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Soldier prevents suicide

By Sgt. 1st Class Vincent Abril
19th Expeditionary Sustainment Command

CAMP HENRY, Daegu, Korea - According to the National Institute of Mental health, suicide is among the leading causes of death in the United States and claims thousands of lives each year. Suicide prevention education could mean the difference between life and death and one Soldier proved this by putting his training to use.



(Courtesy Photo)

Pfc. Julio Nunez Oliveros, a Chemical, Biological, Radiological, and Nuclear Specialist assigned to the 142nd Military Police Company, 94th Military Police Battalion, 19th Expeditionary Sustainment Command, and is a native of Chicago, Illinois, poses for a photo, July 25 at Yongsan, Korea. Nunez Oliveros was responsible for preventing a fellow servicemember from committing suicide.

Pfc. Julio Nunez Oliveros is a Chemical, Biological, Radiological, and Nuclear Specialist assigned to the 142nd Military Police Company, 94th Military Police Battalion, 19th Expeditionary Sustainment Command, and is a native of Chicago, Illinois. While out for a bite to eat, Nunez Oliveros saw a young man who did not seem quite right. He approached the stranger and began a casual conversation with him. Shortly after, Nunez Oliveros knew something was seriously wrong.

“After talking to him for a little bit, I finally scratched the surface and found out he was suffering over family issues and from being far away from his loved ones,” said Nunez Oliveros. “I knew I had to be a good listener, so I stayed with him and gave him my ear for a while.”

During their conversation, the man explained he had thoughts of ending his life that night. Nunez Oliveros made the decision to stay with him and sought help. The Army’s suicide prevention training program, ACE, calls for Soldiers to Ask, Care, and Escort their fellow Soldiers who may be thinking of killing

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(Photo by Ken Scar)

Wounded warrior amputees take a group photo before participating in the Bataan Memorial Death March at White Sands Missile Range, N.M., March 25, 2018.

Soldier amputees have more options than ever for redeployment

By Whitney Delbridge Nichels
Warrior Care and Transition

ARLINGTON, Va. – In decades past, the idea of an amputee returning to duty was complicated at best. Add in the complexities of deploying on a combat mission and the unlikelihood multiplied tenfold.

According to the Department of Defense, as of January 2018, more than 1,500 service members lost limbs in the wars in Iraq and Afghanistan since

2001. Thanks to advances in modern medicine and the availability of sturdier prosthetics, Soldiers who are able to redeploy after amputation have a number of possible options.

When Staff Sgt. Brian Beem lost his leg to an improvised explosive device in Iraq in 2006, he says he went through the initial emotions that many Soldiers face after a devastating injury.

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"I thought my career was over," Beem said.

He credits his experience at Walter Reed National Military Medical Center in Bethesda, Md. with helping him assess, and eventually find, options for returning to duty.

"It took me about a year to get up to speed with [physical training], and I was feeling pretty confident," Beem said. "I also took a trip to Iraq with the Troops First Foundation, and I used that as a test run to see if I could make it work."

Sure enough, within a short time, Beem was ready to deploy to Afghanistan with his unit. Although he was no longer on patrol as he was in previous deployments, he still played a vital role in battle staff operations.

"It was really gratifying to be able to deploy," Beem said. "It's possible, but it's not easy. The process is there for those who have the perseverance."

Some of those processes include the Physical Evaluation Board which can

determine if a Soldier with a prosthesis is still fit to serve. The Continuation on Active Duty/Continuation on Active Reserve program also provides options for some wounded, ill and injured Soldiers who can prove they are still physically able to serve.

"Thanks to the COAD/COAR program, I was able to continue on and reach retirement," Beem said.

According to the Washington Post, in 2005, Army Capt. David M. Rozelle became the first post-Vietnam military amputee to return to combat during Operation Iraqi Freedom when he redeployed to Iraq. Then in 2008, Sgt. John "Mike" Fairfax, a member of the Army Special Forces, became the first amputee to complete the jump master course.

"Deployments are really what the Army is all about," Beem said. "Even the training you do at home, it all culminates with deploying. And for combat arms folks, if you don't have deployments, you can't be competitive [for promotion]."

