



THE CONCORD

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Inside Information

Nigerian-born businessman targets AIDS, Ignorance	1
Job Opportunities	2
Time-off Award	2
Student Homework Reference sites	3
Employee Highlights	3
Health Beat	4

DO YOU HAVE A STORY TO TELL OR NEWS TO SHARE? IDEAS OR SUGGESTIONS?

If so, please submit articles, announcements, or issues by fax:(210) 691-5122 or email to: lorraine@omogroup.com You may also send by "snail mail" to:
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CORPORATE OATH

Dedicated to providing professional healthcare and administrative services and maintaining close working relationships with our employees.

A special thanks to all employees for your hard work, support, and dedication.

We at The OMO Group are very proud to share with you the recent publication in the San Antonio Express - News of the great humanitarian work Mr. Oluagba Omosowofa, President and CEO of The OMO Group is doing in Africa. He believes that his mission in life is to help humanity, and he is doing just that Below is an excerpt of the article, titled

"Nigerian-born businessman targets AIDS, ignorance."

Oluagba N. Omosowofa had accomplished what he'd set out to do. Omosowofa - or "Omo," as he's known - dreamed of becoming an entrepreneur, of using his brains and organizational skills to build his own company from the ground up. By 1995 he had done just that, establishing The Omo Group, a federal government contractor specializing in health care services that today employs 150 people in 25 states and boasts \$4 million in annual revenues.

Still, something was lacking, he says.

"I made a promise to God that I would do something to help out," he says. So in the African tradition of helping your inner circle first, then others, he put four of his three sisters' children through school. He also gave the women enough money to start their own businesses.

But it wasn't enough.

So Omo looked around and saw what was blighting his beloved Nigeria - an HIV infection rate reaching pandemic proportions. With huge buckets of his own money, he founded a nonprofit organization called Partners for International Development and Education, or PIDE, a group that aims to lift the deadly veil of silence surrounding HIV and AIDS in Africa.

Omo's story begins in Kano, Nigeria, and is peppered with fortunate coincidences and lucky breaks that he perceives as the guiding hand of God. He was born in 1954 into a family of 30 children led by a father who had four wives.

After high school, he came across a friend named Peter Osalor who was down on his luck. Against his father's wishes, he took Osalor into his home.

"This was the first of many things to happen to me that shows the hand of God," says Omo, his eyes merry at the thought.

While in school, he met Ann Doreen Mitchell, who would become his wife. (The two have been married 22 years and have three children; today Ann helps Omo run the business.) After college the couple moved to Washington, where Omo earned a masters degree in business from the University of the District of Columbia in 1984.

continued on page 2

Disclaimer:

The Concord is not intended to cure or treat any illness, nor provide professional advice. The objective of THE OMO Group, Inc. is to inform and update employees and others regarding Corporate policies and an array of interesting topics. *The Concord* is not to be used as a substitute for expert medical advice. **Always consult a physician, or other healthcare professional.** The OMO Group, Inc. assumes no liability for any direct or consequential damages related to *The Concord*.

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essage from the President

Oluagba Omosowofa
President & CEO



continued from page 1

Nigerian-born businessman targets AIDS, ignorance

That same year he returned to Nigeria, leaving his wife and young child with her parents in Wichita, Kan.

Disillusioned with the political and economic situation in Nigeria, he returned to the United States with only \$75 in his pocket and a dim flame of wanting to help people in Africa.

Things got worse. He couldn't even get hired at a fast-food restaurant, and the family got by on food stamps and help from Ann's parents.

Then one day, Omo passed an Army recruiting office. He went inside. Not only would he receive a job, he learned, but would get a signing bonus. But he quickly became interested in the officer ranks.

Just by chance in the infirmary one day - here's the guiding hand again - a young black doctor was on call.

The doctor, eager to help, made a few phone calls.

Omo was selected and was put in charge of revamping information and communication programs at Walter Reed.

The nagging feeling that had been haunting him since 1986 came to the fore. How to help? After a family trip to Nigeria in 2000, Omo huddled with a highly educated cousin from Ethiopia to discuss the burgeoning problem of HIV and AIDS in Nigeria. There was plenty to despair.

In 2003, Omo decided to establish a grass-roots organization based in Abuja, the capital, to conduct education and outreach in three towns - Ellu, Ozoro and Aradhe.

But after various town meetings, Omo had a core of 20 or 30 volunteers under the supervision of a medical doctor; they focus on spreading the truth about HIV and AIDS to people at schools, health care facilities, churches, mosques, civic groups and others.

