Charles Rice, M.D., president of the Uniformed Services University of the Health Sciences (USU) addressed members of the Association of American Medical Colleges (AAMC) and the Association of Military Surgeons of the United States (AMSUS) at their annual meetings in Seattle, Wash., Oct. 30 and San Antonio, Texas, Nov. 6, respectively.

This year marks the 60th anniversary of Policy Memorandum #2, which is the Veterans Administration (VA) document establishing the partnership between VA medical centers and America's medical schools.

President Rice gave the Alan Gregg Memorial Lecture titled “From the Battlefield to the Clinic: Treating America’s Newest Veterans.” His lecture traced the changes in the nature and ‘geography’ of armed conflict and how this has had a profound impact on how we have had to adapt to care for the wounded. He described direct intervention as well as macro military medical organizational structures that have been developed to improve survival of our nation’s warfighters.

Dr. Rice also participated in a focus session panel that centered on the needs of new veterans arising from their experiences in the Middle East. The session provided insight into the care of the war wounded, from battlefield interventions to the latest physical rehabilitation techniques and prostheses, to the emerging neurobiology of post-traumatic stress disorder.

A week later, Dr. Rice addressed members of AMSUS about the future of healthcare in the federal services and USU’s role. In particular, he mentioned the university’s increased collaboration with the National Institutes of Health and the U.S. Public Health Service.

Dr. Rice addressed accomplishments and changes at USU over the last year and noted some major issues we face in the upcoming year.

“We are actively engaged in growing our relationships with the Public Health Service and looking forward to deeper collaborations on all three fronts of education, research and training. I continue to meet with Health and Human Services leadership and was particularly gratified that NIH director Elias Zerhouni joined us at this year’s Bushmaster exercise.”

Dr. Rice emphasized that the university was realigning resources to reflect some of the changing needs of military and public health medicine.

He also noted leadership changes at USU, work on Integration, increased funding for research, notable faculty accomplishments and honors, and the recent groundbreaking for Building E.

In regard to challenges and opportunities, Dr. Rice again noted work on designing the Walter Reed National Military Medical Center and the compelling vision of a major military academic health center.

The AAMC is a nonprofit association of medical schools, teaching hospitals, and academic societies. It seeks to improve the nation’s health by enhancing the effectiveness of academic medicine. Its mission is to assist academic medicine institutions, organizations, and individuals in three main mission areas: medical education; medical research; and patient care.

AMSUS is comprised of professionals serving in the full spectrum of healthcare disciplines in the U.S. Army, Navy, Air Force, Public Health Service, Department of Veterans Affairs, Army Reserve, Navy Reserve, Air Force Reserve, Army National Guard, Air National Guard, and the Coast Guard. More than 9,000 members count on AMSUS to provide them with up-to-date information and services. Its mission is to advance the knowledge of federal health care and to increase the effectiveness and efficiency of its membership by mutual association and by the consideration of matters pertaining to constituent services both in peace and war.
Deployed alumni CSHing in on USU education

USU alumni make up a number of the physician staff of the 28th Combat Support Hospital (CSH) in Iraq, including the hospital’s commander and deputy commander. They include: (Left to right) Capt. Tracy Eichel ’02; Col. Erin Edgar ’92, Commander, 28th CSH; Capt. Phillip Cuenca ’01; Capt. Jeremy Eager ’02; Maj. Laura Marquart ’00; Maj. Jeffrey Hirsch ’00; Lt.Col. Mark McGrail ’93, deputy commander for Clinical Services, 28th CSH; Maj. Jamil Malik ’95; Maj. Daniel Washburn ’99; Maj. John Schaber ’98/’00.

USU Alumna Earns National Medical Award

By Sharon Willis
Director of Alumni Affairs

Army Col. (Dr.) Naomi Aronson (’81), an assistant professor in the USU Department of Medicine, was named the recipient of 2007 Richard and Hinda Rosenthal Foundation First Award by the American College of Physicians (ACP) recently. Dr. Aronson, who is director of the medicine department’s division of Infectious Diseases, received the award in recognition of her recent innovative work making a notable contribution to improve clinical care in the field of internal medicine, according to a statement by the ACP National Awards Committee. She is the sole recipient of the 2007 award, and it will be presented to her in a special ceremony at the national ACP meeting in April, 2007.

