

MEDICAL NEWS

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FEBRUARY IS

AMERICAN HEART MONTH

The American Heart Association wants to help everyone live longer, healthier lives so they can enjoy all of life's precious moments. And we know that starts with taking care of your health. American Heart Month, a federally designated event, is a great way to remind Americans to focus on their hearts and encourage them to get their families, friends and communities involved. Together, we can build a culture of health where making the healthy choice is the easy choice. Why? Because Life is Why.

Did you know?

The first American Heart Month, which took place in February 1964, was proclaimed by President Lyndon B. Johnson via Proclamation 3566 on December 30, 1963.

The Congress, by joint resolution on that date, has requested the President to issue annually a proclamation designating February as American Heart Month.

At that time, more than half the deaths in the U.S. were caused by cardiovascular disease.

While American Heart Month is a federally designated month in the United States, it's important to realize that cardiovascular disease knows no borders. Cardiovascular disease, including heart disease and stroke, remains the leading global cause of death with more than 17.3 million deaths each year.

That number is expected to rise to more than 23.6 million by 2030.

President Lyndon B. Johnson's proclamation that first declared February as American Heart Month

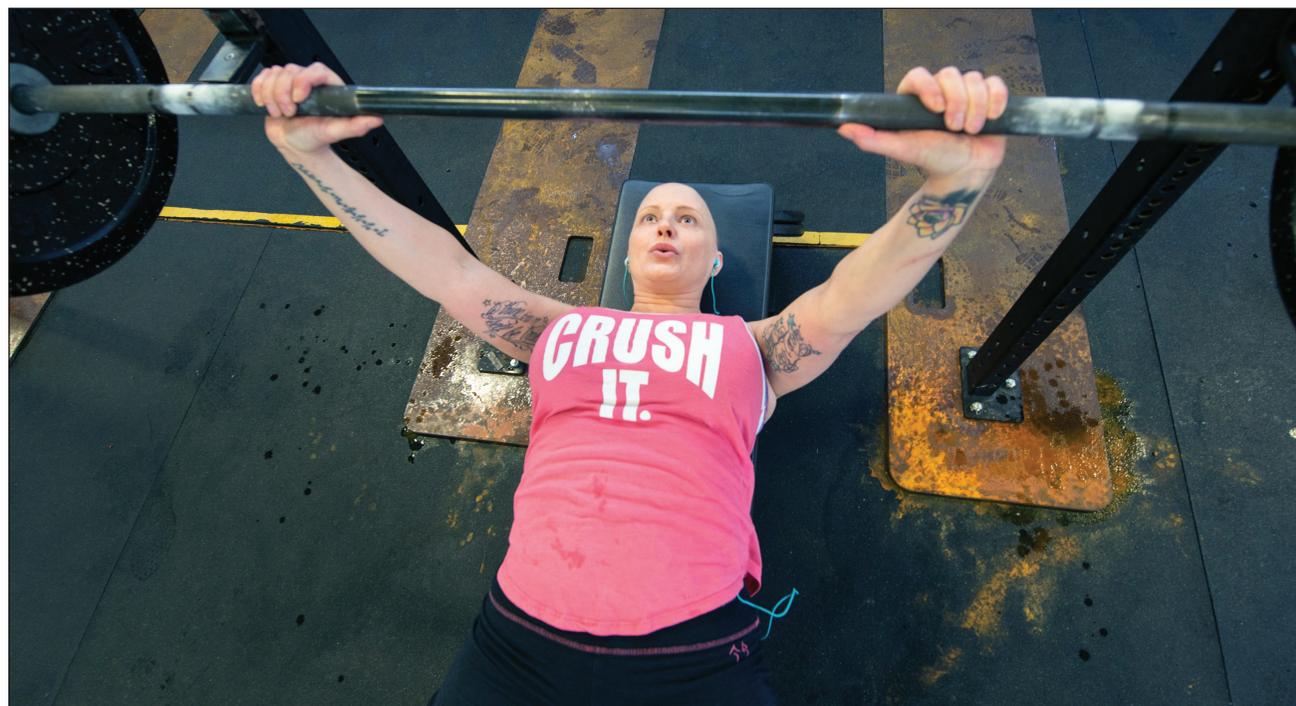
American Heart Month Statistics At a Glance

220.8 per 100,000: The overall rate of death attributable to CVD, based on 2014 data.

On average, someone died of CVD every 40 seconds. That is about 2,200 deaths of CVD each day.

On average, someone in the US has a stroke every 40 seconds. This is about 795,000 new or recurrent stroke each year. On average, someone died of a stroke every 4 minutes

On average, 1 in 3 adults, or 30.4% Do not engage in leisure time physical activity. Hispanic and Non-Hispanic black adults were more likely to be inactive.



(U.S. Air Force photo/Louis Briscese)

U.S. Air Force Master Sgt. Tracey Drake, 60th Medical Operations works out at the Travis Air Force Base, Calif., gymnasium, Jan. 10, 2017. Drake was diagnosed with metastatic breast cancer during her retirement physical in July 2016, 3 weeks before starting terminal leave. Drake faces surgery, radiation, targeted infusion, and reconstruction surgery.

