eligible for benefits under the Department's medical program. Coverage for an eligible child ceases on his or her 21st birthday, unless the child is physically or mentally incapable of self-support. The child of a legally separated or divorced employee is eligible only if the employee has legal custody and the child receives a medical clearance before going overseas. An employee's (or spouse's) parents, whether residing at post or visiting, are not eligible for benefits. A child whose adoption has

not been legalized is also ineligible, as are Members of Household of any kind. (See Chapter 13, "Eligible Family Members and Members of Household.") At the discretion of the Chief of Mission, ineligible family members and household members may have access to health services at post, but government funded medical evacuation and hospitalization are not allowed.

Neither Medicare nor Medicaid provides coverage for people overseas. If the employee's personal health insurance policy does not cover such family members, other insurance should be acquired. Short term policies that provide coverage similar to that of the Department of State's program, including emergency medical evacuation, are available. For informational purposes, the Overseas Briefing Center maintains a list of supplemental insurance providers, available on the intranet under "Handouts" (<http://fsi.state.gov/fsi/tc>, click on "Overseas Briefing Center," then "Publications") or via e-mail (FSIOBCInfoCenter@state.gov).

PRE-DEPARTURE MEDICAL INFORMATION

Medical Clearance

The employee and all family members traveling on the employee's orders must receive medical clearance prior to proceeding to post. Medical clearance examinations for adults and children over six are given in the Office of Medical Services (MED) (SA-1, Room L201, Columbia Plaza) and require the morning of day one and several hours on day three for completion. The first day is for laboratory testing, with the actual examination two days later, allowing time for completion of laboratory tests. Appointments are required and should be made as far in advance as possible.

Adults and children age six or older may be examined at the Columbia Plaza Health Unit, but travel to the Department for this purpose will not be reimbursed. Alternatively, a private physician may perform the examination and the employee can collect reimbursement for charges from the Department. Children under six cannot be examined at the Department; they must be examined by a private physician.

A medical clearance is valid for two years or a tour of duty, whichever is longer. A new clearance is based on a physical examination or medical clearance update form (DS3057). Every employee and eligible family member must have a valid medical clearance before each overseas assignment and before returning to post following home leave.

Since the physical examination is a point of reference for post-employment benefits, it is also required for the employee and family members upon the employee's separation from service, for the eligible child when he or she turns 21, or for family members as soon as possible after the death of an employee.

When a family expands overseas (through birth, adoption, or marriage), the results of a physical examination of the new family member must be submitted to the Office of Medical Services within 90 days. In addition, a Residence and Dependency Report (Form JF 20) must be filed. Without these, the new family member will not be covered by the Department's medical program.

Please ensure you have medical clearances for yourself and your family members prior to travel. Please call (202) 663-1668 or e-mail MED Clearances on the DOS global directory or medclearances@state.gov.

Immunizations



Required and recommended immunizations for overseas travel can be obtained at the health units listed below. Be sure to allow time for spacing the immunizations, as a complete initial immunization series may require about five weeks.

When necessary, because of geographic considerations, adults residing more than 50 miles away may obtain immunizations from private providers. If authorized, the Department of State will reimburse the full cost of recommended immunizations performed by private providers for adults and children. *Note: These payments are made only for immunizations recommended for overseas service, such as yellow fever, and NOT for routine immunizations such as polio.*

Children should be current on routine immunizations from their private health care providers.

Country-specific recommendations on immunization and prophylaxis may be obtained online through the intranet at <http://med.state.gov/immunizations.htm> (click on the MED/Travax button and then on "Destination Information") or on the Internet at www.travax.com. To access Travax, email FSIOBCInfoCenter@state.gov to receive the username and password for employees.

Health Units

Columbia Plaza (SA-1)

Suite L201
2401 E Street, NW
Washington, DC
Tel: (202) 663-1705
Fax: (202) 663-1717

George P. Shultz National Foreign Affairs Training Center (SA-42)

Room E1111
4000 Arlington Boulevard
Arlington, VA
Tel: (703) 302-7450

State Annex 44

301 4th Street, SW, Room M18
Washington, DC
Tel: (202) 619-4507
Department of State employees only, no family members, no contractors

Note: Medical advice and counseling services specific to your new post are available at each of these clinics. Remember to bring the World Health Organization International Immunization Card (the yellow card) with you.

