

THE REST OF YOUR LIFE

For Country and Medicine: Physician Reservists

United States military service does not run in Dr. Iffath Abbasi Hoskins' family. She grew up in Pakistan and attended medical school overseas. But when she enlisted with the U.S. Navy as part of her obstetrics and gynecology residency at the National Naval Medical Center, Bethesda, Md., in 1979, she did so eagerly.

"The hospital had an excellent reputation," said Dr. Hoskins, who is now chair and residency director of the department of obstetrics and gynecology at Lutheran Medical Center in Brooklyn, N.Y. "Secondarily, being raised with certain values in a family that was very involved with community service and politics, it was a way to serve the country."

Dr. Hoskins remained in Bethesda as an active-duty Navy physician until 1987, when she switched to the Navy Reserve and relocated to New York City with her husband William, who is an ob.gyn. oncologist. Since then, her reserve assignments have included a stint as a member of the Secretary of the Navy's Policy Board; chief of professional services with the U.S. Marines 4th Medical Battalion in

One personal reward of her role as a reservist, she said, is a sense of serving the country. Another is learning to become an effective leader. "Everybody who trains in the military is force-fed leadership skills," she said. "There is no way that anybody can rise up through the ranks of the military without learning—either painfully or easily—leadership. You have to mentor people and work with disparate groups of people."

In the reserves, "if my unit or my team or my company is not successful, people don't blame the person, they blame the commanding officer. It is his or her responsibility to make it all successful. My success in the military, every time I got promoted, every time I got a medal for leadership, was because somebody else said, 'she did a good thing for her area of responsibility, whatever she was in charge of.' Because, in the military, there is no such

thing as personal success; it doesn't even exist. That's what has been one of the best rewards for me ... to learn that concept."

Today, when she counsels young physicians who are considering joining the Navy Reserve Medical Corps, in which she is a captain, she doesn't sugarcoat it. She tells them, "if you're looking for personal glory ... you're not going to find it. ... It's a lot of personal sacrifice, a lot of time away from family."



COURTESY DR. IFFATH ABBASI HOSKINS

Dr. Iffath Abbasi Hoskins, pictured above during weapons qualification, was deployed to Camp Pendleton in 2003.

Camp Pendleton, Calif.; chair of medical credentials for the entire U.S. Navy, both active duty and reserves; and training family practice residents at the Naval Hospital Jacksonville (Fla.).

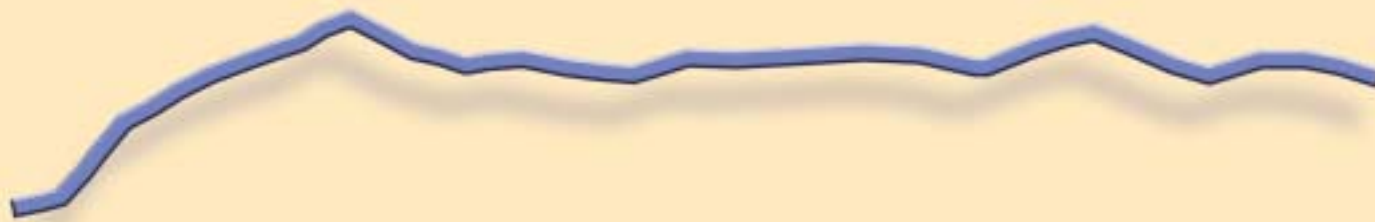
Balancing the demands of her civilian life with those of the Navy Reserve "has not been easy," she said. "The military expectations are that you will focus on the needs of the military. Over the years, those needs have become far more than just a weekend a month."

This includes completing online training courses to keep up to date on topics such as biological warfare. This training is "going on in parallel to our civilian life, in order to remain a credible, deployable military officer or enlisted person," she said.

