



USU Welcomes Class of 2006

Story and Photo by
JO2 (SW) Tom Keilman
USU University Affairs

USU held a welcoming ceremony for its newest students in the



courtyard amphitheater on Aug. 22. The (class of 2006) students are attending USU's F. Edward Hébert School of Medicine, Graduate School of Nursing and Graduate Education program that began Aug. 26. Many VIPs attended, including the Honorable William Winkenwerder, Assistant Secretary of Defense for Health Affairs; USPHS Vice Adm. Richard Carmona, Surgeon General of the USPHS; retired Air Force Brig. Gen. Linda Stierle, USU Board of Regents; USPHS Rear Adm. Kenneth Moritsugu, Deputy Surgeon General for Force Projection; Navy Rear Adm. Nancy Lescavage, commander, Naval Medical Education and Training Command director, Navy NC; Navy Capt. Mike Krentz, MC, deputy commander, NNMCC; and USPHS Cmdr. Diane Walsh, chair of the professional advisory committee for Public Health Service nurses.

Patient Simulation Lab Invites Supporters



Richard Kyle (left) shows Larry Richardson (middle) and Linzy Lipscomb from USU's logistics department how to revive a patient during a simulated heart attack. The Patient Simulation Lab has been closed since Memorial Day-weekend because of the current heating, ventilation and air conditioning replacement projects going on in Bldg. C. The PSL is now open and resuming classes. Photo by JO2 (SW) Tom Keilman, *USU University Affairs*.

USU Remembers 9-11

Petty Officer 1st Class Jessie Olitoquit, USU's religious program specialist, and 2nd Lt. Don Royster, a first-year medical student at USU's School of Medicine, discuss the events of Sept. 11, 2001 during one of the university's Sept. 11 Commemoration in Sanford Auditorium. For an hour



during the day, the auditorium was used as a place of quiet vigil with a reverent multimedia presentation running continuously. Also, a 9-11 display was set up in the Alumni Memorial Garden between Bldgs. A and D all day long for people to pay their respects and have a moment of silence, and the multimedia presentation was also available on the web for people to access at their convenience.

Photo by Tech. Sgt. Ann Bennett, *USU University Affairs*

USU Former Professor Receives Award



Lt. Col. Carolyn Miller

Air Force Lt. Col. Carolyn Miller, a former professor at USU, recently received the Minority Access Recruiter Role Model Award at the Third National Role Models Awards Banquet at the Hilton Washington Hotel on Sept. 15.

Dr. Miller more than doubled the enrollment of minority students and increased female enrollment by approximately 55 percent at USU. She also instituted a mentoring follow-up program to ensure the

continued success of students.

“Dr. Miller is truly dedicated to closing the health disparity gap and fulfilling the health care needs in society through creating more minority scientists and physicians,” said retired Dr. James Zimble, President of USU.

The Third National Role Models Awards Banquet is an Oscar-type awards celebration that recognizes institutions and individuals for their efforts in the biomedical and related fields.

The banquet is a result of a cooperative agreement between Minority Access Inc. and the National Institutes of Health to identify role models that produce or supporting minority researchers, particularly in the biomedical sciences.

HVAC Projects to Provide Better Environment

Story and Photo by
JO2 (SW) Tom Keilman
USU University Affairs

Has anyone noticed any changes around USU lately? If you decide to take a tour around Bldg. C, you can see the entire ceiling nearly “guttled out.”

However, have no fear students, staff members and faculty, the project will soon be over. Students will be able to have their lounge back and staff members Military personnel and our brigade leaders can return to their offices.

Remember, although the new construction projects can be a bit of an inconvenience, it’s only temporary. USU’s top officials aren’t kicking you out of your offices and lounge for a good laugh. These are projects that need to be done.

According to Mary A. Dix, vice president of administration and management at USU, the current projects, the heating/ventilation/air conditioning systems needed to be replaced due to the environmental health concerns over the quality of fresh air exchanges through the system.

“Environmental Health And Safety (EHAS) came in about 10 years ago to inspect the buildings,” said Dix “They said we needed more air exchange. We needed to bring in a certain percentage of fresh air everyday for the health and safety of the people in the buildings.”

