

MEDICAL NEWS

News in Brief

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NMCS D'S PROJECT CARE NOT JUST FOR SERVICE MEMBERS WOUNDED IN COMBAT

By Lance Cpl. Jolene Bopp

SAN DIEGO — Although military surgeons are putting more focus on those wounded in combat, they are also maintaining and improving their skills by performing non-combat related cosmetic surgeries.

Elective cosmetic surgeries are done because surgeons use the same skill sets needed to operate on those wounded in combat situations, said Navy Capt. Craig Salt, military plastic surgeon at Naval Medical Center San Diego (NMCS D). Service members who want, but don't need cosmetic surgery are required to pay for the surgery.

To help determine whether or not a cosmetic surgery is needed or wanted, patients must first see a health care provider. The provider will then submit a referral to Project Comprehensive Aesthetic Restorative Effort (C.A.R.E) section at NMCS D.

"Since 2005, all nonessential cosmetic services have costs," said Lt. Cmdr. Marie Manuel, Project C.A.R.E. coordinator. "Cosmetic surgery can be done upon availability of the surgeons. In light of the frequent deployments, cosmetic surgery has not been the focus."

Project C.A.R.E. was created in 2010 to help wounded warriors both physically and mentally by putting together a team of different specialty surgeons.

Frequent deployments have increased the need for specialty surgeons to treat injuries and even cosmetic damage to wounded warriors. Fees do not apply to service members wounded in combat.

"Project C.A.R.E. collaborates with the Comprehensive Combat and Complex Casualty Care (C5) program," said Salt, Project C.A.R.E developer. "C5 focuses on prosthetics, physical therapy, occupational therapy and rehabilitation."

Project C.A.R.E. focuses on several different procedures. Practices include reconstructive surgery, laser treatment for skin discoloration and mental health support.

Cosmetic surgeries don't just help physically, they also help emotionally.

"We created the program to help military members get back to their daily lives," said Salt. "Not with just the surgical reconstruction, but helping with their mental health as well."

Some patients are not ready emotionally to begin the process right away. C.A.R.E. also allows

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Staff Sgt. Cassidy L. Snyder photo

Staff Sgt. Jay Lawson, a platoon sergeant at the Community Based Warrior in Transition Unit at the Rock Island Arsenal holds a key with Sgt. Dennis "Alex" Pracht, July 6

New home for deserving wounded Illinois Guard soldier

By Staff Sgt. Cassidy L. Snyder

Retired Lt. Gen. Leroy Cisco announced that Sgt. Dennis "Alex" Pracht, is the latest recipient of a home from the Homes 4 Wounded Heroes program. The announcement came during a private presentation at the John Deere Classic Golf Tournament in Silvis, July 6.

"I've got to confess," said Cisco as he glared toward Pracht. "I've been lying to you and you're getting a new home."

Pracht, of Centralia, who was injured by an improvised explosive device detonation while deployed in 2009 to Afghanistan with the Illinois National

Guard's Headquarters and Headquarters Company, 2nd Battalion, 130th Infantry Regiment based in Marion, said he thought he was just going to the event to represent wounded Soldiers and had no clue about the home.

Cisco, the founder of the Military Warriors Support Foundations which he started roughly four and a half years ago, helps veterans with employment, scholarships and recreation. Ten months ago, the foundation started awarding homes, said Cisco.

Pracht said he thought it was pretty phenomenal and thanked everyone in the crowd from the Community

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★ Soldier

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Based Warrior in Transition Unit (CBWTU) based at the Rock Island Arsenal for all the help and support they provided him throughout his recovery.

Staff Sgt. Jay Lawson, Pracht's platoon sergeant at the CBWTU, was the person who initially nominated Pracht for the home.

Lawson was approached by Ken Eakes, the executive director for the foundation, who was looking for potential wounded Soldiers that would benefit greatly from receiving a home. Ken was looking for Bronze Star or Purple Heart recipients that were struggling to adjust back into the community and had great potential, but due to injuries were being held back, said Lawson.

"I have the perfect person for you," said Lawson.

Instantly, Lawson said he thought of Pracht and worked closely with Eakes to ensure that Pracht's application for a home was sent forward.