Beem acknowledges that every case is different. For some, the will to serve alone is not enough to overcome the severity of their injury.

But for those who are able, it is very rewarding to continue to stand side by side with their comrades.

"I didn't join the Army to sit around and have a comfortable lifestyle. I joined the Army because I knew it would be hard work, and it is," Beem said. "But when you're done, you can look back and say 'wow, look at everything I did.'"

• Prevents (Continued from front page)

themselves. The training instructs Soldiers to directly ask the Soldier if they are thinking about hurting themselves. If so, they must then care for the Soldier and escort the Soldier to seek professional help.

Nunez Oliveros put this training to use by making the call and waited for the military police to arrive.

"I stayed with him because I wanted to make sure he was going to be ok," said Nunez Oliveros. I rode with him to the hospital where they took him in and cared for him."

Nunez Oliveros' actions earned him the



(Photo By Staff Sgt. Thomas Duval)

Staff Sgt. Brian Beem, a cavalry scout and amputee, poses with members of the 1st Stryker Brigade Combat Team, 25th Infantry Division command group following his re-enlistment ceremony held on Forward Operating Base Frontenac, Nov. 9. Beem is currently deployed with the 5th Squadron, 1st Cavalry Regiment, 1/25 SBCT, for a year-long deployment to southern Afghanistan in support of Operation Enduring Freedom.

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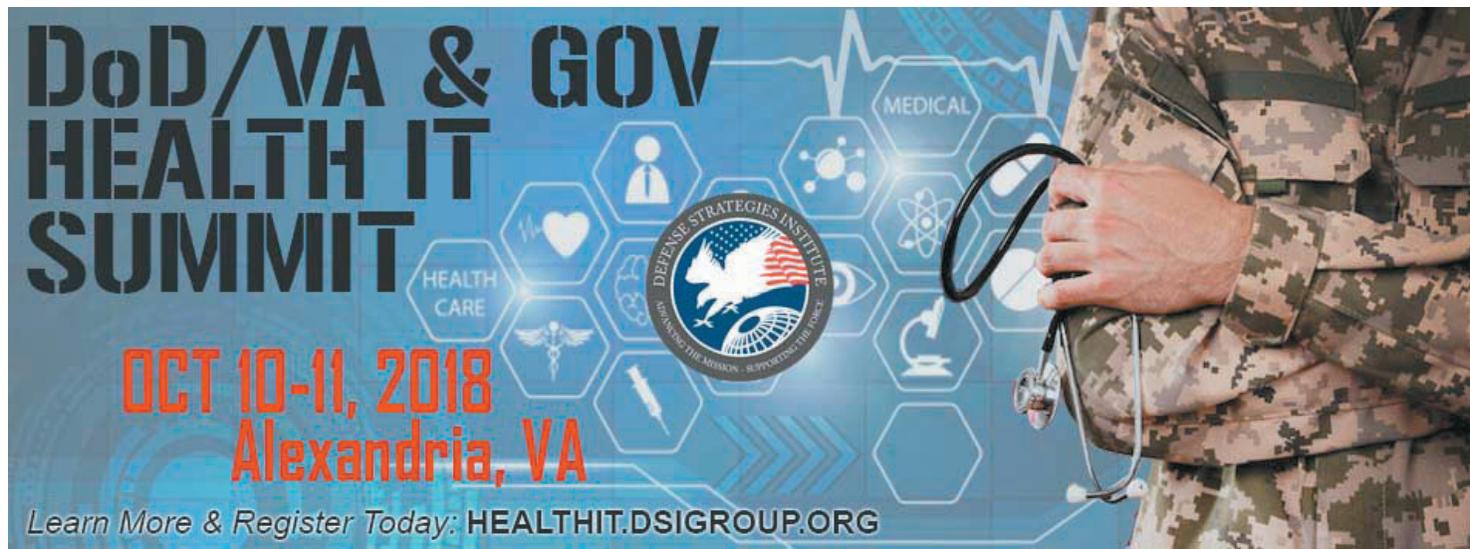
respect of his fellow Soldiers. He was presented a commander's coin and the U.S. Army Achievement Medal from Brig. Gen. Michel M. Russell Sr., commanding general of the 19th Expeditionary Sustainment Command, for doing the right thing that day. Nunez Oliveros was also praised by his unit's leaders for his selfless service.