Dix added that another major reason for the HVAC replacement project is because of the inability to obtain replacement parts for the current outdated system.

Building B was selected as the first area for renovation because it

had the poorest air circulation in the complex.

“It (Bldg. B) had the most labs, so we knew we needed to get in there and make the air exchanges correct,” said Dix.

So far, phases 1 through 7 of the HVAC project have been completed. Phases 1-7 (\$8,900,000) included the construction of a mechanical room and the replacement of the HVAC system throughout Building B. Phases 8 (\$2,351,692) and 9 (\$2,091,686) have been funded, are ongoing and will be completed by the end of 2002. Phase 10 is estimated at \$2,800,000 (Building D); and, very rough estimates for Phase 11 (Building A) are approximated at \$4,000,000. It is anticipated that funding for the final two phases may be identified before the end of 2002.

Currently, the HVAC replacement project is ongoing in Bldg. C.

“I gave the student community area top priority,” said Dix. “I had to put Military personnel and the brigade commander’s office on the back burner. They understand because they realize we exist because of the students.”

Dix explained that the university will eventually re-paint the student community area, and replace the ceiling tiles and carpet after the HVAC project is completed in about a month.

So remember, please be patient everyone. The renovation projects are necessary for USU to continue its mission effectively. Although the HVAC project, especially in Bldg. C can seem to be a bit of a bummer for students, MILPO and our brigade leaders, it’s only temporary.



Edhem Cehic, an insulator with Southern Tier Insulation, insulates newly-installed ventilation in the operations office in Bldg. C.

Navy Surgeon General Looks Back

By Jan Davis

Bureau of Medicine and Surgery Public Affairs

Looking back over his first year in office as the Navy's Surgeon General, Vice Adm. Michael L. Cowan said Navy

Medicine has much to be proud of, and it's on the right path for success.

"I'm very pleased with the Navy Medicine's response to the events of 9/11," said Cowan. "Everywhere that we have been called upon to do a mission they've been done in a superlative fashion."

Navy Medicine personnel were among the first medical personnel at the Pentagon attack, rendering emergency assistance to the injured and their families. USNS Comfort, Navy Medicine on board, steamed to New York City to provide assistance and comfort to rescue and recovery workers at the World Trade Center. Navy Medicine was also instrumental in anthrax detection in both New York City and the nation's capital after the October bioterrorist attacks.

"I take great pride in our rapid diagnostic kits that were instrumental in keeping the government open when Sen. Daschle's office received anthrax-contaminated mail," said Cowan.

Cowan cited the Tricare E-portal, the Family Centered Care (FCC) program initiative, and the cultural transformation Navy Medicine has made toward becoming patient-centric as three other areas where he is proud of the progress that has been made in the last year.

The Tricare E-portal, which uses the Internet as a tool for beneficiaries, makes it easy to schedule medical appointments, search for information on health issues, and keep health records, and helps Navy Medicine be both safer and more

efficient in patient management.

"It's a tremendous opportunity for us to raise the bar a notch while saving money," said Cowan.

He said he sees the FCC program as way to interest people in their health at an opportune time - when they are starting a family of their own.

"We're leaders in this area," said Cowan.

Cowan also talked about how pleased he was with Navy Medicine's cultural transformation toward a more patient-focused approach to medicine.

"Our patients, our Navy leadership, and Navy Medicine have to understand that if we want to get past periodic, episodic, reactive care, we have to get to the point where customers are partners in their healthcare," he said. "We've made a commitment to the cultural transformation needed within Navy Medicine to get there."

Cowan said he came into office as the Navy's Surgeon General focused on Force Health Protection, which consists of four things: 1. preparing a healthy and fit force so they can go anywhere and do any mission, 2. the ability to go with them to protect them from the hazards of the battlefield, 3. restoring their health should our protection fail while providing healthcare for families back home, and 4. helping a grateful nation thank our retired warriors with Tricare for Life. That focus, he says, hasn't changed, even with the successful terrorism on 9-11 and the anthrax bioterrorist attack, although there are new nuances.

"When the enemy is able to bring an attack right into our



Vice Adm. Michael Cowan

backyard, we find ourselves defending the citizenry of this nation in our backyard," said Cowan. "That's why I created an (Navy Medicine) Office of Homeland Security."