General Cautions and Considerations Regarding Immunizations

1) **Regulations.** Immunizations are regulated by the U.S. Food and Drug Administration with recommendations for their use issued by the Centers for Disease Control and Prevention (CDC). The recommendations of the Office of Medical Services of the Department of State for particular posts are considered best for the particular needs of

Foreign Service employees and family members based on recommendations by Regional Medical Officers and other sources. Check with the health unit at your post shortly after arrival and always keep your "yellow shot card" *current and with you*. Also, when obtaining your immunizations, consider not only your destination post, but also the countries through which you may be traveling.

- 2) **Timing.** Certain vaccines require strict adherence to a timing schedule. Some series are completed in three to four weeks (rabies pre-exposure vaccine), while others require six months to complete (hepatitis B vaccine). Consult with the Immunization Clinic early to assure you have enough time to complete the necessary vaccinations.
- 3) **Pregnancy.** Immunizations, like most other medications, are generally avoided in pregnant women. However, the relative risks of getting the disease and its effect on the pregnancy must also be weighed. These considerations must be carefully discussed and weighed before initiating immunization therapy. In general, inactivated vaccines, such as hepatitis A vaccine, are safe in pregnancy. Certain live bacterial or viral vaccines, such as measles, mumps, or rubella vaccine, should be avoided, and others, such as yellow fever, should only be given if indicated. Some vaccines such as influenza vaccine are specifically recommended for pregnant women because the risk of serious disease from influenza is high. Breast feeding is generally not a contraindication to immunizations.
- 4) **Allergy to vaccines.** Vaccine components can cause allergic reactions in some recipients. Persons who have had a significant reaction to a vaccine should tell the medical professional administering their immunizations. The most common animal protein allergen is egg protein in vaccines produced in chicken eggs (influenza and yellow fever vaccines). People who can eat eggs or egg products safely can take these vaccines.

If you are in doubt about the immunizations you need or have other questions about their administration, please check with professional staff in the Health Units.

Medical Insurance

Make sure you have adequate medical insurance for you and your family. The Federal Employees Health Benefits Program (FEHB) provides you and your family with protection against the cost of illness or accident at reduced costs; you and the government share the cost. Each year an open season is held for FEHB program enrollees to change health plans and/or the type of enrollment they have. Open season runs from Monday of the second full workweek in November through the Monday of the second full workweek in December. Moving overseas also allows you to change your plan. For more information, see Chapter 6, "Insurance."

Prescription Medications

The State Department does not provide or pay for medications for long-term chronic medical conditions, such as hypertension, elevated cholesterol, or birth control. Check with post about the local price, availability, and quality of medicines. If you will not be able to fill your prescriptions locally, arrange for mail-order delivery. Your health insurance plan may provide this or ask others at post if they can recommend an online service.

Be sure to take enough prescription medications with you to last three to four months. Mail delivery may be subject to delays.

If you or members of your family are undergoing desensitization injections, discuss re-supply with your private provider. Depending on a variety of specific factors this program may need to be modified based, for example, on the potential allergens at your new post.

Drugs, serums, eyeglasses, or other medically prescribed devices can be sent to you via the State Department's diplomatic pouch. Packages should be labeled clearly with your pouch address and the following statement:

MEDICATION (or MEDICAL EQUIPMENT)
URGENTLY NEEDED
AIR POUCH

Medical Records

Take copies of all important medical information with you overseas. For example, in addition to prescriptions, include insurance policies and claim forms, immunization records, and eyeglass and contact lens prescriptions. *Carry these with you. Do not send them in your luggage or effects.*

Dental Care

It often is difficult to obtain quality dental care overseas. All family members should have a preventive dental check up and cleaning before departure, and yearly during R&R or while on home leave.