"It's not easy asking a complete stranger if he or she is thinking of hurting themselves," said 1st Sgt. Brian S. Letterle, First Sergeant of the 142nd MP Co., and is a native of Sheffield Lake, Ohio. "The personal courage Pfc. Nunez Oliveros

displayed is a testament to effective training, his character as a human being who cares for others, and living the Army Values. He did an outstanding job and is an example for all to emulate."

With a potentially deadly situation prevented, Nunez Oliveros now spreads his story and message.

"If you see something, say something," says Nunez Oliveros. "We are all brothers and sisters of the same Army family and we need to look out for one another. That's what I would expect my family to do for me. Take time to notice when things aren't right, then take action."



A Jack of All Trades: Nimitz dental officer

By Seaman Michael Prusiecki
USS Nimitz (CVN 68)

NAVAL BASE KITSAP-BREMERTON, Wash. (August 2, 2018) — The constant ringing of a telephone fills the air. Cool air conditioning neutralizes the hot summer heat in the brightly lit examination rooms. Surgical tools and infographics depicting teeth and jawbones adorn the walls. Sitting on a low swivel chair at a computer and draped in light blue scrubs is a man of many skills and qualifications, but for Cmdr. Thomas Hines, his primary title is the dental officer aboard the aircraft carrier USS Nimitz (CVN 68).

A native of Raleigh, North Carolina, Hines graduated from Duke University with a Bachelor of Arts degree in Environmental Science and Policy in 1996. He earned his Doctorate of Dental Surgery from the University of North Carolina in 2000 and privately practiced for two years in his hometown of Raleigh before joining the Navy in 2002.

Hines says that a history of service in his family, along with the upsurge of military service in the aftermath of a national tragedy was his inspiration to join the military.

“My dad was a pilot in Vietnam, and my mom did a tour there in the Red Cross, so my family served before me. Then 9/11 happened and a lot of my friends joined, so I figured I would join and do my part to serve the country in a time of need,” Hines said.

Upon being commissioned through Officer Development School in 2002, Hines attended numerous naval warfare qualification schools and completed his training as an oral and maxillofacial surgeon, performing numerous procedures such as wisdom teeth removal and the repair of broken facial and jaw bones. He finished his residency and board certifications in 2013 and has been the dental officer aboard Nimitz since August of 2016.

He says that he finds abundant satisfaction in serving his country as a military surgeon.

“It’s great to have the opportunity to help the people who are out there doing the warfighting. Serving is a lot harder than people realize, and this is an amenity I can give to make life better for Sailors in need,” Hines said. “My respect for everyone who chooses this lifestyle is what motivates me.”

As a dental officer and oral and maxillofacial surgeon, Hines’ typical day is fully packed with both technical and administrative tasks. In port, he spends three days a week performing surgery at Naval Hospital Bremerton and two days a week aboard Nimitz supervising the dental department and performing the administrative and staff duties of a department head.

Working alongside his primary dental technician, Hospital Corpsman 3rd Class Dominique Thomas, from Killeen, Texas,



(U.S. Navy photo by Mass Communication Specialist 3rd Class Michael A. Prusiecki) **Cmdr. Thomas Hines, the dental officer and maxillofacial surgeon for the aircraft carrier USS Nimitz (CVN 68), from Raleigh, N.C., poses with his staff at the reception desk of Naval Hospital Bremerton. Nimitz is conducting a docking planned incremental availability at Puget Sound Naval Shipyard and Intermediate Maintenance Facility where the ship is receiving scheduled maintenance and upgrades.**

Hines is able to successfully practice his skills and improve the oral health of thousands of Sailors.

“It’s a great experience working with him. We’re a well-oiled machine working together and we hit every goal. I set up and break down equipment, schedule patients, take vitals, and do a lot of paperwork, and he does the surgeries and the hard stuff,” said Thomas. “I think people need to have more confidence and trust in military medicine, because he’s personally the best doctor I’ve ever seen. He loves to learn and is constantly trying to better himself, and he’s terrific at what he does.”