Lawson said he knew well in advance of the presentation that Pracht was going to get the home, but did not let him in on the secret.

The foundation will assign a mentor to Pracht who will take a look at available homes on the market. Then together they will select the home that best fits his needs, said Eakes. The foundation will then refurbish the house from top to bottom, ensuring that there will be no foreseeable problems for the next five years. They will also take into



Staff Sgt. Cassidy L. Snyder photo
Sgt. Dennis "Alex" Pracht of Centralia, stands with a key that symbolizes a new home that was awarded by the Homes 4 Wounded Heroes, July 6 at the John Deere Classic Golf Tournament in Silvis.

consideration physical limitations of the wounded Soldier and adjust to suit his needs.

After the home is complete, Pracht will receive three years of mentoring and formal financial training to ensure he gets off on the right foot, said Eakes.

Since deployment, Pracht is recovering from his injuries and has gone back to school to become a physician's assistant. He said getting this home will help him out tremendously and allow him to focus on being with his 8-month-old daughter.

★ Project

Continued from page 1

surgeons to keep track of military members who need or may want a procedure done, added Salt.

Currently, the program is only available at the NMCS. Salt and Manuel are in the process of making the project nationwide for all military branches. They plan on meeting with representatives from the Army, Air Force, Marine Corps and Navy to discuss the future of the program.

Active duty service members interested in cosmetic surgery may speak to any health care provider to refer them to Project C.A.R.E., said Salt.

For more information Naval Medical Center San Diego's cosmetic surgery department visit <http://www.med.navy.mil/sites/nmcsd/Patients/Pages/ProjectCARE.aspx> or call 619-531-1468.

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See program for details at SymposiumOnWoundCare.com.

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Tunisian officials visit USAMRMC

FORT DETRICK, MD. — The U.S. Army Medical Materiel Development Activity hosted a delegation of five officials from the Tunisian Ministry of Public Health and the Institute Pasteur of Tunis for a visit to the U.S. Army Medical Research and Materiel Command as part of a long-standing collaboration for the development of the Paromomycin/Gentamicin Topical Cream for the treatment of cutaneous leishmaniasis.

In addition to a meeting with the USAMRMC principal assistant for Acquisition, Dr. Kenneth Bertram, the delegates visited USAMMDA and the Walter Reed Army Institute of Research, both of which have been crucial partners over the course of the product development effort.

According to Col. Russell Coleman, commander of USAMMDA, the meeting with the Tunisian delegates was extremely productive.

“In addition to discussing the many accomplishments of the past, the joint U.S. and Tunisian team addressed a number of upcoming issues that will be critical to the ultimate success of our collaborative effort, the fielding of a FDA-approved topical treatment for cutaneous leishmaniasis,” said Coleman. “While past discussions have focused on the clinical trials needed to demonstrate that topical paromomycin is safe and effective, our current meeting primarily focused on the manufacturing and commercialization of the product so that it will be available to meet the needs of individuals throughout the world who are afflicted with cutaneous leishmaniasis.”

Cutaneous leishmaniasis is a disease that affects over one million people a year worldwide, with nearly 3,000 U.S. Servicemembers infected since 2003. If left untreated, cutaneous leishmaniasis results in disfiguring scars, and occasionally it can progress to the much more serious mucocutaneous and visceral forms of leishmaniasis.

Because there is no topical treatment currently approved by the U.S. FDA, U.S. Servicemembers have to be evacuated from the theater of operations to be treated with expensive and often toxic intravenous therapies. An approved topical treatment would allow physicians to prescribe Servicemembers with Paromomycin/Gentamicin Topical Cream to treat that will allow them to treat their own cutaneous leishmaniasis in theater and return to duty quickly.

“From the beginning the Tunisians understood we were fighting a common enemy, cutaneous leishmaniasis,” said Col. Max Grogl, director of the Division of Experimental Therapeutics at WRAIR. “Access



to endemic areas is fundamental to the conduct of pivotal trials that comply with current Good Clinical Practices.”