Medical Travel Kit

Small carry-along first-aid kits often come in handy as you travel. Suggested contents might include:

- ace bandage
- acetaminophen (e.g., Tylenol)
- adhesive tape
- antacids (e.g., Maalox, TUMS)
- antibacterial ointment—useful for minor skin infections and burns
- antifungal ointment
- aspirin
- bandages
- eye dropper
- first aid manual
- foot powder
- insect repellent (e.g., DEET-containing) lotion, and a spray containing pyrethrum
- laxative(s)
- malaria prophylactic medication, if needed
- motion sickness medication
- nonprescription cold and cough medication
- Pepto Bismol or similar preparation
- scissors and tweezers
- sunscreen
- thermometer



MEDICAL ISSUES OVERSEAS

Plan to visit the embassy health unit shortly after arrival to introduce yourself and tell health unit personnel about your medical history. They will offer advice and explain local medical services, including how to obtain medical care after regular working hours.

All posts should publish a Health and Medical Information booklet, updated annually. These are available online through the MED/Travax link: on the intranet at <http://med.state.gov/immunizations.htm>, click on the MED/Travax button and then on "Destination Information"; or on the Internet at www.travax.com. To access the Travax site, email FSIOBCInfoCenter@state.gov to obtain the username and password.

Take a look as soon as you have a firm assignment, so that you can adequately prepare for life at post. Topics covered might include:

- safe drinking water
- foods to avoid or special preparations needed
- local restaurant precautions
- recommended training or pre-employment screening for domestic help
- laundry procedures
- health recommendations related to climate (measures to deal with extreme heat or cold, if needed)
- information on dangerous animals or insects
- precautions related to swimming and pools
- malaria
- HIV
- tuberculosis
- common complaints and remedies
- other post-specific information

Read and review this handbook so that you can enjoy a safe and healthy assignment overseas.

MENTAL HEALTH SERVICES

The Office of Mental Health Services encompasses the Alcohol and Drug Program, Employee Consultation Services, Mental Health Medical Clearances, and coordination with Regional Psychiatrists. Regional psychiatrists provide consultations at their home embassies, as well as at missions within the geographic

region. Preventive mental health services are emphasized through seminars and discussion groups on topics such as raising children abroad, coping with cultural issues/differences abroad, alcohol and drug abuse, parenting skills, resolving marital conflicts in the overseas setting, coping with problems related to aging parents, stress management, terrorism, and so on. Regional Psychiatrists are actively involved in crisis intervention activities when disasters, natural and otherwise, occur overseas.

Alcohol and Drug Awareness Program

The Alcohol and Drug Awareness Program (ADAP) provides services to all Department of State and USAID employees and family members, both Civil and Foreign Service, and all U. S. Government employees and their eligible family members served by the DOS Office of Medical Services.

ADAP is primarily a prevention education and substance abuse/addiction identification program. ADAP staff evaluates relevant information to determine if a substance abuse problem exists. If it does, treatment recommendations are made. ADAP does not provide any formal inpatient or outpatient treatment. Family members or co-workers who are dealing with the substance use problems of others can also receive services. For more information, check http://med.state.gov/common/mental_health/adap/ (intranet).

Employee Consultation Service

Employee Consultation Service (ECS) is a free, confidential counseling and referral service for employees and family members of the Department of State, USAID, and other agencies who contract with Medical Services. ECS has a staff of licensed clinical social workers with domestic and international experience who provide crisis intervention, problem assessment, grief counseling, referral to community resources, information and follow-up services, consultation to supervisors, workshops on selected topics, and support groups.

Employees and family members consult with ECS about a variety of issues and concerns. Some examples include job stress, marital/relationship issues,

parent-child problems, single parent/blended family concerns, school adjustment, elderly parent concerns, separation, loss and grief, acute and chronic medical illness, depression, anxiety, and other emotional problems, financial concerns, life transitions, and pre-post departure and reentry issues.

ECS also authorizes the Special Needs Education Allowance (DSSR 276.8) for children of Foreign Service families posted overseas. ECS provides referrals and assists in arranging the necessary assessments for children with special needs. These may include psychoeducational, speech/language, occupational therapy, neurological, and psychiatric assessments. Families are encouraged to contact ECS if their children have developmental delays or special educational needs.

Children with Developmental Disabilities

Evaluation of Developmental Problems

Children with developmental problems (i.e., speech, language, learning) will receive educational evaluations as part of the medical clearance process. Parents must describe any developmental problem on the medical history form as soon as it is suspected so that evaluation and treatment plans can be formulated early in the child's life. Learning disabilities are the most frequently encountered developmental problem among Foreign Service children. A current school report should be submitted with the physical exam form or clearance update form to assist in the clearance determination.