Tracy's Battle

By Louis Briscese
60th Air Mobility Wing Public Affairs

TRAVIS AIR FORCE BASE, Calif. — When service members transition from active-duty service to retirement, most see it as a new chapter in one's life. For most, that transition is seamless and the soon-to-be retiree has embraced the challenges to come.

U.S. Air Force Master Sgt. Tracey Drake, 60th Medical Operations Squadron Family Advocacy NCOIC, had a plan in place, and was looking forward to beginning this new phase; unfortunately, that so-called seamless process came to a screeching halt.

During a mammogram for her Department of Veterans Affairs disability claim, just three weeks before her retirement ceremony, it was discovered that Drake had metastatic breast cancer. Metastatic means the cancer had spread beyond her breasts into other parts of her body. A magnetic resonance imaging test was ordered to help determine the severity and location of the cancer. "After the MRI showed the high-grade malignancy, we needed to get the ball rolling immediately because it was spreading that fast," said Drake. "We couldn't afford to wait and see if the

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Medical officer's family legacy honored by Yongsan's new Dental Wellness Center

By Cpl. Dasol Choi
1st Armored Brigade Combat Team, 1st Infantry Division

YONGSAN GARRISON, South Korea — The Carius Dental Clinic changed its mission and was renamed the Dental Wellness Center during a grand opening ceremony at U.S. Army Garrison Yongsan, South Korea Jan. 9.

The renaming of the facility is part of the reorganization of dental services across the Korean peninsula designed to provide increased dental services and support the growth of a new facility on U.S. Army Garrison Humphreys.

During the transition, the Carius name will be bestowed onto the new main dental clinic that is being constructed on Humphreys.

The clinic was named for Maj. Marvin Carius, a dentist known as a “combat chopper,” who served during the Korean War with Soldiers from the 24th Infantry Regiment, 25th Infantry Division. Marvin was killed in action while providing front-line services to troops on the battlefield.

“Marvin seized the initiatives, and his team converted a truck into a dental laboratory known as ‘Halitosis’ and was deployed in frontlines,” said Col. Wendy Harter, commander of the 65th Medical Brigade, U.S. Army Medical Department Activity - Korea, Eighth U.S. Army. “He sustained the fighting strength of the 24th Infantry Regiment to fight and win.”

The realignment of clinic personnel is expected to promote dental readiness, wellness and clinic efficiency.

“Like Marvin, we are leading the way on point here in the Republic of Korea while we are defining the provision of dental care and sustaining readiness for the armistice and the fight-tonight mission during a dynamic period of transformation and relocation,” Harter said.

Invited to the opening ceremony of the Dental Wellness Center was the grandson of

Marvin, Capt. Brandon Carius, a physician assistant with 1st Battalion, 5th Field Artillery Regiment, 1st Armored Brigade Combat Team, 1st Infantry Division.

“I have definitely come to fully appreciate the importance of all jobs, especially those medical supports,” Brandon said.

“My grandfather was out there on the frontline, taking care of Soldiers who needed dental treatment, and I’m very proud of the legacy that he left in this dental clinic today.”

The Carius family has continued Marvin’s legacy as Marvin’s son and grandson served in the armed forces as medical providers.

“My father also served as an emergency physician in both the Navy and the Air Force and continues his career in the civilian world,” Brandon said. “So, I wanted to be a great provider in the Army like them.”

“The family legacy challenged me to live better in order to continue it,” Brandon added.

The Dental Wellness Center will continue to honor the dedication and sacrifice that Marvin made 67 years ago by serving Soldiers and their families with dental examinations and services.



(U.S. Army Photo by Cpl. Dasol Choi, 1st ABCT, 1st Inf. Div. Public Affairs)

Col. Wendy Harter, commander of the 65th Medical Brigade, U.S. Army Medical Department Activity – Korea, and Col. Jae Hwang, commander of the 618th Dental Company (Area Support), Dental Health Activity – Korea, cut the ribbon during an opening ceremony for the Dental Wellness Center at U.S. Army Garrison Yongsan, South Korea, Jan 9. The Dental Wellness Center was originally named the Carius Dental Clinic, commemorating dedication and sacrifice of Maj. Marvin Carius, a dentist who was killed in action during the Korean War. Currently, Marvin’s grandson, Capt. Brandon Carius, is serving as a physician assistant to the 1st Battalion, 5th Field Artillery Regiment, 1st Armored Brigade Combat Team.

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Shipmate in the Spotlight: Hospital Corpsman 3rd Class Sherwin Mora

A feeling of calm washes over Hospital Corpsman 3rd Class Sherwin Mora as the light fades to black onstage. As the music changes to low and heavy drum beats, Mora’s calm begins to diminish, replaced by a sense of purpose. He moves to center stage, the only light comes from the torch in his right hand. The audience is quiet in anticipation. With a flourish of movement, he brings to torch over his head and unleashes a torrent of fuel from his mouth towards the fire. Light quickly fills the room then disappears as the audience gasps and cheers.

HM3 Mora joined the Navy in 2010. Before enlisting, he lived in San Diego; overweight and unhappy. It was a choice that led him to where he is now, doing something he had only dreamed of seven years ago.

“Without the Navy, I wouldn’t be doing this. It was a goal I had set out for myself when I joined.” Mora had the opportunity to make his goal a reality in 2014, when he met one of his fellow dancers after arriving on Guam. She introduced him to the traditional fire dancing of the Chamorro, the indigenous culture of Guam.

