

# Who Am I? by Erwin Jacobs

Well, hello again, my loyal fans! No, I have not retired from my column in the Carolina Indian Voice. However, my last article somehow fell through the cracks and was not printed. It mostly was dealing with the carelessness of people piling their little children on four-wheelers, no helmets and disregard for the laws on operating those dangerous machines.

A lot has happened to me since my last article was published. I have been diagnosed with Type II Diabetes, plagued with the Gout and also having severe cramp attacks in my bad leg and hip joints.

Something good has also happened. I recently had a reunion with some of my loving Navy family in Fort Worth, Texas October 4th and returning back to Raleigh-Durham on the 7th. It was my first time flying on American Airlines. We traveled back and forth on a Super #80 series. Very comfortable seats and plenty of room to relax. They have removed one seat in each row 2 + 5 to accommodate their passengers so we do not feel like we are in a can of sardines. Still many people are afraid to fly but other than tight security entering the boarding gates and checking, nothing has changed much since my last flight. I was searched at RDU, my carry on luggage was opened and searched checking in at Dallas-Fort Worth Airport before my return.

We had a Bistro flight both ways (Bagged food as we journeyed to the plane in the boarding ramp) we were instructed to each grab a bag as we approached the planes entry doors. There were rangers on our flights but we were not told who they would be for security reasons. I enjoyed the attendants there and back. They all went out of their way to make everyone comfortable, pillows, blankets, beverages, all we wanted. I have flown

several other airlines but American rates #1 with me.

Our Reunion was outstanding but I missed my best shipmate and his dear wife from Artesia, New Mexico. They couldn't come due to flights out of Rosell (too inconvenient to get them there) but they provided me with an extra night's stay so I could enjoy a delicious filet mignon dinner with everyone present the night of the 6th at Star Cafe in the Cattle Yards (owned by one of my shipmates and his lovely wife, Ms. Betty Boles). We had great tours arranged by Mr. Boles! We were treated to a VIP tour of the Texas Rangers Ball Park, where the most highly paid baseball player plays. I sat in the owners leather twin seats shaped like a glove. On a dare from one of my shipmates, I spat and ground it in the floor of their dugout. The nicest baseball complex I have ever seen alive or on television.

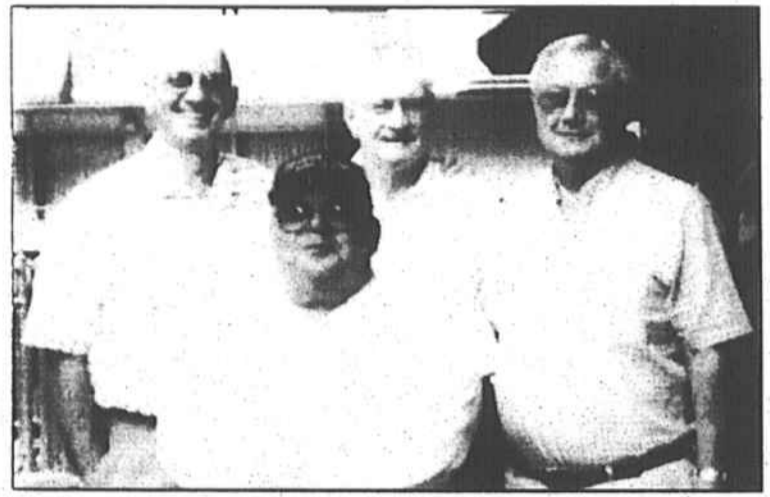
We ate several times in the Stock Yards, also shopped, took pictures with a long horn steer wearing Mr. Boles 10-gallon white cowboy hat. A two hour ride on an ancient Steam Engine Train to Grape Vine, Texas on a private trail ride. The hosts served wine all the way and gave everyone a shopping bag with t-shirts, also other goodies in them. (Of course I drank a bottle of water). We toured a grape vineyard and the wine making facility with a wine tasting after our tour.