Omo, who has journeyed to Nigeria three times to monitor PIDE's progress, has spent \$150,000 to take the program this far.

But he wants to go further...

For Omo, it all represents a promise to God fulfilled, one that springs from deep in his heart.

Time Off Award

Congratulations to all OMO Group Dental Hygienists working at the Naval Dental Center Southwest in San Diego! The Navy recently gave them an Incentive Time Off Award of 20 hours in recognition of their part in the Command's exceeding the Navy's Operational Dental Readiness Goals for Fiscal Year 2004, despite the adoption of more stringent standards in classifying patients. It is truly gratifying to see our contract personnel play an important part in a cooperative effort with Navy civilian employees and active duty Navy dental personnel, toward a common goal of excellence.

The OMO Group is proud of what our hygienists have helped accomplish!

Job Opportunities

Accepting applications for the following positions:
Pharmacists, Medical/Pharmacy Technicians, General Dentists, Dental Hygienists,
Dental Assistants, Recruiters, and Animal Caretakers nationwide
Contact our recruitment manager today at **1-800-347-2705** to discuss available
opportunities and locations.



"The Professionals Who Care"

THE CONCORD

EMPLOYEE HIGHLIGHTS



NEW EMPLOYEES

San Antonio, TX – Veteran’s Admin. Division, General Clerk II

Rachel Willings, Tiffany Wolf, Deborah Pena, Cynthia Ortiz, Kristin Johnson, Melissa Maldonado Shirley Martinez, Jennifer Montelongo, Jennifer Salas, Judy Regalado, Teresa Poindexter, Lisa Casanova, Lacey Harper, Diana Bernal, Billan Villamore-Roldan, Hector Alamguer

Fort Lee, VA Pharmacist

MaryAnn McNeil

San Diego, CA NDCSW Dental Hygienist

Judith Peacock

Walter Reed Medical Center Pharmacist– Tech

Renzo Ayllon, Lakisha Meridith, Anetra Mikell, Tina Oden

Fort Meade Pharmacist Tech

Sonya Carpenter, Anna Thompson, Linda Zeirdt, Marc Collins

Fort Detrick Pharmacist Tech

Sandra Karimian, Pauline Phillips

DOJ-Atlanta Pharmacist Techs

Priscilla Williams, Jimmy Holloway, Deborah Mamon

DOJ-Oklahoma City Phlebotomist

Sonya Carpenter

HAPPY BIRTHDAY!!

November

Albert Gamez, Pauline Phillips, Ann Omosowofa, Fumie Gage, Kristin Quinonez, Sandra Karimian, Bryan Salas Deborah Pena

December

Melody Neal, Cynthia Ortiz, Herlinda Ward, Rebecca Hall, Rachel Regalado, Jessica Mayers, John Beagan Shirley Martinez

January

Dorothy Patrick, Maryann McNeil, Roberto Cruz, Richard Uneze Priscilla Bulosan, Kasey Cooper, Renzo Ayllon, Rudolpho Moya, Augustine Diaz , Joe Hernandez, Yolanda Robinson, Issa Koroma

Feb

Stella Sanchez, Verna Dietrich, Tania Torres, Anita Ramirez, Denise Quintanilla, Melissa Maldonado, Romualdo Gamez

March

Christina Calder, Beltran Pastran, Sarah Hudson, Kimberly Cuchara, Billain Villamor-Roldan, Lacey Harper

April

Jack Berghuis, Deborah Mamon, John Cantu Cecilia Groesbeck, Lakisha Meredith

HAPPY ANNIVERSARY

1 Years

Jonah Ejenavi, Danielle Laster

2Years

Dr. Richard Goldman, Michelle McAllister, Dorothy Patrick, Brenda Lyter, John Cantu, Johnny Gonzales, Patrick Pastrano, Norberto Zamarron, Mary Frances Papey, Yolanda Washington

3 Years

Patricia Soto, Cheryl Morris, Lorraine Williams

4 Years

Issa Koroma, Melody Neal, Judith Rappl, Cecilia Groesbeck

5 Years

Romualdo Gamez, Rudolpho Moya, Arthur Trevino, Jennifer Cox, Ingrid Saunders

Student Homework Reference sites.

School is in session . Many Parents work and have little time to help with homework.

Kids can log on to these website and key in the subject they need help with, it will give a sample to follow.