In April of 2014, just a few months after his first dance lessons, Mora made his debut at the weekly market of Chamorro Village. “I messed up so much that night, but it was one of the most fun shows I’ve done because of the adrenaline rush.”

Mora first remembers watching cultural performances while he lived in Hawaii as a kid. His parents took him to festivals regularly, and his aunt and uncle, who are Chamorro,

did cultural dancing as well. He grew up watching them perform and is carrying the family tradition in an entirely new way.

Mora, who spends his days as a Pharmacy Tech at U.S. Naval Hospital Guam, recalls his journey from San Diego to novice dancer and then professional Chamorro fire dancer. As Mora finishes up his weekly inspection at the Branch Medical Clinic of Naval Base Guam, he looks up. “If it wasn’t for this, for the Navy, I wouldn’t be on Guam dancing. I’d still be 260 pounds and not doing anything in San Diego. I have a balance in my life I never knew existed.”

The balance is how the two compliment each other. Mora is motivated to stay fit for both readiness and aesthetic reasons. “Fitness is a big part.

It’s important to look good for dancing and to be healthy for the Navy. It’s stress relief. It puts me in contact with people I never would have met and helps me connect to the community in a much deeper way.”

“It’s everything.” He says, gesturing at his own body and then around the room. “The Navy has given me so many opportunities. Even the tattoos, the Navy has allowed me to pay for these. They’re an important part too.”

There is one part of each show that makes him happiest, one part where he does something few others do. “The firebreathing. That’s my favorite part.”

And when he’s on stage, alone or with his fellow dancers, making the audience gasp or giggle, that is when Mora feels at home.

Pregnancy saves Airman's life

By Senior Airman Rosemary Gudex
21st Space Wing Public Affairs

Rare disease? Check. Cancer? Check. Excuses? Nope.

Staff Sgt. Jacquelyn Combs, 21st Force Support Squadron NCO in charge of customer support at the Military Personnel Section here, had more than her share of adversity to battle within her almost decade in the Air Force, but she comes back stronger every time she gets knocked down.

While stationed at MacDill Air Force Base, Florida, Combs was diagnosed with Crohn's disease at the age of 21. She said it was an unexpected, painful experience.

"I thought that my appendix had burst, so I drove myself to the hospital and thought I was going to get into a car wreck," she said. "I had to stop and squeeze the steering wheel so I wouldn't drive off the side of the road."

The pain doesn't really go away and feels like being in labor, Combs said. The uncommon disease is becoming more prevalent and can be regulated with medication, but is also based on a specific diet, depending on the individual. Combs said her body doesn't function well on healthy food and does better with less healthy options.

"So pizza is really my best friend," she said. "If I were to eat apples, the acidity and what it does to my body as opposed to someone else's body is very different."

Not long after being diagnosed, Combs deployed to a two-person military personnel flight. The combination of medication and learning to control her diet allowed her to get her Crohn's under control. She said it's extremely important to know which food items cause flares and which ones help. For example, whenever Combs has a flare, the first food she goes to is potatoes because they help her body regain its balance.

"It can be a difficult thing to live with," she said. "It's a chronic illness for a reason. I may have a smile on my face, but the majority of the time my body is in pain."

After becoming more comfortable with how her body reacted to the rare disease, Combs and her family moved to Peterson AFB, Colorado, in 2014. Part way through the year, she started rapidly losing a lot of weight and noticed her hair falling out. Soon, every time she leaned over at work it caused pain and she felt a poking sensation under her ribcage. At first she just thought it was stress.

"I would joke about it because I thought it was a baby arm," Combs said. "It felt like a baby arm when you're pregnant. It wasn't. It was tumors."



(U.S. Air Force photo by Senior Airman Rose Gudex)
Staff Sgt. Jacquelyn Combs, 21st Force Support Squadron NCO in charge of customer support at the Military Personnel Section, jokes with a coworker at the Military Personnel Section on Peterson Air Force Base, Colo., Nov. 14, 2016. Combs was diagnosed with Crohn's disease while at her first base and diagnosed with cancer at her second base, but didn't let either of them stop her from doing her best.

She got increasingly more exhausted and eventually stopped eating because it caused extreme pain. She discussed her symptoms with her father and was convinced to see a doctor. She said everything progressed quickly after an X-ray revealed a mass, and then a biopsy revealed what the doctors called Desmoid Fibromatosis Tumors.

She had four tumors about the size of softballs that would jump sporadically throughout her body. Combs said that caused her organs and body to begin shutting down. That specific type of tumor only effects four out of every 1 million people, so Combs became a study case.

Doctors in Denver conducted tests and research because it's so uncommon. When it came time to remove the tumors, the doctor had only operated on one other person with the same condition.

"I was actually really excited about going into surgery because then all my pain would stop once they removed the tumors," Combs said.

With everything going on, she remained positive and made jokes

about her condition. At the time, Combs had two children and said the thought of not being there for them was scary, but being negative "only makes it worse quicker."

Of the four tumors she had, only two were removed.

After the surgery, Combs expected to be treated with chemotherapy and radiation, however something changed. Two weeks later she went in for an appointment and doctors told her she was pregnant, which meant her treatment wasn't an option. What Combs called a miracle determined the treatment wouldn't be necessary anymore.