I met and shook hands with the Mayor of Fort Worth, Texas at my friend's care. He came to welcome us all at our dinner, also gave us a proclamation in a wood frame designating those days as a U.S.S. George Clymer APA 27 Designation. We were treated to a rodeo after wards. Many went to Billy Bob's Nigh Club behind the arena. (I was too tired to go standing room only and talk to Dwight Yokum who was the main attraction that Sat-

urday night.)

The highlight of my trip was seeing my First Division Chief Petty Officer Mr. Melvin Fletcher Quattlebaum who lives near by in Terrell, Texas (I had written him about the reunion and asked him to come visit with us). As I approached him he yelled out to me, "Hey, Little Smoke!" He was informed by me on arrival to the ship in October 1952 and many conversations that was my Indian name. Somehow he looked smaller than the Chief I know but I guess we are a shrinking in height when we get many moons older. I had not seen him since 1955.

We all had a wonderful time those few hours I cherished every day, night and minute of our time together as a Navy family (my third reunion since 1999). None of us looked as handsome as we did as young Navy men, but the bond of brotherhood is still very strong. I do thank God for that family because of them we have gotten to know each other again and greet each as a brother when we meet.



2001 USS George Clymer Reunion, Fort Worth, Texas October 4th, 2001. Jacobs; Dan Ron, Quattlebaum, Blake, Korean War Veterans. Quattlebaum is a Pearl Harbor Survivor.

# West Brothers Return Home to Open Medical Practice

PEMBROKE-- When brothers James and Danny West left their rural hometown of Pembroke to go off to medical school, they knew they'd be back.

Two bachelor's degrees, two medical school degrees and two residencies later, they have brought their families back home to open Pembroke's newest family medicine practice.

In an office located less than five miles away from where they and their wives grew up, the Drs. West began seeing patients on Sept. 24 at West Primary-Urgent Care, their own private practice, in Pembroke. FirstHealth of the Carolina and Scotland Health Systems worked collaboratively to bring the practice to Pembroke.

"We're just excited to be back," says Dr. James West, "and we're looking forward to opening our practice at FirstHealth's Family Care Center in Pembroke."

Dr. James West and his wife, Paula, and Dr. Danny West and his wife, Lori, provide medical care from a family perspective. As the clinic's office manager, Paula West says she's excited about meeting and greeting the clinic's new patients as they register, call to make appointments and check out.

"We've been back just awhile now and have heard so many positive comments," she says. "People will say, 'We're really proud to have you back in the area. We're all looking forward to the opportunity to help local families. I think many people of Robeson County feel almost like we're their children and that they're proud to see this happen. They're proud to see us come back to our community, support our community and give back.'"

Dori West, a registered nurse also has the opportunity to get to know patients as she takes their vital signs, does blood work and provides them with educational materials.

"Opening the clinic in Pembroke makes us feel enthusiastic," she says, "because we've accomplished our goals as a family and James and Danny have acquired the hopes that they've dreamed of over the years. It's exciting to come back to our community and give back a part of what they've given to us. We've gone from elementary to high school to college and out to pursue other opportunities, and now we've come back to the community to give back and help others."

James West enrolled in UNC-Chapel Hill's medical school after deciding that he wanted more from his job as an X-ray tech. "I've been taking care of anything or anybody who was sick and injured as long as I can remember," he says. "I wanted a job that would enable me to care for people more."

Danny West's initial interest in medicine started in the pharmacy field, tapered over to research and then led him to East Carolina University's medical school. "I realized that I wanted a people-oriented job, so I decided to go out and do some volunteer work to see if medicine would be fun and rewarding," he says. "And after going to musing hoes, to hospitals and to urgent care centers, I found out that this work was, in fact, both. I followed that path, and now I'm here."

The Wests hope to provide patients with the care they need in a state-of-the-art setting and the knowledge they need to prevent and combat illness.