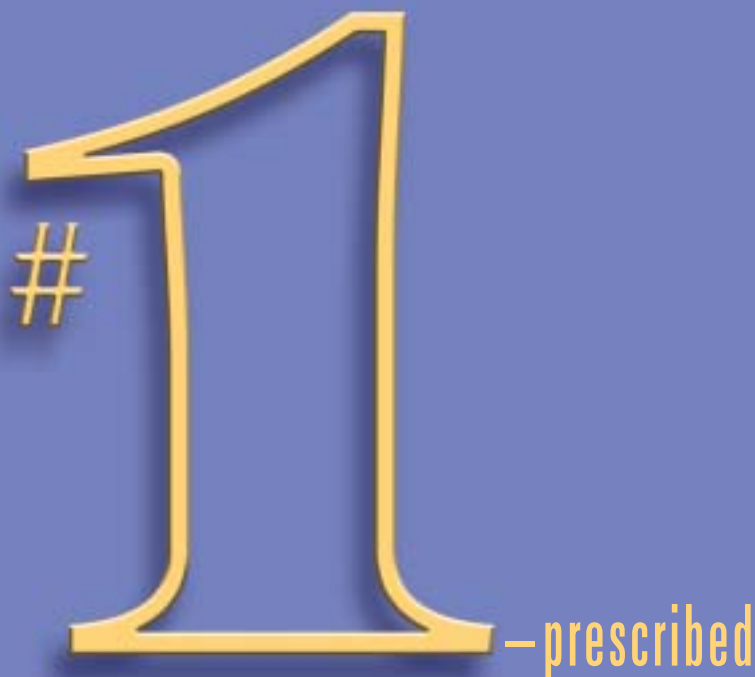
The impact on family life is tempered by the fact that her husband was in the Navy for 20 years, so he can identify with the culture and the requirements that come with military service. In addition, her two grown children were very young when she started her service.

"They didn't know any other life," she said. "They just knew that their mother gets out there and wears a uniform and floats all over the place."

One profile was created



The other was earned



Didn't Want to Miss Out

Dr. John C. Liu's father, uncle, and cousins fulfilled obligatory military service as citizens of Taiwan. However, Dr. Liu broke the family mold in 1992, when as a citizen of the United States, he elected to enroll in the U.S. Army Reserve during his first year as a surgery resident at the Northwestern University, Chicago. Operation Desert Storm had just ended.

"I was in the first generation of my family that was not required to serve in the military. I've always thought that by not doing that, I kind of missed out," said Dr. Liu, a neurosurgeon at Northwestern.

So, he underwent basic training at Fort

Sam Houston in San Antonio and currently is assigned to Brooke Army Medical Center in that city as a reservist neurosurgeon. He spends a minimum of 2 weeks in service there each year. In 2004, he spent 3 months at Brooke filling in for neurosurgeons who were deployed to Iraq. During that stretch of time, a reservist vascular surgeon, who was being deployed to Afghanistan, phoned him to ask him the basics of how to do a craniotomy. "As a surgeon who does not normally do any type of brain operation, he would be called upon to do a brain operation should that need arise when he's in Afghanistan," said Dr. Liu, who was promoted to lieutenant

colonel in 2005. "So you tend to be a lot more resourceful."

The toughest part of being an active reservist during wartime is not knowing when or where you may be deployed. "They can call you up and say, 'we need you here,'" said Dr. Liu, who is married and has four children aged 1-18 years. "As a family, we've held off on making any type of major purchases right now. We don't want to buy a new house or anything like that because if I get redeployed, financially, we could certainly take a hit."

Balancing his military and civilian obligations is "like anything else," he added. "You have to multitask the best you can. I

was very lucky in the sense that, when I was deployed, I had full support from my colleagues in the department of neurosurgery here. That was very helpful."

Dr. Liu said that that when he returns home from military service he feels "re-grounded." We Americans "live in a very materialistic society," he explained. "I usually come back with a sense that certain things just aren't that important. In the current Iraq war, a lot of young soldiers are hurt, and hurt badly. It regrounds you [to the fact] that the most important things in life are your family and your career." ■

By Doug Brunk, San Diego Bureau

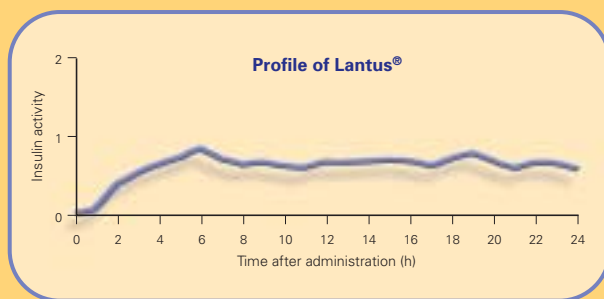
Lantus®: the #1-prescribed insulin for good reason