Navy Medicine is also working on becoming more flexible to meet the mix of humanitarian, peacekeeping and peace-making support, combat support, and other missions. Navy Medicine combat planners are designing a more modular approach to enhance its operational capabilities.

To keep on the path of the past year's successes, Cowan said he sees two tasks for Navy Medicine in the coming years.

"Task one is to continue to be successful at the daily things we (of Navy Medicine) do," said Cowan. "Task two is to continue the transformations that are ongoing right now. Our part in the war on terrorism. The Tricare e-health and perinatal initiatives. Our cultural transformation. Those are key and essential building blocks to continue our success momentum."

Senate Confirms New Air Force SG

By G.W. Pmeroy

Air Force Surgeon General Public Affairs

The Senate has confirmed Maj. Gen. (Dr.) George P. Taylor Jr. to serve as the Air Force's 19th surgeon general.

Earlier this month, he was nominated by President George W. Bush to replace Lt. Gen. (Dr.) Paul K. Carlton Jr., who retires Sept. 23.

"This is certainly a huge honor," Taylor said. "As our Air Force continues its tradition of transformation, I look forward to working hard in improving the capabilities of our (air and space) expeditionary forces. As importantly, I am eager to continue our efforts to improve the health of our military families: active, Guard, Reserve and retired."

Taylor, 49, was born in Birmingham, Ala., and graduated from Rice University with degrees in physics and Russian language. He was commissioned a second lieutenant in the Air Force Reserve through the Health Professions Scholarship Program. Following medical school and internship, he entered active duty in 1979 as a flight surgeon assigned to an F-15 Eagle squadron at Kadena Air Base, Japan.

He is a chief flight surgeon and is board certified in aerospace medicine by the American Board of Preventive Medi-

cine.

In 1980, Taylor received the Malcolm C. Grow Award as the Air Force's Flight Surgeon of the Year. In 1999, Taylor received the first TRICARE Management Activity Executive Director's Award. He was the command surgeon with U.S. Air Force in Europe at Ramstein AB, Germany, where he served as the TRICARE regional director for Europe for one year.

In addition, he was the Air Force's forward surgeon during Operations Allied Force in Albania and Shining Hope in Kosovo.

Before his confirmation by the Senate, Taylor served as special assistant to the surgeon general and was the assistant surgeon general for expeditionary operations, science and technology in the office of the surgeon general.

As a chief flight surgeon, Taylor has more than 1,600 hours flying time in a variety of aircraft. He has experience in fighter and flight test operations, and has served as a military consultant to the Air Force surgeon general for aerospace medicine.

As the Air Force surgeon general, Taylor will serve as functional manager of the U.S. Air Force Medical Service.



Maj. Gen. George Taylor

He advises the secretary of the Air Force and Air Force chief of staff, as well as the assistant secretary of defense for health affairs on matters pertaining to the health of Air Force people.

He has authority to commit resources worldwide for the AFMS, to make decisions affecting the delivery of medical services, and to develop plans, programs and procedures to support peacetime and wartime medical service missions. He oversees a \$6 billion budget and exercises direction, guidance and technical management of more than 40,000 people assigned to 74 medical facilities worldwide.

Heat Illnesses Can Felt the Heartiest

By Aveline V. Allen
Bureau of Medicine and Surgery

Did you know heat-related illnesses can be a year-round risk? While most people know to be cautious in the heat of the summer's mid-day sun, exercising in a hot gym, while wearing non-breathable clothing designed to produce sweat, working in a hot shipboard workspace, or even sitting too long in the sauna can also make you susceptible to heat illnesses.

"Heat strokes, heat exhaustion, and heat cramps are the three types of heat-related illnesses that you can get," said Capt. Gerard R. Cox, MC, Chief, Emergency Medicine Service, National Naval Medical Center (NNMC), Bethesda, Md.

Although Cox said he has only seen a few people at NNMC with mild forms of heat-related illness, during his medical training within inner city hospitals, he treated a higher volume of these types of illnesses.