Dr. Aronson was nominated for the award by Dr. Robert Goldstein, chair of the Department of Medicine, who cited her outstanding achievements in the development of treatment and delivery of care for leishmaniasis, a common and sometimes serious problem for troops and civilians in Iraq and Afghanistan.

“Naomi’s recognition is particularly important in recognizing the high quality and advanced character of Army medical care,” said Dr. Goldstein. “It is also a superb distinction for military physicians and the USU billeted faculty.”

Dr. Aronson joins other notable scientists in receiving this award, including Robert Gallo, M.D., who co-discovered in the HIV virus and pioneered the development of the HIV blood test, and Anthony Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases of the National Institutes of Health.

Quote:
When all you have is a hammer, everything looks like a nail.
—saying (unknown origin)
Diwali, The Festival of Lights
By MCSN Raul Zamora
Staff Writer, Office of External Affairs

The Uniformed Services University of the Health Sciences (USU) celebrated Diwali Oct. 27.

Diwali or Deepavali is one of the biggest festivals that Hindus celebrate. This celebration is five consecutive days long. It is celebrated by lighting many candles and Diyas which symbolize the victory of good over evil.

The five days are Dhan-Trayodashi, Dhan means “wealth” and Trayodashi means “13th day.” This day falls on the 13th day of the first half of the lunar month. It is an auspicious day for shopping.

The second day is Naraka Chaturdasi, Naraka means “of new era of light and knowledge,” and Chaturdasi means “14th day.” This day falls on the 14th day of the first half of the lunar month. It is an auspicious day for shopping.

The third day is Diwali. There are different reasons why this day is celebrated. Some Hindus celebrate this day because it commemorates the day that Lord Krishna’s wife Sathyabhama killed of Narakasura, an evil demon who created havoc. In other versions of the story Lord Krishna killed Narakasura himself. Another reason to celebrate is the return of Lord Rama, king of Ayodhya back to his home from a war where he killed the demon king Ravana.

The fourth day is Varsha-pratipada which is the beginning of the New Year. Pratipada means the first.

The fifth day is Bhayiduj. On this day brothers and sisters meet to express their love and affection for each other.

The celebration consisted of lots of Indian food including Samosa, Vegetable Pulao, Daal, Mixed Vegetables, Chola, Alu Matar, Raita, Guilab, Jamun, Rawa Halwa, Jalebi, and Rice pudding. Many of USU’s faculty and staff showed up for the colorful and exotic foods that lined the wall of the small dining room.

The USU community celebrates Diwali every year because of the growing diversity within the university.

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The USU community celebrates Diwali every year because of the growing diversity within the university.

Special solutions for medical imagery required to meet needs of clinicians
By Mickey McCarter
Military Medical Technology Magazine

Air Force Col. Les Folio reflected on Moore’s law, observing that data storage and archival capabilities double every 18 months while the price drops by half.

“I have a thing I call Les’s law, where we drive how cameras have been getting exponentially better in megapixel and quality, which increases storage consumption and bandwidth consumption,” Folio told Military Medical Technology. “So even though storage and archival ability grows every year because of improved technology, the improved technology of the image acquisition device, such as CT scanners and MRIs, those types of things are generating demand faster than archival space can keep up.”

Those challenges occupy Colonel Folio’s mind because he’s a radiologist, flight surgeon, scientist and associate professor of radiology and radiological sciences at the Uniformed Services University of the Health Sciences (USU). He specializes in combat radiology, hence his knowledge of telehealth and how to relay very large medical images around the globe.

As a member of the Air Force Joint Expeditionary Telehealth Solution (JETS) team, Dr. Folio visits Iraq regularly to assist with telehealth solutions implemented at U.S. military hospitals. As a leading Air Force expert on the subject of teleradiology, he speaks at a number of conferences around the world on the state of U.S. military capabilities in that area. For example, he lectured at the International Blast and Ballistic Trauma Congress in South Africa at the end of September.