However, what sets Hines apart is his plethora of underway qualifications, many of which are uncommon for a medical officer to hold. Out to sea, Hines is qualified as officer of the deck, command duty officer, non-nuclear engineering officer of the watch, and a helicopter control officer. He earned these qualifications by standing countless hours of watch underway on the ship’s bridge, primary flight control, and central control.

His days out to sea are packed full and consist of performing surgeries in the morning, paperwork and other administrative duties in the afternoons, and standing watch or helping out with flight operations in the evenings.

Hines’ mentality of teamwork prompted him to earn these qualifications.

“I wanted to help out as much as possible and contribute to more of the success of the mission. I believe it’s a domino

effect that will help everyone out by having more qualified personnel onboard,” he said.

While he feels the massive satisfaction of his job and contributions towards Nimitz’s continued success, there are also challenges that he has had to overcome.

“On top of being exhausted from such a full day, it’s tough from the medical standpoint because dental usually isn’t at the top of the priority list, so you need to have balance and transparency when dealing with the other departments. It’s also pretty difficult to maintain the medical records and health requirements of thousands of people at once,” Hines said.

Despite the obstacles he faces, Hines will continue to serve and make the most out of his military career.

“I’ve already done 16 years and I’ve signed for at least four more. As long as I feel like I’m helping out and the job is interesting to me, I’ll continue to serve,” he said.

Hines feels the role of dentistry is often overlooked, and wants Sailors to know of its importance to the success of the Navy’s mission.

“Many people don’t think of dental as being a critical aspect of warfighting, but it’s quite essential. Dental issues can affect the ships success, and I want to keep people fighting the fight,” he said.

Whether a Sailor needs their wisdom teeth removed, the captain needs a qualified officer of the deck to keep the ship steaming through the oceans, the engi-

neering department needs a watch officer to monitor vital components of the ships interior, or primary flight control needs assistance in launching and recovering helicopters, Cmdr. Hines will be there ready to apply his abilities and proficiency and keep Nimitz ready for battle.

“Remember to always brush and floss, because good oral hygiene is the key to success.”

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Naval Hospital Pensacola sailor strikes a nerve

By Jason Bortz
Naval Hospital Pensacola

Hospital Corpsman 2nd Class Melissa Clayton, an electroneurodiagnostic technician at Naval Hospital Pensacola, recently became the only registered nerve conduction study technologist in the Navy.

The Uniontown, Ohio, native can now test the nerves of patients to see how efficiently their nerves transmit and receive signals from their spinal cord.

Clayton originally joined the Navy in 2012 to help achieve her goal of completing medical school. While attending the Navy's school for electroneurodiagnostic technicians at Fort Sam Houston, Texas, Clayton was exposed to only one day of nerve conduction training during the six month course. That one day struck a nerve with Clayton.

"When I arrived at Naval Hospital Pensacola, we were not doing nerve conduction studies on patients," said Clayton. "I found an old nerve conduction machine and started teaching myself how to use it."

Nerve conduction studies evaluate the function of the motor and sensory nerves of the human body. Some of the common symptoms that a nerve conduction study would be used for include numbness of extremities, signs of carpal tunnel and nerve issues from the spinal cord.

To complete her registry with the American Association of Electrodiagnostic Technologists, Clayton had to have at least an associate degree in neurodiagnostic technology or an equivalent program and over 300 patient studies. Clayton earned her associate degree and began compiling



(Photo By Jason Bortz)

Hospital Corpsman 2nd Class Melissa Clayton, an electroneurodiagnostic technician at Naval Hospital Pensacola, performs a nerve conduction study on a patient July 18. Clayton recently became the only registered nerve conduction study technologist in the Navy.

patient studies with the help of Lt. Joseph Cahill, neurologist at NHP. To pay for the exam fees, Clayton used Navy COOL.

Credentialing Opportunities On-Line (COOL) helps Navy service members find information on certification and licenses related to their jobs. Navy COOL also has a voucher program that will pay for eligible credentialing

exams, recertification fees and maintenance fees.