Because developmental problems affect various areas of the child's physical and psychological health, the evaluations are often extensive. An evaluation of a child who is having trouble in school might include not only an educational assessment but also speech, hearing and neurological examinations, and a series of psychiatric interviews.

Procedure When a Developmental Problem Is Suspected While at Post

If a family is abroad and a developmental problem is suspected, the parents should have the child seen

by the Regional Medical Officer (RMO), the Regional Psychiatrist (RMO/P), or the Foreign Service Health Practitioner (FSHP). Written reports from the school should be obtained so that the problem can be fully understood.

It is unlikely that a full evaluation will be completed at post. The complexity of the issues requires the multi-specialty approach described above. For this reason, the assessments are done in CONUS (Continental United States). MEDEVAC is usually not required. MED authorizes the evaluation when the family is on home leave or R & R. If the school at post requests that the child be tested on an urgent basis and the RMO, RMO/P, or FSHP concurs, the child and one parent may use the Special Handicapped Child Education Allowance for travel to and from a diagnostic testing site.

The Employee Consultation Service will assist parents in making arrangements to have a child evaluated. (See information below.)

Clearance Requirements for a Child with a Developmental Problem

The Medical Division will clear the child for posts where the child's developmental needs can be met. If the evaluation is completed as part of the child's medical clearance examination, parents are required to obtain written confirmation that a school at the proposed post of assignment can meet the child's needs. The child will not be cleared for a specific post until that information is provided to MED.

If the evaluation is completed while the employee is in mid-tour, the child will be cleared to return to post. The school at post will then have the benefit of specific educational recommendations for attempting to develop a program for the child. Before the child is cleared for an onward post, however, a letter from the proposed new school will be required. The appropriateness of boarding school placement or home study options for a child with special needs will be considered by the evaluators and by MED in making clearance decision for the child.

Parents with a child suspected of having a specific learning disability (SLD) may request an assessment in connection with the medical clearance process.

The Department of State will pay for an assessment provided that the parent (and child, if possible) meets with a Mental Health Services staff member to determine if criteria for authorizing testing are met, and that a written report of the testing is submitted to the Office of Medical Services (for the purpose of making a medical clearance determination). The assessment must be performed by a qualified center approved by MED, and must be required as part of a medical examination relevant to upcoming or future medical clearance action. The costs of medical or psychiatric treatment for the child's condition are not covered.

The Separate Maintenance Allowance (SMA) may be recommended when a family member is unable to secure the necessary medical clearance for overseas assignment. Travel to post is paid when the family member regains sufficient health to receive the medical clearance. (The SMA granted under such circumstances is not considered an employee election. The employee would still be able to apply for SMA if the family member were to leave the post at some future time.) (See Chapter 3, "Allowances and Benefits.")

MEDICAL EVACUATIONS

A medical evacuation occurs when it is determined that adequate medical facilities do not exist at post to treat an individual's medical problem. Evacuation to a regional center is based on the recommendation of the RMO or Foreign Service Health Practitioner. Evacuation to the United States requires the approval of the Office of Medical Services in Washington. Final authorization rests with the post's principal or management officer. If evacuation to a regional center is authorized, the patient may travel to the United States for treatment on a cost constructive basis. (For information on Emergency Visitation Travel, see Chapter 20, "Contingency Planning.")

Travel costs and per diem while the patient undergoes treatment (but not during hospitalization) are paid. Travel costs and per diem for three days are paid for any authorized attendant, medical or non-medical. Attendants are authorized by the Regional Medical

Officer or MED. The decision is made for medical reasons, and not for the convenience of the patient. A family member may be authorized as a non-medical attendant under some circumstances (for instance, when an attendant is required but need not be a medical professional, or when the seriousness of the problem warrants the family member's presence). Children may be authorized to accompany a parent if the evacuation would otherwise disrupt their care. Authorized attendants travel in the same class as the patient. Employees evacuated for medical treatment are placed on either sick or annual leave status until returning to post.

A patient evacuated to the United States must have his or her medical clearance reinstated before returning to post. This can usually be accomplished over the telephone between the patient's doctor and the Office of Medical Services, (202) 663-1662. Per diem continues for the patient until the final clearance decision has been made, except for days when the patient is hospitalized.