People living in cutaneous leishmaniasis-endemic areas throughout the world are also eagerly awaiting the availability of a safe and effective topical treatment. The population of Tunisia is significantly affected by cutaneous leishmaniasis, with approximately 2,000 to 3,000 cases per year. This puts a tremendous strain on the resources of the Tunisian health system. The current standard of care for cutaneous leishmaniasis in Tunisia is intralesional injections of the toxic antimonial compound Glucantime. This treatment is especially painful in children who are predominantly affected by the disease.

The nearly 10-year collaboration between the USAMRMC, the Institute Pasteur of Tunis and the Tunisian Ministry of Health has resulted in the successful conduct of three clinical trials of the Paromomycin/Gentamicin cream in Tunisia: two Phase 2 trials, and an ongoing Phase 3 pivotal efficacy trial. Data from the Phase 3 trial, scheduled to be completed later this summer, will be an absolutely critical part of the clinical data package that will be

submitted to the FDA for approval of this product.

“The most important impact a long-term collaboration has on clinical trials is the total integration of the members of the American and Tunisian teams,” said Grogl. “Total trust and respect is a great gift and is a sign of a mature and healthy collaboration. This was a fantastic opportunity to work in probably the most neglected of the neglected diseases.”

“Good health is a wonderful gift, appreciated by all peoples,” said Grogl.

According to Grogl, the Army is in a great position to use the topical treatment to reduce the burden of cutaneous leishmaniasis across North African, Central-Western Asian and South American leishmaniasis-endemic countries.

The Phase 3 trial has taken on particular significance this year, amid the current political unrest in Tunisia. The Tunisian revolution began in the town of Sidi Bouzid, which is also the location of the central clinic for the Phase 3 trial. The Tunisian study team has gone to great lengths to ensure the study continued uninterrupted, without jeopardizing the safety and welfare of the study subjects or the quality of the study results.

Amputee Hospital Corpsman going back to the fleet

By Mass Communication Specialist
Seaman Apprentice Clay M. Whaley,
Naval Medical Center
San Diego Public Affairs

SAN DIEGO — Hospital Corpsman 2nd Class Daniel M. Jacobs, a former medical hold patient at Naval Medical Center San Diego (NMCS), is pursuing his dream of making a career out of the Navy in spite of his amputation.

Jacobs is the first hospital corpsman with an amputation treated at NMCS and medically approved to return to full active duty.

In late February 2006, Jacobs was deployed as an Individual Augmentee from Naval Hospital Camp Pendleton (NHCP) to Ar Ramadi, Iraq assigned to the 3rd Battalion, 7th Marines, 1st

Division. During a scheduled combat patrol his humvee was struck by an improvised explosive device causing Jacobs severe injuries to all four extremities of his body.

Jacobs was immediately evacuated to the Air Force military hospital in Balad, Iraq, where he received life-saving surgery.

“I don’t recall a lot of the medical care I received after my incident,” said Jacobs. “Once I arrived at Balad Surgical I went into surgery and woke up with a breathing tube at the National Naval Medical Center (NNMC), in Bethesda, Md.”

On Feb. 28, 2006, Jacobs arrived at NNMC, where he received three months of intense surgical stabilization.

Most of his medical care was plastic surgery focused on salvaging his lower limbs in order to rule out amputation.

Doctors were able to save Jacobs’ right leg and three toes, but have limited range of motion in his foot and ankle. However Jacobs’ left leg had to be amputated below the knee. On May 6, 2006, he detached from NNMC and transferred to NMCS.

Jacobs arrived at NMCS on May 8, 2006, where he received the majority of his care and recovered to full active duty status. His treatment included orthopedic care on all four extremities, physical therapy, plastic surgery and oral surgery.

NMCS’s plastic surgery department performed a revision on his left leg to

reduce the size of the flap to help match his foot size. A flap is a mass of tissue for grafting, usually including skin, only partially removed from one part of the body so that it retains its own blood supply during transfer to another site.

During his two year treatment and recovery, he was inspired by NMCS staff to continue to pursue the goal he set out for when he was 12-years-old, to make a career out of the Navy. He wasn’t going to let his amputation prevent him from his dreams.

Cmdr. (Dr.) Steven R. Hanling, division head of the pain management clinic at NMCS, was one of the many medical specialists that helped Jacobs return to full duty.



