by Staff Sgt. Matthew Rosine

Marguerite Littleton-Kearney, Ph.D., assumed responsibilities as the Associate Dean for Research at the Graduate School of Nursing, Uniformed Services University of the Health Sciences, Sept. 2009.

Navy Capt. Patricia Kelley served as acting Associate Dean prior to Littleton-Kearney’s arrival.

A former critical care nurse at the National Naval Medical Center in Bethesda, Md., and a Navy Reserve captain, Littleton-Kearney is no stranger to the University’s mission.

“I am really excited to be here,” said Littleton-Kearney. “It is a great opportunity to be part of this unique and exciting institution.”

Littleton-Kearney’s diverse career provides many experiences, such as being activated to full active-duty status on two occasions, from which she can draw as she settles into her new role at USU.

She earned her bachelor’s and master’s degrees from the Medical College of Georgia in Augusta as well as a diploma from the Mercy Hospital School of Nursing in Baltimore. She also earned a Ph.D. from Rush University in Chicago. Littleton-Kearney also completed a post-doctoral fellowship at Rush University, and most recently served as an associate professor at The Johns Hopkins University School of Nursing.

Her areas of academic expertise cover hormone status and platelet biology, cerebral ischemia, microvascular blood flow, shock and mediators of shock and ischemia. Her clinical expertise covers trauma and critical care nursing as well as disaster management and emergency preparedness.

She has also been a critical contributor to more than 30 different publications on a wide range of topics from adult respiratory distress syndrome following thoracic trauma to the effects of estrogen on postischemic pial artery reactivity to adenosine diphosphate.

Littleton-Kearney’s primary focus as the new associate dean will be the continued success of the students and the GSN’s research department.

“The most important thing to me is to make sure the students are able to learn as much as possible and, of course, ensure our research mission continues to be a success,” said Littleton-Kearney.

The Compassion of Individuals. The Power of Community.

from Army Capt. Sean Tyler, CFC vice campaign manager

The fall 2009 Uniformed Services University Combined Federal Campaign officially starts on Sept. 17, with the Kickoff BBQ scheduled for Oct. 1. Appropriately, the year’s CFC theme “The compassion of individuals. The power of community.” provides each of us with this opportunity to voluntarily help others and ourselves by donating to community, national and international level human, health and environmental service organizations. This year, over 3,500 human and health service organizations, are listed in the CFC Catalog of Caring.

Please join me, Navy Lt. Christine Schlaerth and the entire campaign team in making this our best ever Combined Federal Campaign fund raising result.
Army Vice Chief of Staff Gen. Peter W. Chiarelli and Assistant Commandant of the Marine Corps Gen. James F. Amos visited the USU campus and spoke with students, faculty and staff, Sept. 1.

The second highest ranking Army and Marine officers reinforced the importance of military medical professionals and emphasized the need for education and training in the early detection, referral and treatment of individuals with potential TBI, PTSD, depression and suicidal behavior.

“We are having some real issues in behavioral health throughout the military. The doctors say we shouldn’t call it the signature ‘wound’ of this war, but quite frankly, when I look at the numbers, TBI and PTSD, as one injury, impacts more than 50 percent of our wounded Soldiers,” said Gen. Chiarelli.

“This is truly about sacrifice. You, as the frontline medical professionals will be changed forever. You will meet young men and women who are willing to sacrifice for a cause greater than themselves,” said Gen. Amos. “Seventy percent of our active-duty service-members have seen combat, many multiple times.”

“That becomes part of your education over the next four years as you will begin to understand why the young man or woman will make that sacrifice for those around them,” said Amos.

The generals highlighted key medical roles and responsibilities resulting from today’s conflict and the need for compassionate health care providers.

“You [future doctors] are going to enter the lives of the service member’s families as well. You will be medically-trained well enough to treat the injured service members, but the part you may not be prepared for is the need to provide their family with a compassionate environment where they understand you care for them as they do,” said Amos. “The family will need to know that you and every great thing available in the medical care in this country, are going to do every single thing possible to get their sons or daughters back,” said Amos.

The generals also discussed down-range operational tempo’s effect on behavioral health.

“We have more Soldiers deployed today than we did at the height of the surge,” Chiarelli said. “We are looking at that being the way for the next 10-12 months. That’s an amazing number.”

“The goal is to get rotations to one year deployed, two years at home,” said Chiarelli. “It is a tired, stressed force, but at the same time, it is an amazingly resilient force.”

The operational tempo — length, number, and severity of deployments — and many other stressors are part of the complexities surrounding the military’s current efforts, and unfortunately adding to Army and Marine Corps losses from suicide.

“We have had 110 active-component suicides in the U.S. Army, this year, eleven in August. Those numbers are absolutely horrible. We are working hard to figure out what is really causing this,” said Chiarelli.

USU’s Center for the Study of Traumatic Stress is leading efforts to reduce the rate of suicide among the military, spearheading an effort that will involve an interdisciplinary team of four research institutions to carry out a National Institute of Mental Health study – the largest study of suicide and mental health among military personnel ever undertaken, with $50 million in funding from the U.S. Army.