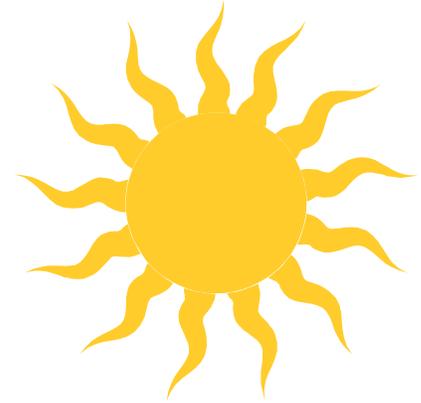
Heat strokes are the most

severe case of heat-related illness, and it is a life-threatening situation, according to the American Red Cross (ARC). Symptoms associated with heat stroke include a temperature to as high as 105 degrees; hot, red, and dry skin; a rapid, weak pulse; and rapid shallow breathing.

Because heat stroke is life-threatening, it's important to get care immediately. Call 9-1-1. Cool the victim immediately. Wrap wet sheets around the body and fan it. If you have ice packs or cold packs, wrap them in a cloth and place them on each of the victim's wrists and ankles, in the armpits and on the neck to cool the large blood vessels.

Heat exhaustion can be signaled by cool, moist, pale skin; heavy sweating; headache, nausea or vomiting and dizziness. Body temperature with heat exhaustion is near normal.

Heat cramp symptoms include muscular pain and spasms as a result of heavy



exertion. The abdominal muscles and legs may be involved in this type of heat-related illness.

"Everyone should avoid heavy exertion on very hot days, said Cox. "Exertion heat stroke is the most common in young people. Also, when athletes and military personnel are training, they should not exercise in severe heat."

Prevention tips for all types of heat-related illnesses include wearing lightweight light-colored clothing, drinking plenty of water, taking regular breaks, eating small meals and eating more often, and avoiding strenuous activity in a heated environment as much as possible, according to the ARC.

Soldier Treats Infection With Fish Antibiotics

By Jim Garamone
American Forces Press Service

It sounds like a “well, duh” statement, but fish antibiotics are not meant for people.

A Pentagon medical facility doctor recently sent a letter to the *New England Journal of Medicine* detailing a case of a Special Forces soldier treating a sinus infection with over-the-counter antibiotics meant for fish.

This is a dangerous practice, says Dr. David Tornberg, deputy assistant defense secretary for clinical programs and policy. Pet antibiotics are simply not made for humans, and their indiscriminate use may cause health problems for individuals. Human antibiotics require a doctor’s prescription. Antibiotics for most pets require a veterinarian’s prescription — except those for fish, because of a legal loophole.

Self-diagnosing is at the heart of this problem.

“If an individual is treated for a health condition at one time and has similar symptoms at a later date, he may decide on his own that he understands what the diagnosis is ... and (he) just follows the pathway he was down before,” Tornberg said.

Rather than go to a doctor and get a proper diagnosis and treatment, the person buys fish antibiotics from a pet store or from an

online shopping site, and down the hatch they go.

But there are many dangers to this. First and foremost, the self-diagnosis may be wrong. Many diseases start with the same symptoms. Tornberg said that most upper respiratory problems, for example, have the same symptoms. But many of the diseases are viruses and don’t respond to antibiotics.

“In fact, taking an antibiotic can complicate the course of that event,” he said. Second is the danger of an allergic reaction, which can range from a mild rash to sudden death.

The misuse or long-term use of antibiotics can create antibiotic resistance.

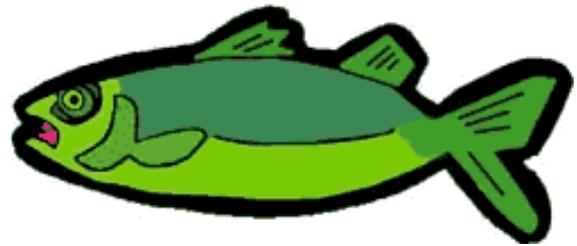
“We have organisms that no longer respond to antibiotics,” he said. “We’re creating a much larger problem for the population at large if we introduce antibiotic resistance into a bacterial colony.”

He said prolonged use of antibiotics could change the natural bacterial lining of your stomach and gut.