(U.S. Navy Photo by Mass Communication Specialist 3rd Class Amanda L. Kilpatrick/Released)

Veteran's Village of San Diego Stand Down

Above: Naval Medical Center San Diego (NMCS D) Hospital Corpsman 2nd Class Rhea Ramirez, Respiratory Technician, helps retired Army veteran Jack Pletzer select shoes during the 2011 Veteran's Village of San Diego Stand Down. Clothes, books and hygiene items are collected year-round from all over San Diego County to help homeless veterans during the stand down. The stand down gives homeless veterans the opportunity to eat, shower, receive haircuts, pick out clothing, receive counseling and get information about veterans benefits and employment services. Right: Naval Medical Center San Diego (NMCS D) Hospital Corpsman 1st Class Jose Anaya, Respiratory Technician, helps retired Air Force veteran Edward Cappello look for shoes during the 2011 Veteran's Village of San Diego Stand Down. Clothes, books and hygiene items are collected year-round from all over San Diego County to help homeless veterans during the stand down. The stand down gives homeless veterans the opportunity to eat, shower, receive haircuts, pick out clothing, receive counseling and get information about veterans benefits and employment services.



(U.S. Navy photo by Mass Communication Specialist Seaman Clay M. Whaley/released)

Keynote speaker

Command Master Chief, Naval Medical Center San Diego (NMCS D), Yenhung Duberek, delivers the keynote speech during Jean Farb Middle School's 8th grade graduation ceremony. Duberek also presented the first Jean Farb Military Child Appreciation award, which is given to a student who has demonstrated competence, compassion, dedication and enthusiasm. Approximately 50 percent of Jean Farb Middle School students are from military families. NMCS D adopted Jean Farb October 28, 2010 as part the command's community outreach effort.





(U.S. Navy photo by Mass Communication Specialist 1st Class Anastasia Puscian/Released)

Raising awareness on the risks of alcohol

Above: Hospitalman Anthony Zagars tries to hit the Right Spirit bulls eye with a softball while wearing goggles that impair vision giving the illusion of being drunk during Naval Medical Center San Diego's (NMCSDD) Coalition of Sailors Against Destructive Decisions (CSADD) chapter Saving Our Sailors obstacle course. These goggles simulate a person's sight perception at different blood alcohol content levels. NMCSDD's CSADD chapter organized an obstacle course to raise awareness on the risks of alcohol while performing recreational activities. CSADD is a peer mentoring social

group for junior Sailors as a way to reinforce the Navy's culture of shipmates helping shipmates. The program is targeted for Sailors 18 to 25 years-old to provide them with the knowledge needed to make smart decisions that could otherwise lead to career and life altering consequences.

Below: Hospitalman Evelyn Roca makes her way through the bounce house obstacle course while wearing goggles that impair vision giving the illusion of being drunk during Naval Medical Center San Diego's (NMCSDD) Coalition of Sailors Against Destructive Decisions (CSADD) chapter Saving Our Sailors obstacle course. NMCSDD's CSADD chapter organized an obstacle course to raise awareness on the risks of alcohol while performing recreational activities. CSADD is a peer mentoring social group for junior Sailors as a way to reinforce the Navy's culture of shipmates helping shipmates. The program is targeted for Sailors 18 to 25 years-old to provide them with the knowledge needed to make smart decisions that could otherwise lead to career and life altering consequences.



Sailors assigned to Naval Medical Center San Diego (NMCSDD) race to the top of the rock climbing wall during NMCSDD's Coalition of Sailors Against Destructive Decisions (CSADD) chapter Saving Our Sailors obstacle course. NMCSDD's CSADD chapter organized an obstacle course to raise awareness on the risks of alcohol while performing recreational activities. CSADD is a peer mentoring social group for junior Sailors as a way to reinforce the Navy's culture of shipmates helping shipmates. The program is targeted for Sailors 18 to 25 years-old to provide them with the knowledge needed to make smart decisions that could otherwise lead to career and life altering consequences .

Medics deploy for training exercise, may affect access to hospital care

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. — A major field training exercise this month will affect access to care at the Keesler Hospital.

Almost 100 "Dragon Medics" deploy to Camp Atterbury, Ind., about 35 miles south of Indianapolis, starting Monday to participate in "Vibrant Response 12/12A." They'll return Aug. 24.