Town Hall Meeting with President Rice
Sept. 16, 3 p.m.
USU Cafeteria
Harvey V. Fineberg, M.D., Ph.D., president of the Institute of Medicine of the National Academy of Sciences spoke to a wide audience of more than 200 health science professionals from throughout the National Capital Region, on Sept. 8.

This was the second in a high profile series of Integrated Grand Rounds sponsored by the USU, Walter Reed Army Medical Center and the National Naval Medical Center.

Dr. Fineberg addressed the relevance of history in understanding the current H1N1 virus pandemic fears, comparing it to other viral epidemics throughout the last century.

“There are a wider range of intervention possibilities today than in 1976,” said Fineberg. He also emphasized that the risk of spreading the virus is higher because of the increased mobility in today’s society, but that at the same time stopping the spread was equally possible with proper hygiene.

Dr. Fineberg spoke of the national and world public health concerns raised by this potential pandemic. He also spent time addressing questions on a broad range of topics, from immunization efficacy and dangers to post-exposure antivirals to public safety approaches.

“The vast majority of people, I hope, will heed the views of nearly every responsible expert,” said Fineberg. “If given the opportunity, and especially if they are in a high risk group, everyone should protect against H1N1 [with the vaccine].”

Fineberg emphasized that open communication will be critical to stemming the spread and continued development of the 2009 H1N1 pandemic with an effective vaccine campaign. “Our communications will need to be open, transparent honesty. It is the only way to ensure credibility,” said Fineberg.

“We were very honored to have Dr. Fineberg serve as the guest lecturer for our integrated grand rounds series. His careful analysis of the policy and political issues involved in the 1976 swine flu story provided important lessons for civilian and military leaders of today,” said USU President Dr. Charles L. Rice. “Many of the military and public health leaders of tomorrow receive their education here at USU. Dr. Fineberg’s message provides important context as the nation and the world respond to the H1N1 pandemic.”

The presentation was broadcast live to more than 40 guests from around the country via Defense Connect Online and is available for viewing on the USU website at www.usuhs.mil.

The IOM website includes Dr. Fineberg’s paper on the 1976 episode at www.iom.edu/MS/65954.aspx.
Brigade Awards Presented

Air Force Lt. Col. William Boyce, Brigade Judge Advocate and Dr. Dale Smith, Ph.D., USU senior vice president presented awards to USU faculty and staff Aug. 28.

A Letter from the battlefield

Editor’s note: The USU Learning Resource Center recently received a letter from USU Class of 1989 alumnus Col. (Dr.) Warren Dorlac, USAF, currently the Deployed Director, CENTCOM Joint Theater Trauma System, Trauma Consultant to the USAF Surgeon General, regarding the value of his LRC remote access account and digital resources.

LRC,

My current job as the theater trauma director is to find problems that impact trauma care and fix them. I rarely have any nice things to report back to people due to the nature of my job. In my opinion, we cannot sit back and admire our accomplishments but rather we should always be looking at what we can do better.

I wanted to give you all some positive feedback from the field — something that I rarely do. I am constantly running into old classmates and all of us seem to rely on the USUHS LRC full text internet download capability. In fact I do not think that I could do my job without it. As much as a pain it is to fund and maintain, for those of us deployed, it is one of the few DoD electronic pieces that actually works and makes us do our job better.

Thanks for the support that you lend to casualty care.

Respectfully,

Warren C. Dorlac, MD, FACS

Preparing for flu season

In preparation for the coming flu season, the USU Brigade and command recently received seasonal flu vaccinations en masse as part of a training exercise in response to a potential exposure. Pictured, Air Force Staff Sgt. Marisa Burri took part in the effort, offering participants the option of inhaled or injected vaccination. Burri is the assistant noncommissioned officer in-charge of the University Family Health Center.

An average of 5-20 percent of the US population gets the flu on an annual basis. More than 200,000 are hospitalized and 36,000 people die each year from flu-related complications. Concern is higher this year because of the H1N1 strain.

Please join the USU Postdoctoral Fellows Association in celebrating the FIRST ANNUAL National Postdoc Appreciation Day!

Sept. 24, 2-4 p.m. 
Building B/C 
Level 2 Breezeway 
Stop by for a refreshing break from the grind.

All are welcome!

(The PFA didn’t make this up……. honest) 
www.nationalpostdoc.org
Drug Resistant Bacteria Found in Returning Wounded Service Members

(Health.mil) Monday, August 31, 2009

A new study suggests that Military Health System hospitals and treatment facilities may be vulnerable to multidrug resistant (MDR) bacteria, but says there is no cause for alarm.

The study was conducted by a team of doctors from Brooke Army Medical Center, the Uniformed Services University of the Health Sciences and the Infectious Disease Clinical Research Program. Researchers found indications that certain bacteria are developing drug resistances and may be able to survive in military hospitals.

“Service members should not be scared of MDR bacteria,” said Army Lt. Col. (Dr.) Clinton Murray, USU alumnus, class of 1996, the lead author of the study. “Civilian and military hospitals place significant emphasis on protecting patients from being exposed to multidrug resistant bacteria during inpatient admissions through aggressive infection control measures.”