"Once I got pregnant, all my symptoms stopped," she said. "All my organs were shutting down, my hair was falling out, but once I got pregnant with her, everything stopped. ... It was my miracle child."

Symptoms of cancer went away and she began to feel better. Combs said she began going to prenatal appointments while she still had a drainage tube and a bag sticking out of side from the surgery. Her baby was born

in November 2015 and life couldn't be better for the happy family of five.

Family and leadership both helped her battle through the cards life dealt Combs, who said her job is to not only be an Airman, but the best mom and wife she can be. At her lowest lows, they helped her focus on the next step and keep her eye on the end goal.

Today Combs has some "pretty awesome scars" and follows up with her doctors every six months to keep an eye on the two tumors that weren't removed.

"When I say I have Crohn's disease or I had this soft-tissue cancer, people look at (me) differently," she said. "It's not that I'm sick. It's just that my body is different, so I have things that I have to do to take care of it, but that doesn't mean I can't do my job."

Combs said anyone going through a stressful situation should focus on something they wholeheartedly believe in to make the challenge easier. The positivity and optimism she exudes sets an example of service before self to everyone around her.

• Tracy (Continued from front page)

cancer would spread to my lungs and brain.”

The cancer had already spread up her neck and to her lymph nodes so an aggressive treatment plan was implemented to prevent the cancer from spreading further.

“When young women, typically 40 and younger get breast cancer, it’s more likely to be an aggressive cancer,” said Lt. Col. (Dr.) Stephen Bepko, 60th Diagnostics and Therapeutics Squadron chief of breast imaging, “Because of Drake’s aggressive subtype cancer she was referred directly to oncology.”

“This was to reduce the amount of the tumor burden and to stop the spread and growth of her cancer.”

In most breast cancer treatment plans, surgery is the first step followed by chemotherapy; in Drake’s case chemotherapy came first. The fact that Drake was diagnosed with metastatic breast cancer is not rare. According to the American Cancer Society, there are almost 250,000 new cases of some type of breast cancer diagnosed every year in the United States. One out of every nine women will be diagnosed with breast cancer every year, and 20 out of every 100,000 women will die from it. At Travis Air Force Base, California the 60th Medical Group averages five-to-six breast cancer diagnoses a month out of the 300-400 mammograms performed at DGMC, said Bepko.

What makes Drake’s story so compelling is the overwhelming positivity, inspiration, and determination she demonstrates.

“She has a wonderful outlook, she’s very positive, upbeat, and her presence is very strong,” said 1st Lt. Kendra Alanis, 60th Medical Operations Squadron registered nurse. “As soon as you meet Tracey, it becomes abundantly clear that her battle with cancer is one she plans on winning.”

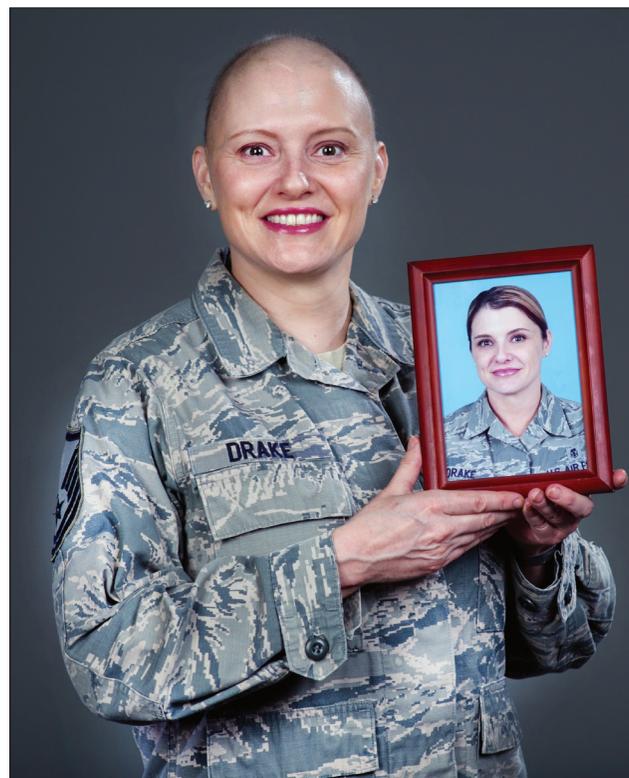
Learning you have advanced stage three cancer is a life-changing event and there are going to be challenges along the way. Drake said the hardest part was telling her kids. She told her son Grey first because she felt he was strong; in contrast the conversation with her 9-year-old daughter, Riley, was the most difficult she ever had.

“Riley began getting fixated on hating nine because nine is the age where my mommy got cancer, and I told her no Riley, nine is the year that mommy beat cancer,” said Drake. “It’s been really amazing to see them so strong and how we’re getting through this as a family.”

And despite the fact that Drake and her family were four days away from closing on a four-bedroom lakeside property in Texas, three weeks away from starting terminal leave, and beginning a new chapter in their lives, Drake remains grateful for the way her family has come together during this fight. “It’s like the “etch a sketch” of my entire life just got shook and it’s completely blank now and I’m having to rebuild and redraw my life again which is totally different than I imagined,” said Drake. “I tell them let’s focus on right now, the memories and the life that we have right now, that’s the reality I want them to have at this time.”