"It was a lot of work, but it was really interesting and I had a lot of fun learning about nerve conduction," said Clayton. "Lieutenant Cahill really helped me a lot too. He spent time during his lunch or after work helping me; I couldn't have completed this without him."

Clayton now sees 10 to 12 patients a week at the Neurology Clinic at NHP that previously had to be referred to a civilian network provider. Each of her studies last about two hours and include an appointment with Cahill.

"Our patients enjoy getting their care here at NHP," said Clayton. "I'm glad I was able to complete this registry and provide this service to them."

Clayton is also the enlisted technical leader for the 22 electroneurodiagnostic technicians in the Navy. She is currently working with the school command at Fort Sam Houston to increase the nerve conduction training students initially receive. She hopes the additional training will lead to more registered nerve conduction study technologist in the Navy.

"She is amazing Sailor and corpsman," said Lt. Jessica Howell, division officer for specialty clinics at NHP. "We are very fortunate to have her at this command, and I know she will continue to do great things throughout her career."

Clayton is still pursuing her goal of attending medical school, but for now she is focused on conducting nerve conduction studies for patients at NHP.

"I still want to attend medical school," said Clayton, "but for now I'm just giving my full attention to the patients I see and trying my best to help them."

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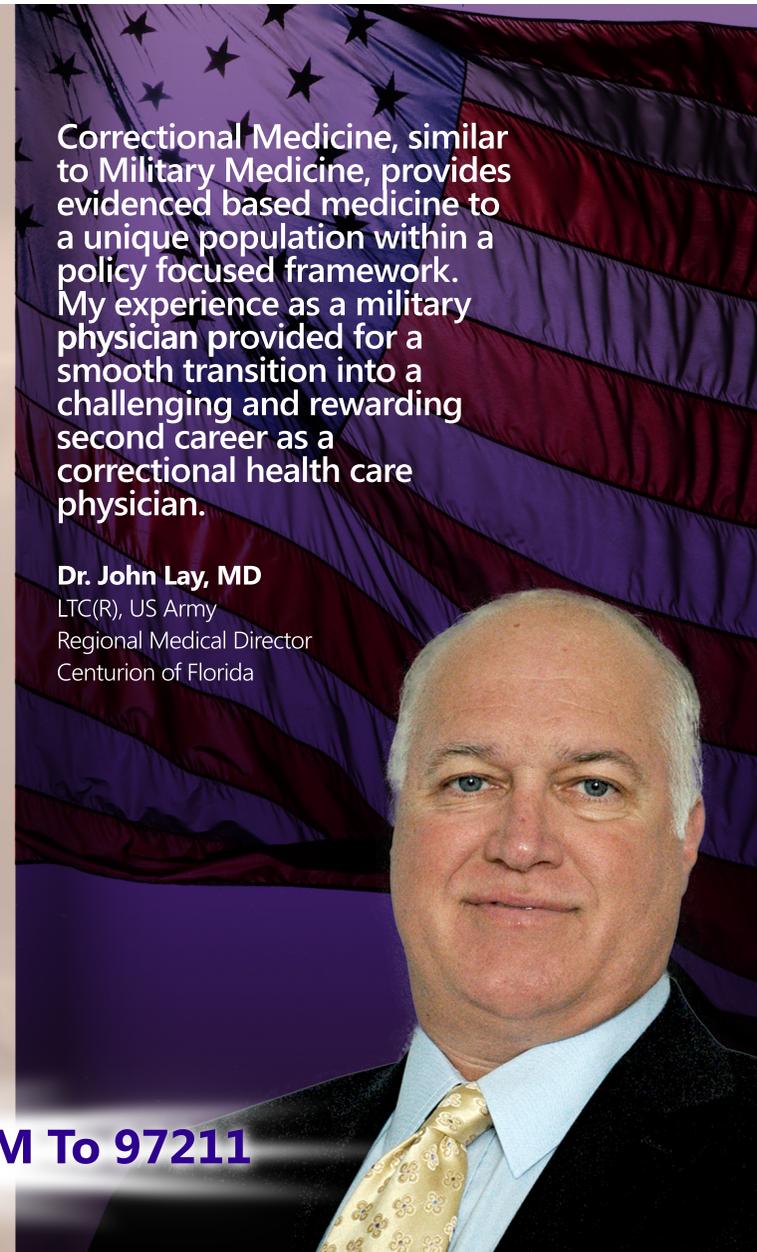
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Genomics of Exertion Related Events in Sickle Cell Trait

Exertion Related Events (EREs) such as exercise-related muscle damage, heat stroke, and collapse have been observed in individuals with Sickle Cell Trait (SCT). The **Consortium of Health and Military Performance (CHAMP), Uniformed Services University (USU)** is conducting a study to better understand the association between SCT and EREs. This study will search for genetic markers of EREs in individuals with SCT.