Published in the June 2009 issue of Military Medicine, the study recommends that the Military Health System place a “continued emphasis on infection control” and calls for “novel strategies” to fight infections, especially in war zones.

The multidrug resistant bacteria include Acinetobacter, which can cause pneumonia and meningitis, and other organisms with increased resistance like E-coli, Klebsiella pneumoniae and Staphylococcus aureus, the main cause of staph infections.

“MDR bacteria have been increasing around the world over the last few years and the military has also noted an increased rate of infections with MDR bacteria in our service members injured during combat operations in Iraq and Afghanistan,” Murray said. “This [study] supports that newer infection control strategies might be needed.”

Unfortunately, it is difficult to determine where and when the infections begin due to the complex military medical evacuation process, which can take a patient to as many as five health care facilities, each with varying infection control strategies and priorities, the study found.

To learn more about the ways that MDR bacteria affects service members, Murray and his research team remained stationed at one military treatment facility from 2005 to 2007, watching for cases that arose in service members returning from Operation Enduring Freedom and Operation Iraqi Freedom, as well as those arising in non-OIF/OEF patients.

The typical OIF/OEF patient arrived at the facility about seven days after being injured in theater, and was immediately placed into contact isolation and screened for MDR bacteria. Each patient remained in isolation until his or her subsequent screenings for bacterial cultures came back negative.

Murray’s team found that the MDR bacteria was infecting combat casualties from both Iraq and Afghanistan. Acinetobacter was found to be the most common bacteria, and it showed high rates of antibiotic resistance, especially in intensive care units. In addition, the research team found that although nosocomial infections — infections that possibly come about as a consequence of prolonged exposure during health care — were low and stable, combat patients had a substantially higher chance of contracting this type of infection than civilian patients.


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Toastmasters

Wednesdays 12-1 p.m. --- USU A2053
Special Meeting this Wednesday, Sept 16.
Practice and Improvement in public speaking, leadership skills and communication
For more information call 295-3313
Helpdesk Closure: The UIS helpdesk is closed for training on Thursdays from 10 to 11 a.m. During this time, you can leave a voicemail message at 295-9800, utilize the HEAT Self Service (http://www.usuhs.mil/uis/forms/trouble.html), or email help@usuhs.mil. If an emergency should arise, please call 295-9870.

Personal Exercise/Fitness Areas: Physical Fitness training should be conducted in designated areas. The only authorized space for PT within the university is room G060. All other spaces within the university are not authorized for exercise or fitness, with the exception of the Student Community Lounge area during specified PFT testing dates/times. Indoor PT is also authorized on base at the Comfort Zone Complex, or CZC, in building 23. The CZC hours of operation are Monday – Friday from 5 a.m. to 8 p.m. and on weekends and holidays from are 9 a.m. to 6 p.m.

PFT/PFA/APFT Fall 2009: The Fall 2009 Physical Fitness Test for all services is scheduled for Oct. 13-15 and 20-22, 2009 at 0700 and 1200. Plan accordingly as all physical fitness testing, height, weight, and body fat measurements will be conducted at USU. No exceptions. If there are any questions please contact your service specific fitness coordinators - Air Force contact Tech. Sgt. Troyann Ernle at 295-3281; Navy contact IT3 Robert Grounds at 295-9800 or HM1 Joe Monsivais at 295-1479; and Army contact Staff Sgt. David Rogers at 295-3720.

Proper Use of Computer Resources: Security incidents continue to be a drain to limited USU Information Assurance manpower. The following highlight current DoD policy and best practices:

- Personnel must not install self-coded or non-licensed software on network resources; add, remove, configure, or attempt to modify USU computer operating systems or programs; move audio/visual or network cables, computers or attempt to connect personal computers to the network including MDL and lecture hall spaces; connect personal devices except for those previously authorized by UIS; download pornographic material and store or display offensive material, such as racist literature, sexually harassing or obscene language or material; store or process classified information on any USU system; permit unauthorized individuals access to a government-owned or government-operated system or program; access online gambling, games and social engineering sites.

Military Awards Nominations: The next military awards panel will convene September 29. Nomination packages will be due through the chain of command no later than September 22. Any award with higher precedence than the Defense Meritorious Service Medal must be submitted 150 days prior to presentation. Please provide a signed copy as well as an electronic version to Air Force Tech. Sgt. Louella Campbell at 295-1515 or lcampbell@usuhs.mil or HM2 Sylvia McBee at 295-3423 or Sylvia.mcbee@usuhs.mil.

Name the Newsletter...

Thanks to all who have submitted suggestions over the last few weeks to rename the USU Newsletter. We have received dozens of responses and now need to consider all of the suggestions. Watch for our decision in early soon.

Thanks for your participation and for your continued support and readership.

The USU Newsletter Staff

Caption contest

The winning caption: “Can you believe the Redskins are winning 63 to 0!!!!!!!” submitted by Dee Harron, USU Records Management.

Congrats to the runner-up, David Sandgren, AFRRI Research Biochemist and to third-place Jay Thakar.

...and thanks to all who submitted.