Col. (Dr.) Nicholas Miniotis, 81st Dental Squadron commander, leads the Keesler contingent.

"The 81st Medical Group personnel will provide medical support to 7,000 military members," he explained. "Our people also will participate in

the exercise to improve readiness skills under field conditions and interoperability with the Army command. The Air Force provides a mobile hospital that can provide emergency, surgical and short-term inpatient care. The EMEDS (expeditionary medical support field hospital) can be chemical protected and can include a team to decontaminate patients."

Miniotis added, "The exercise is a requirement for the 81st EMEDS to become certified for the DCRF (Defense Chemical, Biological, Radiological, Nuclear and Enhanced Conventional Weapons Response Force) mission. The 96-member Keesler group team participating in the

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(U.S. Navy photo by Mass Communication Specialist Seaman Clay M. Whaley/Released)

Physical Fitness Field Day

Above left: Culinary Specialist 3rd Class Kyle Fearn assigned to Naval Medical Center San Diego (NMCS) cheers on middle school student Daniela Mejia to finish her push up during a physical fitness field day at Jean Farb Middle School. NMCS staff volunteered to lead more than 650 middle school students in various physical activities such as obstacle courses, relay races and tug-of-war.

Above right: Naval Medical Center San Diego's (NMCS) Hospital Corpsman 3rd Class Erick Adkins (back left), Culinary Specialist 1st Class Rachel Mares (center), and Culinary Specialist 2nd Class Neidra Herd (right), cheer on students while they complete an obstacle course during a physical fitness field day at Jean Farb Middle School. Staff from NMCS volunteered to lead more than 650 middle school students in various physical activities such as obstacle courses, relay races and tug-of-war.



(U.S. Air Force photo by Steve Pivnick)

★ Medics

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exercise includes a surgical team, an emergency room team, staffing for a three-bed intensive care unit and 22-bed ward plus ancillary staff for a field hospital. Operations last approximately two weeks from processing here to return to Keesler.”

Keesler team members completed EMEDS training at Camp Bullis in San Antonio July 25-29. An EMEDS team from the 99th MDG, Nellis AFB, Nev., is also participating.

Miniotti noted both EMEDS are “on call 24/7/365” and are tasked to be “wheels-up” in 48 hours or less to provide medical support during a major disaster involving CBRNE elements. The current tasking began Oct. 1, 2010, and ends Oct. 1, 2012.

The U.S. Northern Command over-

sees the DCRF, a secretary of defense-controlled joint task force that includes civil defense. Its primary objectives are to save lives and minimize human suffering by providing life-saving capability as soon as 96 hours following a CBRNE incident. The response force supports civil authorities to mitigate further loss of life and relieve suffering in response to a CBRNE disaster.

The task force is capable of providing medical, decontamination, command and control, communications, logistics, transportation, casualty evacuation and public affairs assistance.

The joint operating area includes the continental U.S., Canada, Mexico, Virgin Islands, Puerto Rico, Hawaii and Alaska.

Hospital provides back-to-school physicals

Maj. (Dr.) Allen Sterling, 81st Medical Operations Squadron pediatric clinic, checks Ryleigh Sprague's reflexes during the clinic's July 23 school and sports physical day. Ryleigh, 10, and her brother Trevor, 14, were among the 57 patients seen by the clinic staff and volunteers from other clinics. The clinic conducted a similar event June 25, when 83 young people were seen. Ryleigh and Trevor's parents are Tech. Sgt. Anthony Sprague, 336th Training Squadron, and Michelle Kline.

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(U.S. Navy photo by Mass Communication Specialist 3rd Class Amanda L. Kilpatrick/Released).

FORCM Martinez visits San Diego

Above: Hospital Corpsman 2nd Class Amber Bretzman gives Force Master Chief (FORCM) Laura A. Martinez, Bureau of Medicine and Surgery Director of the Hospital Corps, a T-shirt on behalf of Naval Medical Center San Diego's (NMCSD) 2nd Class Petty Officer Association. FORCM Martinez visited the San Diego area and took time to eat breakfast and chat with committee chair members of NMCSD's Petty Officer Associations.