We invite African-American SCT positive men and women and their family members, with or without a history of ERE, to participate. Volunteers must be between the ages of 18 and 80.

Participants will be required to do the following:

- Sign the Informed Consent Document (ICD) and HIPAA authorization form to grant access to medical information related to SCT and ERE
- Fill out a questionnaire, including a brief medical history
- Give no more than 25 mL (less than 2 tablespoons) of blood

Upon completion of all study requirements, participants will be compensated with a \$25 gift card.

Please contact the Consortium for Health and Military Performance (CHAMP), USU for further details:
Call: 240-479-9514 or email: SCTStudy-ggg@usuhs.edu

Our Goals:

Collect scientific data needed to guide more evidence-based and prudent treatment and policy decisions that impact the Sickle Cell Trait (SCT) population in both civilian and military sectors.

Our Plans:

Enroll African American men and women between ages 18-80 who have SCT:

300 SCT carriers who have had Exertional-Related Events (EREs):

- Exertional Rhabdomyolysis
- Exertional Heat Stroke
- Exertional Collapse

150 SCT carriers who have never had EREs despite their rigorous exercise regimen

Enroll 150 immediate family members of these SCT carriers, with and without ERE

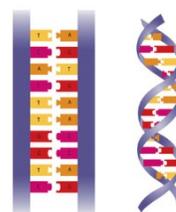
Identify and compare genetic variants between SCT carriers with ERE and without ERE

How you can contribute:

Participate by donating blood, completing a questionnaire, and providing brief medical history



What we will do:



Extract genetic material
 Screen whole genome



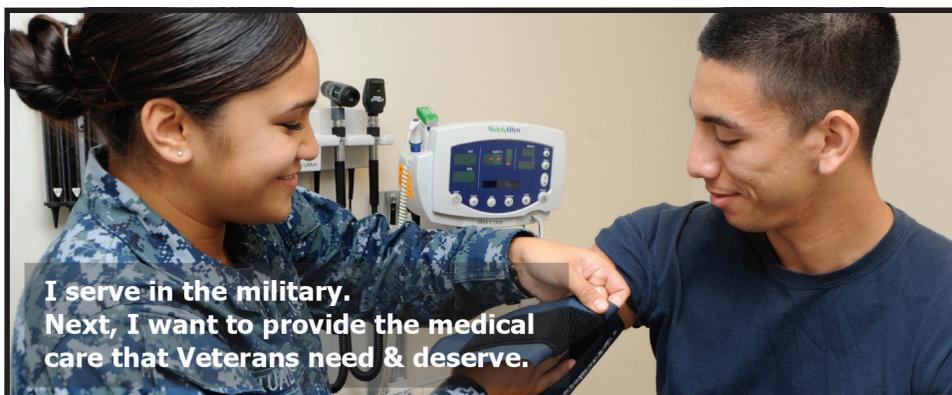
What we expect to find:

Genetic variants associated with EREs in SCT carriers that will help us develop markers to determine who may be susceptible to EREs prior to an event.

Contact CHAMP, USU for further details.