“You can get an overgrowth of an organism that can be quite harmful,” he said. “Yeast is one of

those organisms, and you can get quite sick from taking antibiotics.”

Finally, there is the perception that both animals and humans are treated with the same antibiotic. While this may be true of the



chemical compounds in the pill, the strength of the dose and the frequency that the dose must be taken may not be the same.

“Components in the (animal) pills may be very different from the human form and may interrupt the absorption of that antibiotic in the gut or stomach,” Tornberg said. “Consequently, the individual may not be getting the dose he thinks he’s getting.”

Tornberg said he doesn’t think the problem is widespread in the military. He said the Defense Department has contacted the Food and Drug Administration about the abuse and has launched an education effort to teach service members the dangers of self-diagnosis and self-medication.

Soldier's Fish Story Causes Medical Concerns

Army News Service

After learning that a soldier treated his sinus infection with fish medicine purchased at a pet store, the Army Medical Command warns soldiers and their families that there are dangers associated with taking medication without a prescription.

"The idea that you can treat yourself with medicines intended for fish or other animals is a dangerous one," according to Col. Robert F. DeFraités, chief of the Army Surgeon General's Preventive Medicine Office. "Animal medications are not tested for use in humans or licensed for human use by the Food and Drug Administration. You just don't know what you're getting in terms of the quality and strength of the ingredients."

In a letter to the editor of *The New England Journal of Medicine* published in July, doctors at the Pentagon's DiLorenzo TRICARE Health Clinic cited the case of a soldier suffering from a persis-

tent sinus infection. The soldier reluctantly admitted that he had treated himself with a combination of penicillin and sulfa antibiotics intended for fish.

In addition to questions about the nature of the ingredients, fish antibiotics and other nonprescription drugs intended for animals could cause side effects, some of them serious.

"Antibiotics and other drugs intended for use in animals could interact with other prescription or non-prescription drugs a soldier might be taking," DeFraités pointed out. "There could be a range of reactions, even severe allergies, which can be fatal."

Like many of his U.S. colleagues, DeFraités is also concerned about overuse of antibiotics.

"If antibiotics are taken or prescribed indiscriminately, they become less effective in fighting disease in the individual who has overused them," DeFraités explained. "Or, you can kill bacteria in

your body that you need, such as in the digestive tract. You can also cause illness or cause damage to yourself that way."

Some soldiers may perceive that a visit to sick call is a sign of weakness, or fear that a doctor or medic may remove them from duty status.

"Dedication to duty is commendable; however, if you don't get care when you need it, you damage both your own health and your unit's health," DeFraités pointed out.

Soldiers and family members to consult with a health-care provider — doctor, physician assistant, nurse practitioner or pharmacist— before consuming any prescription or nonprescription drugs, especially if other drugs, vitamins or dietary supplements are already being taken, DeFraités said.

(Editor's note: This story was released from the Office of the Surgeon General, U.S. Army.)

Catch “Lazy Eye” Early

By Aveline V. Allen
Bureau of Medicine and Surgery



Does your child favor one eye over the other? Do they complain that they can see better from one eye than the other?

If so, the eye may be worth getting checked out by your family eye doctor. One such condition that may be causing this is amblyopia, more commonly known as “lazy eye.”

“Lazy eye will not go away on its own,” said Capt. Keven Reed, Medical Service Corps, an optometrist and the Navy’s specialty leader for optometry. “Early diagnosis increases the chance for a complete recovery.”

According to the Prevent Blindness America Organization (PBA), amblyopia is a reduced vision in an eye that hasn’t been adequately used during early childhood. The organization estimates 2 to 3 percent of the general population suffers from this vision problem.

It is a major cause for vision loss in children, but the good news is that, if caught early, it is treatable. The key is to catch it early - it becomes less treatable the older your child gets. After age 9, vision loss from amblyopia generally is permanent.

Amblyopia is caused by several factors. They include a misalignment of a child’s eyes or a difference in image quality between the two eyes, where one eye focuses better than the other does. In both of these situations, one eye becomes stronger, suppressing the image of the other eye.

If the condition continues, there is a chance the

weaker eye might become useless, never develop good vision or, in some instances, become functionally blind.