Below: Force Master Chief (FORCM) Laura A. Martinez, Bureau of Medicine and Surgery Director of the Hospital Corps, chats with committee chair members of Naval Medical Center San Diego's (NMCSD) Petty Officer Associations in NMCSD's galley. FORCM Martinez visited the San Diego area and took time to eat breakfast and chat with committee chair members of NMCSD's Petty Officer Associations.



Force Master Chief (FORCM) Laura A. Martinez, Bureau of Medicine and Surgery Director of the Hospital Corps, receives a T-shirt on behalf of Naval Medical Center San Diego's (NMCSD) 2nd Class Petty Officer Association. FORCM Martinez visited the San Diego area and took time to eat breakfast and chat with committee chair members of NMCSD's Petty Officer Associations.

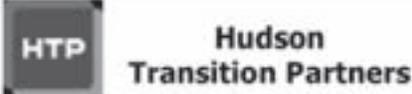


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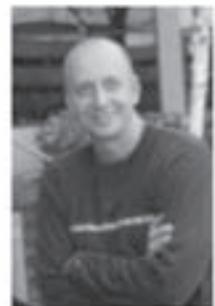
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(U.S. Navy photo by Mass Communication Specialist Seaman Clay M. Whaley/ HIPAAs Complete)

Swim therapy
 Equipment Operator 1st Class Jason Cato, left, and Cmdr. Susan Tussey, rest after swimming laps during a swim therapy session at Naval Medical Center San Diego. Swim therapy is part of a recreational therapy class coordinated by the Balboa Warrior Athlete Program (BWAP). BWAP helps wounded, ill and injured service members improve their level of function and mobility through exercise and recreational activities.

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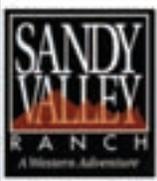
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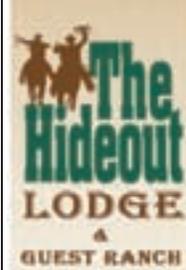
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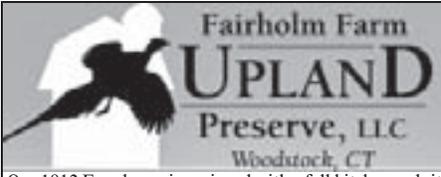
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Psychiatrists

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(U.S. Air Force photo by Steve Pivnick)

New residents train for trauma

Maj. (Dr.) Heather Bright, 81st Surgical Operations Squadron, observes new surgery resident Capt. (Dr.) Jacob Anderson as he assesses "burn patient" Airman 1st Class Kenton Spencer during a June 15 advanced trauma life support training session. Dr. Anderson was among the new surgery and internal medicine residents who arrived at the hospital the first week of June. Dr. Bright explained the ATLS training was part of the orientation for the new residents to test their ability to manage patients involved in a trauma. Airman Spencer was among the four Aerospace Medical Apprentice Phase II course students who graduated June 17.

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The National Institute of Environmental Health Sciences of the National Institutes of Health is searching for a senior investigator qualified for tenured appointment to direct its Clinical Research Program, which includes an on-site Clinical Research Unit in Research Triangle Park and components at the Clinical Research Center in Bethesda, Maryland. The primary duty station is Research Triangle Park, NC, with 2-3 days per month (typically day trips) spent in Bethesda, MD. NIEHS supports and conducts research that contributes to the basic understanding of biological and chemical processes, the contributions of environmental agents to human disease and dysfunction, and the underlying mechanisms of environmentally associated diseases. The Director, Clinical Research Program, is responsible for the development, administration, coordination and oversight of investigator-initiated clinical research; provides general advice to the Director and Scientific Director, NIEHS, on matters relating to human and clinical studies; supervises the Office of Research Compliance; and develops policies and programs for the execution of clinical research at NIEHS. The Clinical Director is responsible for creating and maintaining a research environment in which clinical findings influence the direction of laboratory studies and laboratory findings are applied back to the clinical and clinical research communities. The incumbent will facilitate intramural clinical research by identifying opportunities for translating basic science into clinical studies. The Clinical Director will ensure that Institute research reflects the highest standards of scientific excellence and ethical conduct for the protection of human subjects. The incumbent will review matters pertaining to the provision of patient care in research protocols and oversee resource allocation, scientific review, and recruitment of staff. The Clinical Director will provide advice and training on the conduct of clinical studies, facilitate clinical research collaborations between intramural and extramural investigators, and develop long-range clinical research goals and objectives relevant to the mission of NIEHS.