Call: 240-479-9514 or email: SCTStudy-ggg@usuhs.edu; Dr. O'Connor:

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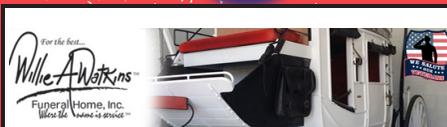
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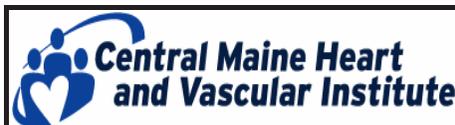
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For More Info please contact:
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Janet.Frongillo@cmc-nh.org
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BC General Adult Cardiologist

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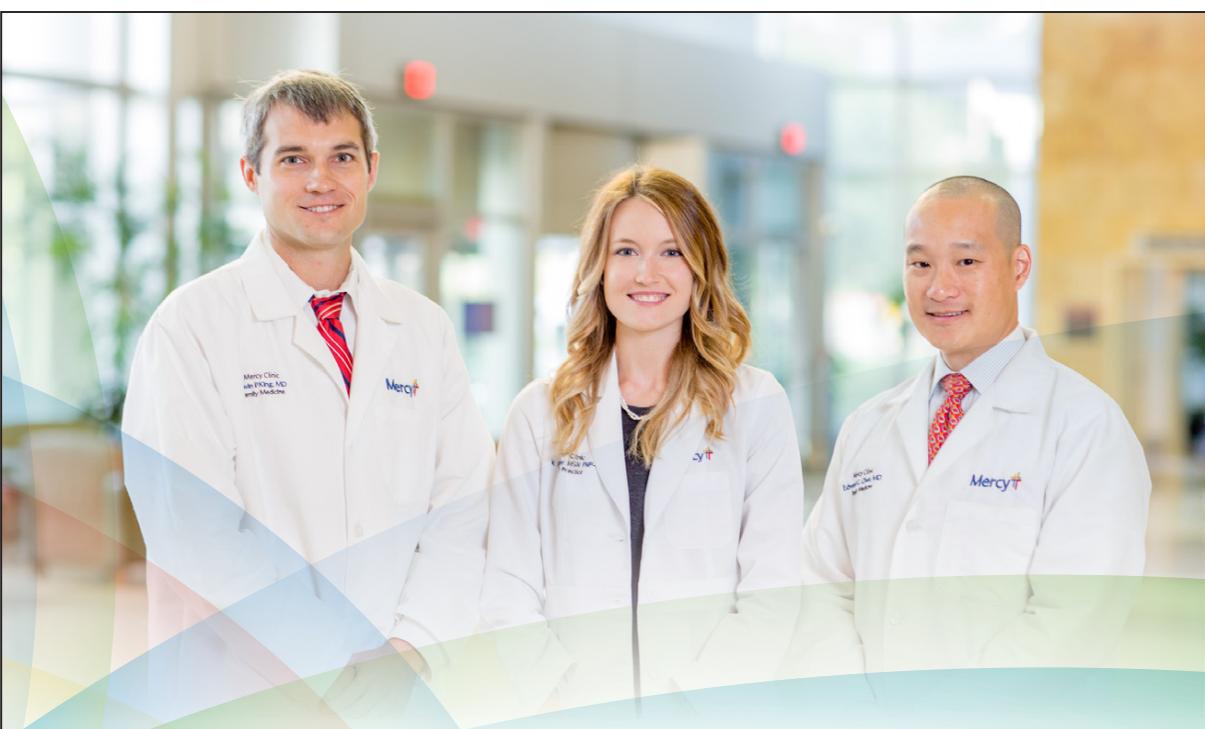
- BC/BE in Cardiovascular Disease
- Interested in patient-centered, value-based delivery of CV care
- Skilled in echo & nuclear imaging, pacemakers, exposure or interest in coronary CTA

About the practice:

- Busy outpatient clinic and inpatient (CHS-Lincoln) consultative care (15-25 patients per day).
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- The team is family oriented, fast paced, with a devoted community

SHVI is one of the Southeast's largest cardiac & vascular programs providing the highest quality care available to patient with cardiovascular disease throughout North & South Carolina. SHVI employs more than 100 physicians in a network of more than 25 locations to provide the highest quality care available to patient with cardiovascular disease throughout North and South Carolina.