As with most chemotherapy patients, one of the side effects is hair loss. Drake knew this might be dramatic for her kids so to ease the shock; she hosted a shaving party and let her daughter shave most of it. This was a big step for them all because it gave them a sense that everything was going to be alright, she said.

“The hair falling out was really anxiety provoking because I had really long hair and it was just coming out in huge clumps,” said Drake. Drake had already been processing the reality that she had cancer but when she lost her hair she said “It became real for everyone else.” During the first few weeks after losing her hair; total



**U.S. AIR FORCE MASTER SGT. TRACEY DRAKE,
60TH MEDICAL OPERATIONS SQUADRON
FAMILY ADVOCACY NCOIC**

strangers approached her at the gym or other places and asked about her shaved head. “They would ask what this is about, why’d you shave your head?” Drake said.

In the beginning Drake was still processing her ordeal so she needed to talk about it a lot.

“At first I was probably over sharing my medical information...this is what’s going on, this is what they’re going to do, so people would ask me more and more questions because I clearly seemed open to it,” said Drake. She was surprised that people outside her circle didn’t correlate her appearance with her condition.

“I got a lot of people asking me in the month of October, breast cancer awareness month, if I had shaved my head to support someone else, and I had to tell them no, I’m supporting myself,” she said.

Eventually, Drake got sick of the questions and just shut down because she had been so open at first that it drained her emotionally. She said she had to step back and disconnect for a while. She took a few days to refresh and come back with a renewed sense of boundaries while learning to tailor her story in a more appropriate way for her.

“I’m not only navigating myself through this but also my children so I have to find that right balance of how I want my story to be told,” said Drake. Drake will tell you that she doesn’t want sympathy or anyone to feel bad about what she’s going through; in fact you get the opposite from her. She wants to use this journey as an example to her kids to show them this is how you get through problems and situations in life.

“Everything worked out perfectly for such a horrible situation; it’s like the best case scenario for the worst case scenario,” said Drake. “People say “oh that sucks you were just about to retire or that sucks about the house.”

I tell them, I don’t even care, I’m not even mad because my path of life changed, I have a path of life still.”

Drake faces a lifetime of treatment and an uphill battle to recovery. She still has to endure surgery, radiation, targeted infusion, and reconstruction surgery; at least an 18-month journey just to complete those treatments alone. Despite this reality she remains

positive about her prognoses and sees each phase of her treatment as a battle and she plans on conquering every one.

“It’s much easier for me to view each phase of treatment separately instead of collectively,” she said. “If I thought about it all at once I’d probably be in the fetal position in a corner somewhere.” Drake has been overwhelmed by the effort her medical team at DGMC has exhibited during her treatment. She knows their job is difficult and the compassion and determination they put forth to save lives is amazing.

“It’s incredible to sit there not only as a participant but as an observer and witness so much humanity and mortality,” said Drake. “They make people’s lives better and they make people’s death better.”

Drake has no misconceptions about her prognoses and the battle she faces; realistically and statistically she feels there’s a few good years left. The way she’s responded to treatment, the healthy lifestyle prior, and her age all play to her advantage in recovery.

“A few good years left means I’m keeping it open, it isn’t three to five,” said Drake. “I don’t think I have a short-term end game; I’m hoping for 10, would love 20, not banking on 30.”

Drake has received an outpouring of support to help her through this. Fellow airmen, friends, family, and even her children’s teachers have all chipped in to try and make things a little easier for her and her kids. Airman 1st Class Christopher Earling, 60th Medical Operations Squadron mental health technician started a Thursday night meal train where participants rotate preparing hot meals for Drake and her children.

“When I first heard the news I just broke down and cried,” said Earling. “I collected myself together and came up with an idea for our unit to help MSgt Drake and the kids.”

Earling created a website where members from Drake’s unit sign up to bring her meals. The meals they prepare are based on Drake’s diet limitations and foods her children enjoy.

“So far it’s worked out great, we haven’t missed a meal since her diagnoses,” said Earling.

“Because I’ve always been so independent it was hard for me to accept help and in the beginning I still felt fine,” said Drake. “I told them that I don’t know what I’ll need but when I need it, it’ll be right then because it’s just going to be all of a sudden and then I will need.”

Since Drake was close to beginning terminal leave and arranging to move out of state, an administrative component had to be addressed as well. “It was amazing to witness how fast the medical and administrative pieces synced together for Tracey,” said Bepko.

“Arrangements had to be made to ensure we could keep her in the Air Force and in base housing so we could provide her with the best possible treatment.”

What Drake wants most is for her story to benefit others. “I’m already aware of two people who have gotten mammograms,” said Drake. I’m so grateful for that; no matter how my story ends, the beginning of it was helpful to others.

Drake knows there’s a possibility she’ll miss out on things in her kids lives which is the worst part about all of this for her.

“I’m extremely connected with my kids, I’ve been a single mom with them the majority of their lives, we’re absolutely a party of three and if I die they wouldn’t just lose me, they’d lose each other,” said Drake.

The thought of that is one of the reasons that will keep Drake battling with courage and perseverance until the end.