The patient on a medical evacuation should have in hand medical travel orders, a completed Authorization for Medical Services (form DS3067) or a letter of authorization from the post, and a travel advance (as appropriate). The patient should be sure to have his or her Social Security number and that of the employee (if the patient is a family member).

Medical travel is authorized for dental treatment that cannot be postponed until home leave and that, if delayed, can reasonably be expected to result in a need for emergency care. Prophylactic and cosmetic dental care are excluded. Orthodontic care, is usually excluded but may be authorized if considered necessary for proper occlusion. Authorized travel is limited to one round trip per year between post and nearest suitable care. The patient receives one day's per diem, but is responsible for payment of all treatment expenses.

MEDICAL EMERGENCY VISITATION TRAVEL

Emergency Visitation Travel (EVT) can be authorized when a parent, child, or sibling has died; when a parent or



child is in a life threatening, critical condition; or when a parent's health has significantly changed and the parent needs assistance. EVT may be authorized for a member of the Foreign Service when "stationed" abroad or for an eligible dependent "located abroad." A Foreign Service member or eligible dependent is limited to one round trip for each serious illness or injury of an immediate family member who is in an imminent death state. Separate travel for death/interment, however, can be authorized. There is no medical EVT for the illness of siblings.

Although the health unit may be able to answer general medical questions, it is the responsibility of the post's Human Resources Office to contact Foreign Programs (MED/FP) for authorization when a parent or child has a life threatening medical condition. In the event of the death of a parent, sibling, or child, authorization for EVT is authorized by post and not MED.

A repayment acknowledgement may be signed if the traveler wishes to begin travel prior to receipt of the authorization (the employee needs to be fully aware that if the criterion of imminent death is not met, he/she is responsible for reimbursement of the travel).

It is helpful to ask a family member in the United States to give a release of medical information to the attending physician/nurse/clinic/hospital and alert the attending physician/nurse/clinic/hospital that a medical professional from the State Department Medical Division may be contacting them.

MED will require the following contact information in order to authorize the EVT:

- 1) name and Social Security number of employee
- 2) name of post
- 3) name of traveler
- 4) name of ill relative and approximate age or date of birth
- 5) relationship to traveler
- 6) name, phone number, and location of hospital
- 7) name and phone number of attending physician
- 8) name and phone number of an alternate contact person in the States
- 9) confirmation that a release of medical information has been requested from the treating facility and the treating health care provider

If you need additional assistance call during working hours, from 8:15 a.m. to 5:00 p.m.: (202) 663-1662, MED/Foreign Programs. After working hours, weekends, and holidays: (202) 647-1512, Operations Center.

Other types of Emergency Visitation Travel are as follows:

Interment or Death EVT. This is travel for the funeral of an immediate family member (parent, child, sibling). This type of EVT is post funded and does not require MED authorization; HR/ER only needs notification that the travel has occurred (Ref 3 FAM 3746.2).

Incapacitated Parent EVT. This is travel for a parent that has a life-changing event and requires family participation to assist in placement and/or arrangements for long-term care. The family member is authorized travel back to the parent's residence—one trip per parent per career. Please check with the post Human Resources office or Employee Relations (HR/ER) in Washington on limitations and exceptions. This kind of EVT is funded centrally and is authorized under HR/ER (3 FAM 3746.3). (See also Eldercare EVT in Chapter 17, "Eldercare.")

Personal Hardship EVT. This is travel for a catastrophic event, such as a residence in the U.S. is destroyed by fire or tornado. All personal hardship travel must be approved by HR/ER; this is post-funded travel (3 FAM 3746.4).

For more information on Medical Emergency Visitation Travel, check <http://med.state.gov/common/evt/> (intranet).

INFORMATION AND RECORDS

MED CHANNEL is a special channel for telegraphic communication of medical information. Cables received via MED CHANNEL are medically confidential and are distributed to medical personnel only. An employee or family member who wants to initiate communication from a post where there are no Department of State medical personnel may telephone the RMO, RMO/P, or the Office of Medical Services in Washington if confidentiality is important.