"One of the best things we're able to do for our patients is educate them," says Dr. Danny West. "So much of what happens in the way of illness and disease is truly due to a lack of education. If we can educate our patients about the tremendous implications of tobacco use, unprotected sex and developing Type 2 diabetes, then we will see a great improvement in the general health of the county."

One of the many North Carolina communities that have historically relied on tobacco farming as a source of income, Robeson County is part of the heart disease belt. Incidences of lung and heart illnesses run high among residents.

Robeson also has a high incidence of diabetes among both older and younger populations. Poor diet, lack of exercise and family history contribute to a large number of teenagers and young adults developing insulin-dependent diabetes.

The Drs. West hope to combat Robeson County's top health risks by spending quality time discussing life-style changes with their patients and by stocking the Family Care Center's Patient Education Room with the latest medical information.

Both physicians will be on active medical staff at Scotland Memorial Hospital and will follow and treat their patients who are admitted there. They will also work closely with physicians of FirstHealth Moore Regional Hospital and Scotland Health Care System for appropriate referral needs.

Patients who need tertiary medical care for life-threatening symptoms will have access to FirstHealth Moore Regional Hospital, which was named a Top 100 Hospital for Cardiovascular Services in 2000 and 2001 and for both Stroke and Orthopaedics in 2000.

# Questions and Answers About Anthrax from SRMC

Given the recent cases of anthrax in the United States, and the potential of anthrax to be used as an agent in biological warfare, it's natural for people to have questions and concerns about this disease.

SRMC safety officials offer this advice to persons who find suspicious materials in or on letters, packages or other environmental surfaces. Call law enforcement or 911. Leave the suspicious material in place; do not bring it to the hospital.

The following information comes from the Center for Disease Control and Prevention (CDC) and the U.S. Department of Health and Human Services.

**Q: What is anthrax?**

**A:** Anthrax is an infectious disease caused by the bacterium *Bacillus anthracis*. It most often occurs in wild and domestic animals such as cattle, sheep, goats, camels and antelope. Anthrax can also occur in humans when they are exposed to infected animals or tissue from infected animals, or the anthrax spores.

**Q: How is it transmitted?**

**A:** Anthrax is transmitted three ways: through a cut in the skin exposed to the bacterium (cutaneous), by inhaling anthrax spores, and by eating undercooked infected meat (intestinal).

**Q: What are the symptoms of anthrax?**

**A:** Symptoms vary depending on how the disease was contracted. For cutaneous (skin) anthrax, infection begins as a raised itchy bump similar to an insect bite. Within one or two days it becomes blister like, and then it turns into a painless open sore with a black area in the center. Lymph glands in the area of the infection may swell. Left untreated, about 20 percent of these cases result in death. With proper antibiotic treatment, however, death is rare.

For intestinal anthrax, initial signs include nausea, loss of appetite, vomiting and fever, followed by abdominal pain, vomiting of blood and severe diarrhea. Intestinal anthrax results in death in 25 percent to 60 percent of cases.

With inhaled anthrax, symptoms may resemble a common cold. After several days, symptoms may progress to severe breathing problems and shock. Inhalation anthrax is often fatal.

**Q: Is anthrax contagious?**

**A:** Anthrax is not spread from person to person.

**Q: How is anthrax diagnosed?**

**A:** Doctors isolate the anthrax bacterium from the blood, skin lesions or from respiratory secretions. They can also measure specific antibodies in the blood of people suspected to be infected.

**Q: Can anthrax be treated?**

**A:** Doctors can prescribe effective antibiotics. For best results, treatment should start early. People who think they've been infected with anthrax should seek medical care.

The CDC advises doctors not to prescribe antibiotics in anticipation of an outbreak. In the case of an outbreak, the CDC would dispense antibiotics in a coordinated effort with appropriate health care organizations. Indiscriminate prescription of antibiotics could reduce the supply of the drug and speed the development of drug-resistant organisms.

**Q: Is there an anthrax vaccine?**

**A:** The CDC Web site is [www.cdc.gov/ncidod/dbmd/diseaseinfo/anthrax\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/anthrax_g.htm).

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