And the Oscar goes to 'Organ-On-A-Chip'

In a world of nanotechnologies and microchips, the ability for large-scale processes to take place on the microscale are becoming increasingly prevalent, even in the environment of combating chemical and biological threats to our warfighters. A research effort by the Defense Threat Reduction Agency's Joint Science and Technology Office, Los Alamos National Laboratory (LANL) and Wake Forest University (WFU) has resulted in an award-winning miniature technology in the eX-vivo Capability for Evaluation and Licensure (XCEL) program, the Pulmonary Lung Model (PuLMo). Commonly referred to as an "organ-on-a-chip," the model will offer faster and less expensive processes for drug delivery to our warfighters facing chemical and biological threats.

In order to bridge the gap between in vitro human assays, animal testing and clinical trials, this new technology allows researchers to assess real-time drug interactions on key human organs during the development of medical countermeasures. The PuLMo uses a unique combination of miniaturized organoid constructs derived from human cells to engineer an advanced 3D system that mimics four vital human organs (heart,

lung, liver and kidney) either alone or in integrated circuits. To assess damages, these 3D human organoids are exposed to drugs, drug metabolites, chemical and biological agents or other toxicants.

For example, if a drug or its metabolite demonstrates an adverse effect on organ tissue that was not identified during animal testing, scientists can reassess the compound structure and other metabolic attributes to mitigate the risk factor. In addition, the ability to test multiple compounds rapidly offers the potential to mitigate safety risk without extensive animal testing. The FDA and other regulatory authorities view this as an important step in reducing animal use and improving our understanding of compound liabilities.

Recently, DTRA's JSTO, WFU, the Space and Naval Warfare Systems Command, the U.S. Army Medical Research Institute for Infectious Diseases, the National Institutes of Health and the FDA participated in the first demonstration of this technology. Scientists at LANL validated the remarkable progress on each of the miniature organoid constructs, which incorporates both airway-type cells and alveolar cells, each with different morphology and

functionality.

To mimic the structure of the human lung, the PuLMo team developed two different lung models. The first model focuses on tissue engineering and co-culture of multiple cell types and consists of two major units—bronchiole and alveoli. These units are connected via a microfluidic chip, known as a Fluid Circuit Board, to help manage the flow of air and media.

The second model focuses on mimicking the air-flow dynamics in the human lung and tissue engineering. It does not have a Fluid Circuit Board, but the model mimics the branching of the late generations of the respiratory bronchiole and the alveolar sacs from a human lung.

Both models co-culture at least three different cell types from three different regions of the lung, the Bronchiolar Epithelial, Alveolar Epithelial and Microvascular cells. They incorporate several physiological characteristics such as air-liquid interface, ciliated cells, mucus production, cyclic stretching of membranes, surfactant production and shear flow on microvascular cells and breathing.

R&D 100 Magazine designated the PuLMo technology a Top 100

Technology Development for 2016. This prestigious award, often known as the "Oscars of Invention," is a clear indication of the success of the XCEL program and its place on the leading edge of medical technologies.

DTRA, LANL and WFU scientists continue to be at the forefront of medical innovation by integrating, refining and expanding their capabilities in exposing key human organs with real-time evaluation of drugs and their metabolites. Additionally, unique to DoD, the organ-on-a-chip platform provides a capacity for threat agent characterization which is not possible in humans. This new capability enables researchers to deliver targeted medical countermeasures for the warfighter.

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- **Trenton Psychiatric Hospital**
Trenton, NJ (Central NJ)
- **Ann Klein Forensic Center**
Trenton, NJ (Central NJ)
- **Special Treatment Unit**
Avenel, NJ (Northern NJ)
- **Ancora Psychiatric Hospital**
Hammonton, NJ (Southern NJ)

LICENSE: NJ applicable license required

Those interested should send a cover letter and detailed resume to:

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Robert.Eilers@dhs.state.nj.us
609-777-0686



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

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Julee DeMello
jdemello@unr.edu
775-682-9237



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LICENSE: NJ applicable license required

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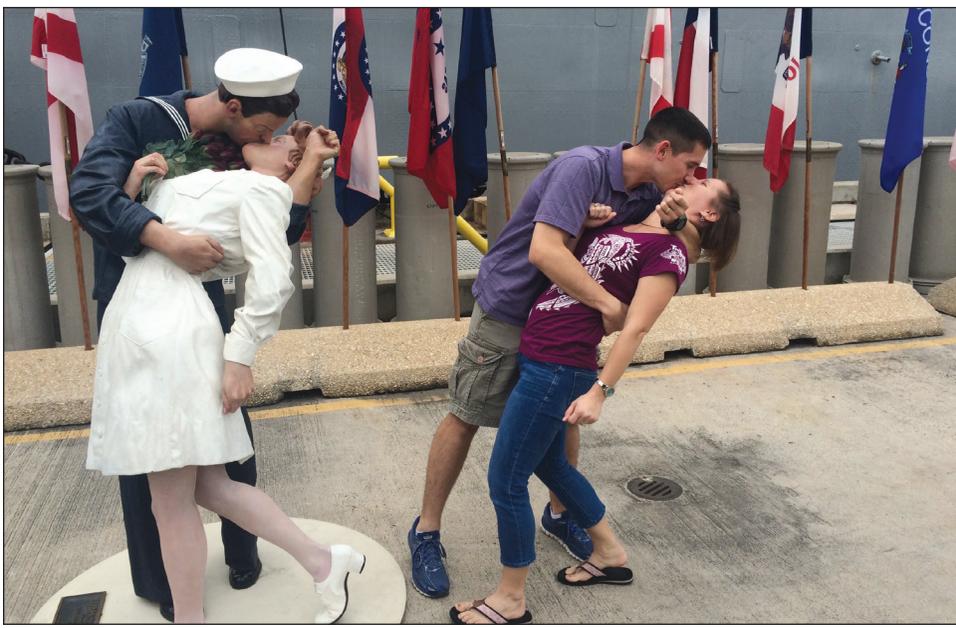
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U.S. Air Force Maj. Josh Daniels, Deputy Director of Operations, Air Force Public Affairs Agency, Joint Base San Antonio-Randolph, Texas, and his wife Shellie, duplicate the iconic Times Square victory kiss at Pearl Harbor, Hawaii, Jan. 11, 2016. This victory moment symbolized the victory that Shellie would soon achieve over the cancer.