Anyone for whom there are medical records in the Department of State may obtain a copy of his or her records in full or in part, or may have the information forwarded to a third party. An individual's full medical file will include any records from Mental Health Services (even though these records are stored separately from other medical records). However, it will not include records from the Employee Consultation Service (ECS). These must be requested separately. In special instances material may be withheld with deletions noted and described. A decision to withhold information is made by the Office of Medical Services and is subject to appeal.

Requests for records should be sent to the Office of Medical Services, or the Information and Privacy Coordinator (contact information below). To initiate a request, submit a letter stating full name, place and date of birth, and employee's name if request is from family member. The request is valid only if signed by the person whose records are sought, unless the records pertain to a child less than 18 years of age, in which case a parent may sign. Also, the designated legal guardian (who presents proof of the guardianship) may request records for an adult who has been deemed incompetent to manage his or her own affairs. Processing takes a minimum of two months.

Every family should keep complete and well documented medical records (including English translations if necessary). Documentation may be needed to file claims with the Department's medical program or the employee's health insurance plan. Personal medical records are also important for the light they shed on medical conditions that develop later on. For these reasons, they should be retained for as long as possible.

It is particularly important that employees and family members keep documentation pertaining to treatment at overseas posts. Pursuant to the Department's records disposition schedules, medical records that originated in overseas embassies may be destroyed six years after the employee has left the post.

Records of medical expenses may be required for income tax purposes. Medical and dental expenses (including insurance premium payments, prescription drugs, and transportation) in excess of 7.5 percent of adjusted gross income are deductible from federal income tax. See IRS publication 502, "Medical and Dental Expenses," at www.irs.gov.

RESOURCES**Immunization Information and Health Handbooks**

Intranet: <http://med.state.gov/immunizations.htm>, click on MED/Travax button, click on "Destination Information"

Internet: www.travax.com

Click on "Destination Information". To access Travax, email FSIOBCInfoCenter@state.gov for username and password.

Office of Medical Services (M/MED)

Room L209, SA-1

Columbia Plaza

2401 E Street, NW

Washington, DC 20520

Tel: (202) 663-1611

Intranet: <http://med.state.gov/>

Internet: www.travax.com

Mental Health Services (M/MED/MHS)

Office of Medical Services

Room L223, SA-1

Columbia Plaza

2401 E Street, NW

Washington, DC 20520

Tel: (202) 663-1903

Internet: http://med.state.gov/common/mental_health/

Alcohol and Drug Awareness Program

(M/MED/MHS/ADAP)

Room H246, SA-1

Columbia Plaza

2401 E Street, NW

Washington, DC 20520

Tel: (202) 663-1904

(If there is no answer, your Audix message will be heard only by ADAP staff.)

Fax (202) 663-1456

Intranet: <http://med.state.gov/common/mental>

Employee Consultation Services

(M/MED/MHS/ECS)

Room H246, SA-1

Department of State

2401 E Street, NW

Washington, DC 20520

Tel: (202) 663-1815

Fax: (202) 663-1456

E-mail: MEDECS@state.gov

Intranet: http://med.state.gov/mentalhealth_ecs.htm

Foreign Service Institute Transition Center

(M/FSI/TC)

George P. Shultz National Foreign Affairs Training Center (SA-42)

Department of State

Washington, DC 20522-4202

Physical location: 4000 Arlington Blvd., Arlington, VA (do not send mail to this address)

Internet: <http://www.state.gov/m/fsi/tc/>

Intranet: <http://fsi.state.gov/fsi/tc/>

Directions, maps, parking and other information

<http://www.state.gov/m/fsi/tc/c16687.htm>

Overseas Briefing Center (M/FSI/TC/OBC)

Room E2126

Tel: (703) 302-7277

Fax: (703) 302-7452

E-mail: FSIOBCInfoCenter@state.gov

Transition Center Training Division (M/FSI/TC/T)

Foreign Service Life Skills Training

Tel: (703) 302-7268

E-mail: FSITCTraining@state.gov

Related Transition Center Training

A Safe Overseas Home (MQ 917)

<http://www.state.gov/m/fsi/tc/c6950.htm>

16 FAM Medical Program

Intranet: <http://arpsdir.a.state.gov/fam/16fam.html>

Internet: <http://foia.state.gov/REGS/Search.asp>

Medical information for members of household and visitors to post, including a list of private medical evacuation companies:

http://travel.state.gov/travel/tips/health/health_1185.html