“We have challenges like bandwidth that we are always trying to approach our leaders with,” Dr. Folio noted. “Our agenda when we go to these conferences is to make sure we have dedicated bandwidth for medical transmissions and how we will work it when all of the connections are in place when we overcome the security issues.”

Dr. Folio has been working on technologies that may not mature for another decade, like transmission holograms, but in the meantime, he helps implement solutions available now for the transfer and storage of very large digital imaging and communications in medicine (DICOM) format files. These files, which usually require a special diagnostic workstation to view, are incredibly sophisticated electronic pictures or X-rays of patient cases. “The CT scan that we get on every single trauma patient that has massive trauma is about a gigabyte of data. Moving a gigabyte of data can be a challenge, especially when all you have are antennae and things that you set up and transition every few months when you are moving people in and out,” Dr. Folio remarked.

As technology improves, so must bandwidth and security, Dr. Folio stressed. Technological evolution must occur within the context of proper security, so as to prevent the compromise of patient information.

That being said, Dr. Folio has been hard at work on new standards to highly compress and transfer medical imagery. He is part of a team that has filed for a patent on a 1:100 compression ratio for CT data. A gigabyte of CT data can compress down to about 5-10 megabytes, he said, enabling quick transfer to commercial devices like cell phones that would have been impossible previously.

The technology, called DICOM2MP4, would convert DICOM format to MP4 format.

“I have proposed taking DICOM digital data from CT and X-ray and compressing it by changing it into an MP4 file,” Dr. Folio explained. “As iPods have become very popular, along with Blackberries and all of that, this kind of combines the audio and visual capabilities, more the video capabili-

See MEDPIX, page 5
USU faculty member lectures abroad

Dr. James Smirniotopoulos was a featured speaker at the 15th Annual Late Summer Radiology Course in Vaals, Netherlands, Sept. 8-9. Dr. Smirniotopoulos gave three Refresher Course lectures during the recent annual meeting of the French Society of Radiology in Paris, France. He also spoke at the Mt. Sinai Head and Neck and Neuroradiology Course in New York City Oct. 12-15.

New Chair Announced

Leonard C. Sperling, M.D., was recently selected as the new chair, Department of Dermatology following a nationwide search. Dr. Sperling is a nationally and internationally known academician in the field of dermatology. He has been the acting chair of the position since his retirement earlier this year.

Faculty Briefs

When was the last time you attended a birth with the father participating by telephone from a war zone or cared for a woman who lost a limb in combat? For uniformed midwives these scenarios are commonplace and provide a new perspective to the midwifery tenet of serving vulnerable populations.

Two years ago, American College Nurse Midwives (ACNM) formed a Uniformed Services Committee in recognition of the special contributions and needs of our members in uniform. This is a group whose work I deeply appreciate, in part due to my years as a civilian OB/GYN provider at Walter Reed Army Medical Center. There I cared for a woman whose husband was lost in the Pentagon on 9/11 (the line went dead as she spoke to him on the phone), and an 18-year-old woman whose husband returned from Iraq with massive brain injuries and the loss of both arms (she was expecting her 3rd child). I saw single mothers who, facing deployment, made difficult decisions about guardianship for their children. Commonly, my clients moved every two to three years and faced long periods of separation from their families. These scenarios occur regularly in military hospitals and clinics.

Today, approximately one in seven active duty soldiers is female. The Office of Army Demographics reports the following statistics for 2005: 14 percent of the enlisted population was female; 46 percent were less than 25 years old; 41.8 percent were non-white of whom 23.4 percent were black and 11.5 percent Hispanic; and 15 percent of enlisted female soldiers were single with children. In addition, one in 10 Army retirees was permanently or temporarily disabled. Demographic data vary somewhat between service branches, but the overall picture is similar.