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Spending Valentine's Day in Oahu, Hawaii, probably sounds like a dream to many people. Beautiful beaches, warm sunshine, balmy breezes and world class sunsets all work together to make this one very romantic locale.

However, my circumstances were neither convenient nor romantic. My husband and I were there so I could begin my nine-month treatment plan against breast cancer.

Our story actually begins seven months prior, on the Fourth of July, 2015. We were stationed on Kadena Air Base—our fourth assignment with

to my treatment team. Eventually, the second ultrasound and magnetic resonance imaging, MRI, actually showed the tumor. The treatment plan we chose involved unilateral mastectomy. I was taking no chances.

On January 15, 2016, I went into surgery for the first time.

In total, I spent almost two months having and recovering from four surgeries in order to get rid of the cancer which had made it to my lymph nodes. I was going to be receiving 16 rounds of chemo once I had healed enough.

Meanwhile, back in Japan, Josh's mother had taken over keeping our children. Due to the extent of my treatment, she ended up having to pack up our household goods, sell our cars and physically move with our children to San Antonio, Texas, where we would eventually be stationed so I could finish my treatment. We had not seen our children in 57 days.

We never returned to Japan. We never had the chance to say goodbye to our friends and coworkers; we had to rely entirely on their love and friendship to get our family reunited.

Once in Texas, I began the first of 16 chemotherapy treatments at the San Antonio Military Medical Center. I lost all of my hair about two weeks into it. But I'm stronger than cancer.

My loving husband and children, along with family, friends, and several nurses met in the chemo room on July 19, 2016, when I rang the victory bell signifying the completion of the chemo portion of my treatment.

After a brief vacation with my family, I was back at it to begin six weeks of daily radiation treatments. Once again, my family was there when I had my last dose of radiation, and we put our handprints on the wall alongside all those others who had completed their radiation treatments.

At the present, there is no evidence of disease and I am cancer free.

Our story has many more chapters to be written; the cancer battle was just an event in the adventure known as life.

This story was full of love; from my husband who never left my side, took all the notes at the doctor visits because I was so overwhelmed with what they were saying, held me when I cried, accepted me when I lost my hair and my breasts; from my children who cheered for me when I won the battle, our family and friends who dropped everything to help and love us.

People are put in our lives for a reason, and I am forever grateful for the love I was shown during this entire process.

Love is definitely stronger than any cancer, and it's something cancer cannot take from you.

Editor's Note: U.S. Air Force Maj. Josh Daniels is the former Chief of Public Affairs for the 18th Wing Public Affairs office on Kadena Air Base, Japan.

“Love is definitely stronger than any cancer, and it's something cancer cannot take from you.”

– Shellie Daniels

the U.S. Air Force. I noticed a small red area on my skin about the size of a pencil eraser. Of course any time the words “lump” and “breast” are used in the same thought pattern, the first thing that comes to mind is cancer.

I made an appointment and had both a mammogram and an ultrasound exam done.

Nothing of concern was found; however, the red spot and the lump did not go away, so I went back to my primary care physician to seek further treatment.

During this time, my husband Josh deployed to the Middle East and was scheduled to be away for six months. “No problem,” I thought-- we had endured deployments before, and I could handle this one too.

My doctor recommended I see a dermatologist, and in early December he did a punch biopsy. On December 23, 2015, I received a call asking me to come in for the results of the biopsy.

My world came crashing down when the doctor confirmed what I had suspected all along—cancer.

I had Christmas with our two young children as if nothing were wrong. We baked cookies for Santa Claus, had dinner Christmas Eve with friends, and then I tucked them in, not knowing if I would even be around for their next Christmas.

Waiting the 96 hours until the clinic reopened was the worst 96 hours of my entire life.

The next day, Josh and I were reunited and scheduled to depart for Tripler Army Medical Center in Hawaii the following week for treatment.

My mother and stepfather arrived in Okinawa January 1, 2016, to take care of our children, and Josh and I were on a flight two days later.