For more info on a great opportunity call me today!
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704-631-1126
Lisa.Webster@atriumhealth.org



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- General Surgery - Breast Surgery
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- Gynecology - Urogynecology
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- Neonatology
- Nephrology
- Neurological Surgery
- Neurology
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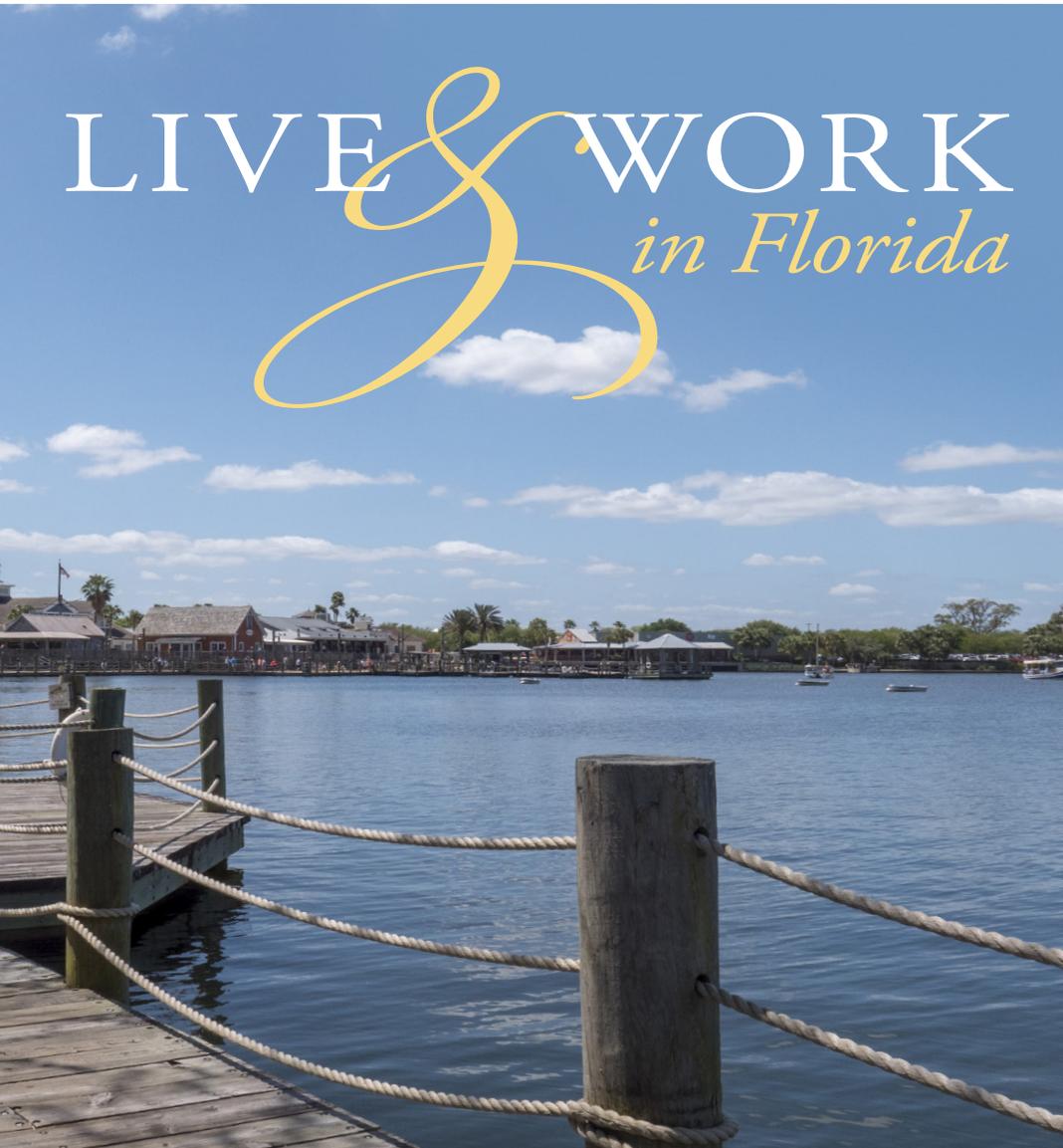
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Justin.Trevino@mha.ohio.gov
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Carolinas HealthCare System is



Behavioral Health Assistant Specialty Medical Director – Child and Adolescent Services

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Behavioral Health Assistant Specialty Medical Director – Telepsychiatry & Service Agreements

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