Midwives in the uniformed services care for active and retired Soldiers, Sailors, Airmen, Marines and Coast Guard personnel, and their families. There are midwives in the U.S. Public Health Service who provide care to the medically underserved, including Native Americans and Alaskans. In addition to working with military beneficiaries at home, active-duty midwives are deployed to the field of conflict and

By Rima Jolivet, CNM, MSN, MPH
(The following is an article submitted by a USU PMB doctoral student)

License to Brag

There are many different ways to show your school spirit: painted faces at sports events, t-shirts and sweaters, stickers, ornaments, and coins. Now it may be possible to have Uniformed Services University of the Health Sciences (USU) car license plates. The images above are not the final design, but they represent what the license plates might look like. We are currently seeking to determine if there would be sufficient interest in having a USU organizational license plate. If you would like to register your interest, please contact the webmaster at webmaster@usuhs.mil.

ACNM Salutes Midwives in the Uniformed Services

“14 percent of the enlisted population was female; 46 percent were less than 25 years old... and 15 percent of enlisted female soldiers were single with children.”
ties, similar to how DVDs, which are MP2, are going to MP4 and all of your movies are going to be on your iPod.”

The patents concern the algorithms that enable the smooth conversion of DICOM to MP4, which provides a means through which medical personnel can view imagery on commercial equipment instead of very expensive diagnostic workstations.

“This patent will allow people to get the images from situations where there are multiple casualties from a bomb or something and there is no radiologist. They can send the entire set of scans to someone’s Blackberry and they can scroll through. It’s pretty revolutionary,” Dr. Folio remarked.

Medweb

The expertise of Dr. Folio and other members of the JETS team is critical to deploying existing equipment to the field. He visited Iraq last year to help set up the connectivity for Medweb servers. These specialized computer servers handle the DICOM images used by the medical community, while meeting strict security requirements.

Dan Riordan, an application support representative for San Francisco-based Medweb, recently returned from his fourth visit to Iraq to deliver and set up Medweb servers in Baghdad, Mosul and Balad.

“We have limited resources for radiologists in theater,” Riordan told MMT. “So these doctors are able to log on remotely from another site or have the studies forwarded from site to site where a doctor can read the images and give a much better reading than an ER doctor.”

The Medweb servers are extremely portable and connect easily to both the unclassified but Sensitive Internet Protocol Router Network (NIPRNet) and the Secret IP Router Network (SIPRNet).

The servers can communicate directly with satellites and other Medweb products in the field. They connect directly to X-ray machines and MRI scanners from General Electric, Fuji and other manufacturers.

In an X-ray system, images are captured on a plate that is read by a computer radiology (CR) system, which saves the images to a workstation. From there, medical personnel can transfer the DICOM images to Medweb, which can act as a relay station to another destination or as an archival system for the storage of the images.

“It’s easy to install and easy to maintain. They are also durable. We provide a very portable, sophisticated system that works well in desert conditions—dry, hot and dusty,” Riordan added.

A deployable Medweb system needs only a satellite connection or some Internet access to start working right out of the box—which is a Hardigg box roughly 3 feet by 3 feet or less on all sides. The basic kit comes with two servers, so that one can take over for the other in the event of a breakdown or failure of some kind, as well as a switch, a UPS power supply, surge protection, a PC, a monitor and a keyboard.

The U.S. military has seven of the units in Iraq at press time, along with three in Kuwait and five in Afghanistan. Many more are deployed around the world, Riordan said, and the U.S. military has been using them for about 10 years.

Medpix

Back at USU, located in Bethesda, Md., Dr. Folio’s boss, Dr. James G. Smirniotopoulos has developed a database for medical images that is being widely used within the military academic community. The database, called Medpix, is patented by Smirniotopoulos and Henry Irvine, a USU radiology resident.

Dr. Smirniotopoulos, chair of radiology and radiological sciences at USU, told MMT that Medpix stores medical images, providing clinical information about a patient, enabling doctors to examine patient history and exam findings as well as treatments and outcomes.