Once in Hawaii, I was introduced

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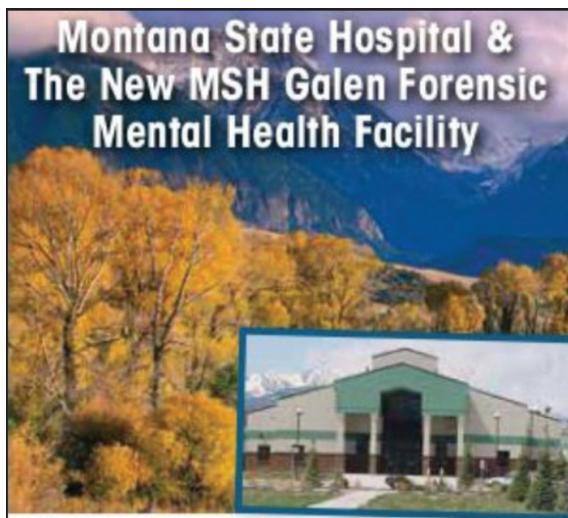
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I Am Navy Medicine: Hospital Corpsman 3rd Class Carlos RangelMejia

By Mass Communication Specialist
1st Class (SW/AW)
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Naval Hospital Bremerton
Public Affairs

(As part of an ongoing series showcasing Naval Hospital Bremerton Navy Medicine doctors, nurses, hospital corpsmen and support staff)

Dedication and diligence are words used to describe the work ethic and mentality of Hospital Corpsman 3rd Class Carlos RangelMejia, who achieved a career milestone Jan. 30 when he was selected for the Medical Enlisted Commissioning Program (MECP).

RangelMejia, a laboratory technician assigned to Naval Hospital Bremerton (NHB), was one of 42 Sailors Navy-wide selected for the MECP program, but his path to selection goes back to a choice he made in 2007 when, at the age of 21, he immigrated from Mexico City in pursuit of his American dream?

"I knew that if I stayed in Mexico I would not have the money to pursue my dream of working in medicine, so I made the hard choice to leave my family and come here," said RangelMejia. "It took me seven years to become naturalized during which time I was able to work multiple jobs in the healthcare field. I have been pursuing my American dream of working as a provider in medicine ever since."

While waiting for his naturalization he worked as a care giver for the elderly and counseled troubled teens. It was exposure to so many people in need and the mentorship of providers where RangelMejia grew to love and appreciate the country that had adopted him so much that he decided to show his gratitude by joining the Navy.

"I am so proud to be able to serve my country and work in Navy Medicine. Through initiative and hard work my chain of command has taken note of my abilities and given me the tools to succeed. I started as a brand new laboratory technician and have been entrusted to floor manager, shift leader and even satellite clinic standalone technician and clinical operations recertification lead," said RangelMejia.

For RangelMejia, work does not end in the laboratory upon liberty call. He has also served as a Basic Life Support (BLS) and Enlisted Advancement Program (EAP) instructor as well as an active participant in multiple command collaterals including as a NHB Color Guard member because he states, "I get to help ensure that our Sailors are motivated to learn and understand the importance of their role in Navy Medicine and our community. I get to promote pride in our community and my peers through service."

With a full work load at NHB and volunteer service throughout the community RangelMejia almost missed his chance to submit a MECP package until his mentor, Hospital Corpsman 1st Class Vincent Kucera, challenged him to complete it.

"Petty Officer Kucera really inspired me and helped me achieve this," said RangelMejia. "He was the one who called me on my stubbornness and challenged me to do what I had to do in order to reach my goals. Because of that I was able to take the American College Testing (ACT) exam, interview and be accepted to my university, gather supporting letters of performance, complete medical and security clearance requirements and interview for recommendations."

During those hectic months RangelMejia chose to pull back on studying for advancement to petty officer 2nd class in order to have the strongest package by the September deadline. He missed the advancement cutoff by 0.65 points.

"It was hard to miss advancement by such a small margin, but I made the choice to push as hard as I could towards my ultimate goal; to be a provider and help take care of people. I know that being in the Nurse Corps is the way I can do



(U.S. Navy photo by Mass Communication Specialist 1st Class Gretchen M. Albrecht/Released)

Hospital Corpsman 3rd Class Carlos RangelMejia poses near a microscope in the laboratory at Naval Hospital Bremerton, Feb. 2. RangelMejia is one of 42 Sailors selected Navy-wide for the Medical Enlisted Commissioning Program (MECP) where he will attend George Washington School of Nursing in Washington D.C., to earn a nursing degree followed by an appointment to ensign in the Navy Nurse Corps.

that and I am extremely excited for what lies ahead," said RangelMejia.

With his husband and biggest supporter, Michael Baker, by his side throughout the process, RangelMejia was one of four petty officer 3rd classes selected for MECP throughout the Navy. In August of 2017 he will attend George Washington University School of Nursing in Washington D.C., to earn a bachelor's of science degree in nursing followed by an appointment to ensign in the Nurse Corps.

"Many saw how much work I put into this package and all of the off duty hours spent to complete it and every step of the way my spouse was with me. I am very lucky to have married someone who not only supports my morals and commitments, but is also ready to stand by me whenever I need support," said RangelMejia. "I can truly say that the key to success is having someone right next to you who supports your convictions."

His achievements and opportunities have made many proud including his younger who is looking to join the Navy and follow in his footsteps.

RangelMejia fondly stated, "My story is the quintessential American Dream. This is the only nation in the world where a humble immigrant with big dreams to help others and serve can come, and through grit and determination, make those dreams into reality. That is something I am very proud of doing."

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