The Director, Clinical Research Program, position is administratively located in the Office of the Scientific Director, and it is expected that the successful candidate will oversee a personal clinical research program that will involve some combination of outpatient oriented studies within the Clinical Research Unit, epidemiological studies, basic laboratory studies, or inpatient studies at the Clinical Research Center in Bethesda. Emphasis will be placed upon investigators with a primary research interest in clinical research; however, the selected candidate may have a modest independent basic laboratory research program, particularly if the basic research intersects with the candidate's clinical studies.

Candidates must have an established and nationally or internationally recognized record in the conduct and supervision of clinical research in a discipline relevant to the environmental health sciences. Candidates should also have an established record of experience with clinical training, institutional review boards, and compliance with current clinical safety and regulatory issues. Candidates must have a Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) in the year of the applicant's graduation. Candidates with a Doctor of Medicine or equivalent degree from a non-LCME accredited medical school must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) or hold a Fifth Pathway certificate issued prior to December 31, 2009. Candidates must be board certified or board-eligible in a medical specialty approved by the American Board of Medical Specialties (ABMS), and have the ability to obtain medical licensure in the U.S. To apply, submit a cover letter with plans for directing and conducting a clinical and translational research program, Curriculum Vitae and bibliography and the names and addresses (including e-mail addresses and phone numbers) of three references to the following address by October 31, 2011. Salary is commensurate with level of experience.

Ms. Stephanie Jones (Vacancy Number DIR 11-03)
National Institutes of Health
Office of Human Resources
National Institute of Environmental Health Sciences
P.O. Box 12233, Maildrop K1-01
Research Triangle Park, NC 27709
Email: collinsonj@mail.nih.gov



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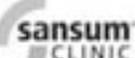
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Physicians

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Please contact Teresa Bowers at (270) 887-0334 or tbowers@jsmc.org.

FP Physicians & Psychiatrists

Glen Falls Hospital is the sole, comprehensive acute community hospital serving 255,000 people across a 3000 square mile region of Northeastern New York. Located near Saratoga Springs, Lake George and the Adirondacks. We are seeking Family Practice Physicians & Psychiatrists. Contact Julie Holsclaw at:

jholsclaw@glenfalls Hosp.org
518-926-1946

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Please call 715-232-2114 or visit: http://www.uwstout.edu/geninfo/empop.html for more information. UW-Stout is an EO/AA Employer. Employment contingent upon passing a criminal background check.

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Physicians



University Hospital

PHYSICIAN, FAMILY MEDICINE or MEDS/PEDS
Bilingual English/Spanish - Camden, NJ or English/Korean-Cherry Hill, NJ

The Cooper University Hospital is currently the clinical campus of The University of Medicine and Dentistry/Robert Wood Johnson Medical School. We are seeking 2 full-time (Mon-Fri) Family Medicine or Meds/Peds Physicians to join our team. The Department of Family & Community Medicine serves eight different locations in southern New Jersey. With the anticipated opening of Cooper Medical School of Rowan University in the fall of 2012, the department fully expects to expand its community outreach and teaching. The 15 member physician team seeks to attract culturally and clinically diverse faculty of the highest caliber. Fluency in Spanish OR Korean is a must. Salary commensurate with experience, excellent benefits package, and continuing education programs. In addition to teaching clinical proficiency, the ideal candidate should be skilled in the scholarship of teaching and be able to work with students/residents/patients from various ethnic and cultural backgrounds. Qualified applicants please forward CV with complete confidentiality, emails encouraged, to: **Dyanne Westerberg, DO, Chief, Dept. of Family and Community Medicine, Westerberg-Dyanne@Cooperhealth.edu, or**

Cooper University Hospital

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Physician - Department of Corrections

New Lisbon

Correctional Institution



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Physicians

Physicians

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