“The images can be X-rays, MR, CT or ultrasounds,” Dr. Smirniotopoulos said. “They can be gross pictures of the patient. We have some trauma cases, including some cases from our current conflicts. We want to expand its use to a more comprehensive trauma database. It’s a very complex program that does a lot of things.”

Doctors or support staff can enter the database and conduct a keyword search on images to compare against current cases, for example. The images are high-resolution JPEG files, so medics can view them on a standard PC or laptop without a diagnostic-quality monitor.

Those with access to Medpix also can upload JPEG images into the database, enabling others around the world to access the files with a standard Web browser.

Dr. Smirniotopoulos cautioned that files input by remote users are subject to a verification process that limits public access to the files until peer reviews have approved their inclusion. Editors can comment on case files and link case files to related files.

Medpix also acts as a training system, providing continuing medical education for physicians and nurses. Students can take tests and receive scores from Medpix online. Students also can use Medpix as a study tool to examine cases and learn how to identify and distinguish various scenarios and afflictions.

Although Medpix has been around since 1996, Dr. Smirniotopoulos just recently received his patent on it. The database also has a great deal of unrealized potential, he noted, as it is presently used largely for research and not for consultation.

“Somebody using an ordinary Web browser and a standard Internet connection could send a case in and ask for a consultation on it,” Dr. Smirniotopoulos said. “We don’t actually use those functions, so I want to be careful to make sure that people understand we are not actually using Medpix right now to make diagnosis but that functionality is built into the system.”

The biggest challenge with using Medpix for consultation arises from credentialing. Doctors at one location are often not credentialed to practice at the point of origination for images, thus preventing them from making a diagnosis on patients at that location.

Still, Dr. Smirniotopoulos foresees an expanded role for Medpix in the future. “What we would like to do is to integrate the system into the workflow, so that somebody would be working on a clinical case and it would somehow be linked into Medpix, and Medpix would have already done a search on relevant information to present for a comparison. So it might be a diagnostic adjunct. That is the point-of-care application that we are looking to develop,” he said.

Meanwhile, Medpix continues to serve as an atlas and a reference tool through its primary portal at http://rad.usuhs.mil/medpix/medpix_home.html.

Military Medical Technology Magazine can be viewed at: www.mmt-kmi.com.
on humanitarian missions. Their stories are varied and the following profiles offer glimpses into their experiences.

Maj. Regina Paden, U.S. Air Force, is stationed at Keesler Air Force Base in Biloxi, Mississippi, where she cares for families affected by Hurricane Katrina. A large number of her patients are retirees, many of whom are still living in FEMA trailers. She reports significant increases in depression and alcohol use in her clients, along with high levels of obesity and unemployment. Major Paden transferred to Keesler from Langley AFB, where she was a study coordinator for a randomized controlled trial of Centering Pregnancy in the military conducted by Col. (Ret-USAR) Holly Powell Kennedy, CNM, PhD, FACNM.

Cmdr. Trisha Farrell, U.S. Navy, at Bremerton Naval Hospital in Bremerton, Washington, coordinates another study site in the same trial. Centering Pregnancy is one example of a program that midwives are introducing to address the heightened support needs of military families.

Lt. Col. Cassandra Blakley, U.S. Army, is stationed at Fort Bliss in El Paso, Texas, where CNMs provide 70 percent of the prenatal care. Many of her clients’ spouses are deployed in Iraq and Afghanistan. They send ultrasound pictures and recorded FHTs to the deployed fathers-to-be. They pay special attention to postpartum depression symptoms among these women and have also started a Centering program.

Cmdr. Evelyn Quattrone, USN, was deployed with the Marines to Al Anbar, Iraq, in 2005. In addition to working as an ER nurse, she provided women’s health care to female soldiers. Much of her caseload consisted of menstrual problem visits, due to the stress and physical exertion of deployment. However, one woman who arrived in Iraq discovered that her symptoms were in fact signs of pregnancy. Commander Quattrone diagnosed the pregnancy at sixteen weeks, after which the woman was sent home. As it happened, Commander Quattrone returned home to Camp Lejeune on the very same day the woman gave birth, and was able to visit her on the postpartum unit and meet her baby boy.