The #1 priority for people with diabetes-related hyperglycemia is to reduce blood glucose and A1C.¹

Over the past 5 years, physicians like you have turned to Lantus® in steadily increasing numbers to do just that.* Why? Because 5 years ago when you were wishing for a basal insulin that mimicked the way physiologic basal insulin works, Lantus® came along. It was then, and is still, the only once-daily, 24-hour basal insulin with no pronounced peak.² The result? Millions of prescriptions have been written for Lantus®.* Lantus®, along with diet, exercise, and prandial and/or oral agents, allows patients to benefit from a full 24 hours of glucose lowering. Studies have shown Lantus® is associated with a low rate of hypoglycemia and has a neutral effect on weight.²⁻⁴

Lantus® closely mimics physiologic basal insulin secretion.^{5,6}

Physiologic basal insulin is secreted continuously over 24 hours, at a rate of approximately 0.5 IU/h, to meet between-meal and overnight glucose-regulating requirements and to suppress excess hepatic glucose production.⁶ Past attempts at creating an insulin to mimic this profile have resulted in agents that have wide variability in their absorption and length of effect. Lantus® demonstrates a low rate of variability in its action, with a relatively flat, predictable profile after only 1 injection that lasts for a full 24 hours.^{2,7,8} Additionally, in a crossover study of healthy volunteers, no differences in absorption rates were observed whether Lantus® was injected into the leg, arm, or abdomen.^{2,9}



Physiologic basal profile means patients are better able to plan when to eat—because they don't have to contend with insulin peaks.⁶ That can help patients by not requiring them to eat or snack at a specific time to balance a peak. In fact, Lantus® is associated with a low rate of hypoglycemia. It also has a neutral effect on weight.

Lantus®, a basal insulin for patients with diabetes, has the features you want. It's what you've told us.

It's what you've *shown* us by making Lantus® the #1-prescribed insulin.

Lantus® is the only once-daily, 24-hour basal insulin with no pronounced peak, and it closely mimics physiologic basal insulin secretion.²

It's tried. It's trusted. And it's there for you as you help

more and more patients with diabetes toward control of blood glucose.

We thank you for letting Lantus® help.

Once-Daily
24-HOUR
LANTUS®
insulin glargine [rDNA origin] injection

Important Safety Information

Lantus® is indicated for once-daily subcutaneous administration, at the same time each day, for the treatment of adult and pediatric patients (6 years and older) with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

LANTUS® MUST NOT BE DILUTED OR MIXED WITH ANY OTHER INSULIN OR SOLUTION. If mixed or diluted, the solution may become cloudy, and the onset of action/time to peak effect may be altered in an unpredictable manner.

Lantus® is contraindicated in patients hypersensitive to insulin glargine or the excipients.

Hypoglycemia is the most common adverse effect of insulin, including Lantus®. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes. Any change of insulin type and/or regimen should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may need to be adjusted.

Other adverse events commonly associated with Lantus® include the following: lipodystrophy, skin reactions (such as injection-site reaction, pruritus, rash), and allergic reactions.

Please see brief summary of prescribing information on adjacent page.

*Based on PNRx. IMS Health. National Prescription Audit Plus™. September 2003 – December 2005.

References: 1. American Diabetes Association. *Diabetes Care*. 2005;28(suppl 1):S4-S36. 2. Lantus Prescribing Information. 3. Data on file, sanofi-aventis U.S. LLC (CSR HOE901/5001). 4. Data on file, sanofi-aventis U.S. LLC (CSR HOE901/5024). 5. Nathan DM. *N Engl J Med*. 2002;347:1342-1349. 6. Guthrie R. *Clin Diabetes*. 2001;19:66-70. 7. Scholtz HE, Pretorius SG, Wessels DH, Becker RHA. *Diabetologia*. 2005;48:1988-1995. 8. Fanelli CG, Pampanelli F, Porcellati P, et al. Poster presented at: 38th Annual Meeting of the European Association for the Study of Diabetes (EASD); September 1-5, 2002; Budapest, Hungary. 9. McKeage K, Goa KL. *Drugs*. 2001;61:1599-1624.