“This is one reason why the American Optometric Association recommends that children have a comprehensive optometric examination by the age of six months and again at age three,” said Reed.

As in any case, the earlier the diagnosis, the better the chances for restoring the vision.

“If not diagnosed until the pre-teen, teen or adult years, treatment takes longer and is often less effective,” said Reed.

In some cases, it may be necessary to first identify and treat the underlying cause. The PBA lists several approaches that can be beneficial for you or your child. The most common approach is special glasses to improve eye focus or the misalignment of the eyes. Another option may be surgery on muscles to straighten the eyes, eye exercises, eye patches and medication are all options toward treating the disorder.

The advantage of surgery is it may allow the eyes to work together better. Patching or covering the “better-seeing” eye forces the “lazy” one to work, hence strengthening its vision. An alternative to patching is using eye drops to blur the vision in the good eye to force the weaker eye to work harder.

Check with your family eye doctor for more information on amblyopia.

What You Should Know Before Taking Supplements

By Brian Badura

Bureau of Medicine and Surgery

Dietary and herbal supplements are everywhere – in food, drinks, pills and powders.

Navy Medicine advises personnel to get all the facts before using these products.

Supplements, like prescription and over-the-counter products, can have side effects. As with other drugs, service members should understand the implications of taking these products.

“We know our people are spending money on these products and are concerned about their level of knowledge related to their use,” said Capt. Bonnie Holder, Nurse Corps, head of health promotion at the Bureau of Medicine and Surgery.

Dietary supplements include, with some exceptions, any product intended for ingestion to complement food and drink. Products falling into this category can include vitamins, minerals, herbs, botanicals and other natural and manufactured products.

Most dietary supplements are marketed as having a health-related benefit, such as weight loss. An important point to remember is that, in many cases, the benefits associated with a product may come with risks, so it’s important to read the label, follow the recommended dosage, and heed all warnings.

Over the years, a number of side effects related to dietary and herbal supplements have been reported. Hazards range from

nervousness and dizziness to heart attack, seizures and even death. The Army has linked the cardiac related death of a soldier to the use of dietary supplements Ma Huang and Guarana.

Just because a product says “natural” on the label, it doesn’t guarantee it’s safe.

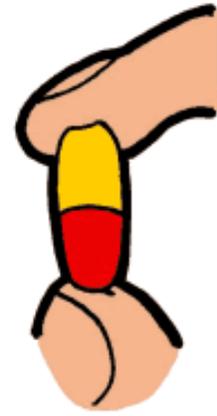
“Think of a poisonous mushroom,” says Elizabeth Yetley, Ph.D., director of the Food and Drug Administration’s (FDA) Office of Special Nutritionals. “They’re natural.”

While most people may think of dietary and herbal supplements as related to other common drugs, many of these products actually fall under the umbrella of “foods”, which means a different set of FDA regulations apply.

Unlike prescription and over-the-counter drugs, dietary supplements aren’t required to undergo FDA testing and approval before sale. The FDA is responsible for taking action against unsafe products only after they hit the market.

According to Cmdr. Alan Philippi, Medical Corps, occupational and environmental medicine directorate at Navy Environmental Health Center Portsmouth, Va., some operational commands have determined there is a need for policies limiting the use of dietary supplements based upon guidance from medical personnel.

For example, trainees and students at Naval Special Warfare Center are strictly limited in using



supplements, with a number of herbal and non-herbal products are prohibited. Naval aviation has also established guidelines on the use of dietary and herbal supplements, with many listed as “not approved” for those in flight status.

“Navy aviation doesn’t allow them because they affect physiological responses just like other medications,” said Capt. Dwight Fulton, Medical Corps, Navy Medicine’s specialty leader for aerospace medicine.

According to FDA estimates, there are about 29,000 different dietary supplements available today and Americans spend an estimated \$700 million on them each year.

Like prescription and over-the-counter drugs, Navy Medicine advises personnel to review all related facts before use.

“You need to look at what products say they do and where the evidence is to back it up,” said Holder.

It’s best to consult with your healthcare provider before starting a regimen with dietary supplements to ensure you don’t experience unwanted side effects.

If you’re already using these products, be sure to tell your healthcare provider, as some supplements could react with other medications.