Back home, Commander Quattrone helps mothers whose spouses are deployed stay connected by mailing them videos and footprints of their babies. She has attended several births where the father participated via satellite phone. She describes how the room gets very quiet as the mother cradles the phone while her partner coaches her through contractions and whispers support in her ear. The baby is put up on her chest and near the receiver so that the first cries and small noises can be heard over the phone. Commander Quattrone received emails from well-meaning friends while in Iraq who would sometimes insert their political views, unaware of how demoralized these comments could make her feel amidst the acute stress of being deployed and caring for soldiers in the field. Then she would run into a Marine who would say, “Hey, didn’t you deliver my baby?” and that connection would help her remember the far-reaching impact her work as a nurse-midwife can have on people’s lives in unforeseen ways and unexpected places.

Midwives not only serve a tremendously diverse and varied population - they represent one. Midwives care for women and families without regard to race, ethnicity, creed or ability to pay, using their humanity to reach across lines and bridge divides. Whether we share the same background, culture, or political viewpoints is irrelevant to our commitment to those we serve; the ACNM statement of philosophy, “affirms the power and strength of women and the importance of their health in the well-being of families, communities and nations.”

ACNM Salutes midwives and the care that they provide.

Visit www.midwife.org to read more profiles of uniformed ACNM members and to learn more about their work and the people they care for.

USU Alumni deployed to Africa

USU alumni are serving in a number of deployed locations around the world. Several graduates are currently assigned to support the Combined Joint Task Force-Horn of Africa in Djibouti. They include: (Left to right) Lt. Cmdr. (sel.) Erin Duffy (’01), Department Head, Sickcall Services, Expeditionary Medical Facility-Djibouti; Lt. Col. Dan Shoor (’96), Officer-In-Charge, Civic Action Team, Combined Joint Task Force-Horn of Africa (CJT-HOA); Capt. (sel.) Craig Bonnema (’93), Command Surgeon, CJT-HOA; and Lt. Alicea Mingo (’04), Flight Surgeon, Heavy Lift Helo Squadron 461 Detachment.
Durable goods may not be used to support these activities, and all fundraising activities (which includes solicitation of goods, and service relief organization fundraising, government equipment and property, including communications systems, are only for official purposes. With the exception of CFC and service relief organization fundraising, government equipment and supplies, such as paper, copiers, and other non-durable goods may not be used to support these activities, and all fundraising activity (which includes solicitation of goods/ 

News Briefs

Thanksgiving Basket Drive

The USU Thanksgiving Basket Drive is in its second week and until Nov. 17 money and food can be donated. Cash donations and checks may be written to “USU Alumni Association, Inc.”

The USU Bookstore has joined the Family Medicine Interest Group to provide incentives for donating. When donating 40 dollars, you will receive the USU Commemorate Coin, and 80 dollars you get a hardcover book entitled, “Medics at war: Military medicine from colonial times to the 21st century.” The monetary donations will be used to buy baskets for assembled food items and grocery store gift certificates. The donations can be given to Sharon Willis in Building A, and in the family medicine department office in Building A.

Suggested food items to be donated include cranberry sauce, canned vegetables, stuffing, dessert mix, yams, or anything that would supplement the meal. There are boxes to place donated food items in three places; outside lecture rooms E and D in Building C; Sharon Willis’ office A1025 in Building A; and Family Medicine Interest Group Office in Building A.

Lt. Col. Selections for Promotion

The following Army lieutenant colonels were recently selected for promotion to colonel: Bruce Schoneboom, Lisa Latendresse, and Karen Kelley.

Enlisted to Commissioned

HM1 Jason Wright, USN (AVC) recently re-enlisted as a petty officer first class in the Navy. He will be commissioned as a medical service corps lieutenant junior grade in August 2007.