<http://www.kidinfo.com>

<http://www.thebeehive.org/school/default.asp>



HAPPY VALENTINES DAY

“The Professionals Who Care”

THE HEALTH BEAT

Seasonal Affective Disorder

Why is the season of Christmas and New Years celebrations such a downer for some people? The winter season does often have gloomy gray skies and drizzly precipitation with snowfalls that can be much less picturesque than a Currier and Ives Christmas card. This seasonal malaise that begins as the days shorten is part of a recognized condition, Seasonal Affective Disorder (SAD). SAD was first noted in the 19th Century but was not officially named until the early 1980's.

The various symptoms of SAD affect individuals differently. The spectrum of symptoms includes "feeling blue," irritability, inability to concentrate, lessened energy, increased need for sleep, a craving for carbohydrates, and weight gain. Other symptoms are heavy feeling in the arms or legs, loss of interest in sex, lowered resistance to infection, and avoidance of social situations with an increased sensitivity to social rejection. The SAD syndrome is more frequent in the northern latitudes. Symptoms begin in the fall, peak in the winter (especially January and February) and usually resolve in the spring. In fact, some people experience a great burst of energy in the spring. If someone is SAD susceptible and works in a building without windows, they may experience SAD-type symptoms at any time of the year. An individual's vulnerability is relative to the environment: one might feel fine all year in the Mid-Atlantic latitudes, but develop SAD if he/she moves to Canada. Another person might be symptomatic in Baltimore, but be fine in Miami.

SAD is most common in young adult women (70-80% of cases), although it can be seen in either sex and across all ages. The most common age of onset is in the 4th decade. In North America SAD may be found in 6 out of every 100 population, with more cases the further north one looks. Another 10-20% have a milder manifestation in the form of seasonal mood change.

There is evidence that SAD is linked to levels of melatonin, which is a sleep related hormone, secreted by the pineal gland in the brain, in greater quantities in the dark, and which may cause some symptoms of depression. The suprachiasmatic nucleus area of the brain responds to light (via a pathway from the retina of the eye) by sending out a signal to suppress the secretion of melatonin. Less light means more melatonin. SAD also seems to involve an impairment in serotonin function. It is known that reduced light levels cause a reduction in serotonin production.

SAD is recognized in the DSM-IV (the diagnostic manual of the American Psychiatric Association) as a subtype of major depressive episode. Some sufferers may have manic periods in the spring, and if so, they may be diagnosed with Bipolar Disorder

Mild cases of SAD may be treated by rather simple techniques such as spending more time outside in the daylight or sitting near a bright window; taking a brisk 20 minute walk each day; eating a healthy diet which is low in carbohydrates (despite the cravings); practicing stress reduction techniques; limiting alcohol and drug use; elimination of caffeine; taking a daily multivitamin with

magnesium and B-complex and minerals. But with more severe cases, something more extensive may have to be done.

Light therapy is an option, although some cases also require the use of psychotherapy or anti-depressant medications.

Light therapy involves sitting in front of a portable light box that simulates natural daylight for 15 minutes to up to 2 hours per day. These light boxes have fluorescent bulbs that are 25 times brighter than normal fluorescents with a metal reflector and a shield. Before embarking on a course of light treatment, it is wise to discuss treatment options with one's doctor and it is often appropriate to have a complete psychiatric evaluation, since a medical illness or another psychiatric condition may mimic SAD-type depression. The light devices cost between \$250 and \$500 and are usually not covered by insurance. The light treatment is most often done in the morning (some patients get insomnia when they use the light in the evening), but studies show that either morning or evening light works. Ultraviolet (UV) light can damage eyes and skin so it should be filtered out. It is best to buy a commercially built light box to insure the light is standardized and there are no "hot spots." Trouble awakening can be a symptom of SAD, so many people find it helpful to have the light come on just before their wake up time.

The infrequent side effects of light therapy include jitteriness, eyestrain and headache. It can rarely lead to a manic state. It is felt that there is no risk to the retina of the eye when there is proper screening of the UV wavelengths. But nevertheless, some doctors recommend a baseline eye exam and annual exams thereafter. Tanning beds should not be used, as they are dangerous to both eyes and skin.

Outdoor light, even on overcast days, provides as much or more light than a light box. So, a one-hour daily walk outside, lifestyle permitting, is very beneficial. And the daily exercise, itself, is helpful.

Some anti-depressants in the SSRI class (Paxil, Zoloft, etc.) have been shown to be effective in SAD.

For some, SAD sufferers a combination of light therapy, medication and psychotherapy is needed.

Difficulty coping with jet lag or shift work, is not a disorder, but can cause similar symptoms as one reacts to externally induced changes in the sleep-wake cycle. Traveling west to east over three or more time zones seems to be the most difficult jet lag transition.