DOD Blue to Green Program

The Department of Defense Blue to Green Program offers transitioning sailors the option of continuing active duty service with the Army without any break in service. Sailors retain the benefits of active duty while using the valuable training, knowledge, skills, and abilities they developed in the Navy. The Army is currently offering qualified active-duty recruits bonuses of up to $40,000. Additionally, the Army Recruiting Command recently resumed responsibility for all INCONUS Blue to Green recruiting. For more information visit www.goarmy.com/btg.

Parking Garage Repair

The second phase of repairs to the USU parking garage began Oct. 30 with work being performed from 5 p.m.-3:30 a.m. daily, resulting in the loss of 50 parking spaces. The repairs will affect the area to the left of elevators 48 and 50 (as you exit the elevators), Building B lower and upper parking levels; this area is clearly marked with yellow tape. Overflow parking is available at the ‘I’ Lot next to the Child Development Center, and new traffic flow patterns will be established.

Brigade Holiday Leave Policy

The USU Brigade Commander recently signed into effect a new policy, establishing the timeframes for the upcoming holiday periods of Thanksgiving, Christmas, and New Years. All brigade members are required to read this policy at: http://www.usuhs.mil/bde/pdf/BrigadeLeaveLibertyPolicy.pdf. Brigade policies are available on the USU webpage under the “Military” heading, then “Brigade Command,” and “Policy Information.”

Holiday Fundraising

Courtesy of the Office of General Counsel

As the holidays approach there will be numerous charitable organizations seeking our support. While many of these serve a useful purpose, USU personnel are reminded that use of federal government equipment and property, including communications systems, are only for official purposes. With the exception of CFC and service relief organization fundraising, government equipment and supplies, such as paper, copiers, and other non-durable goods may not be used to support these activities, and all fundraising activity (which includes solicitation of goods/donations) must occur on personal/non-government time.

Organizations composed primarily of DOD personnel or their dependents may engage in fundraising among their own members for the benefit of their members or their dependents when approved by the head of the DOD component command or organization after consultation with the Designated Agency Ethics Official or designee. Therefore groups composed of USU personnel/dependents may fundraise at USU so long as the activity has been approved by the USU President, the activities are conducted on personal non-duty time, and federal resources are not used. Exceptions, where there are minimal costs to the government, maybe preapproved by your supervisor.

Forms to request to hold a fundraising event consistent with the guidelines above are available on the OGC website. Questions on this and other government ethics issues should be directed to the General Counsel’s office at (301) 295-3028.
# USU Calendar of Events

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<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>12</td>
<td>18th Annual Academic Awards Collegium 11:45am Sanford Auditorium</td>
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<tr>
<td>13</td>
<td>16th Annual Harold L. Stewart Lecture in Experimental Oncology 3p.m. Lecture Room C Molecular Cell Biology Seminar 4p.m. Lecture Room A</td>
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<td>15</td>
<td>16th Annual Harold L. Stewart Lecture in Experimental Oncology 3p.m. Lecture Room C Molecular Cell Biology Seminar 4p.m. Lecture Room A</td>
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<tr>
<td>16</td>
<td>Department of Dermatology Presents the 9th Annual Sulzberger Lectureship. 9a.m. - 11:30a.m. AFRI Conference Room</td>
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<td>17</td>
<td>LRC Special Holiday Hours 6a.m. - 4:45p.m.</td>
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<td>18</td>
<td>Thanksgiving Holiday 8a.m. - 4:45p.m. (Regular Hours)</td>
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<td>19</td>
<td>LRC Special Holiday Hours: Noon – 10:45p.m. (Regular Hours)</td>
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<td>20</td>
<td>Neuroscience Seminar 3:30p.m. Lecture Room A LRC Training Class End Note Advanced Noon – 1p.m.</td>
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<td>21</td>
<td>USU Holiday Gathering 11:30a.m. - 4p.m. Cafeteria</td>
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<td>22</td>
<td>LRC Special Holiday Hours 6a.m. - 4:45p.m.</td>
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<td>LRC Special Holiday Hours 8a.m. - 4:45p.m. (Regular Hours)</td>
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<td>LRC Special Holiday Hours: Noon – 10:45p.m. (Regular Hours)</td>
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<td>9</td>
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**November**

**December**