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WARRIOR HELPS MAN FIGHT CANCER

BY Sgt. Ian Ives

2nd Stryker Brigade Combat Team, 25th Infantry Division

SCHOFIELD BARRACKS, Hawaii — Since the beginning of the year, 2nd Brigade Combat Team, 25th Infantry Division, has been focused on exercise Lightning Forge. While many Soldiers were in the field training to transition into a light infantry brigade, 1st Lt. Brenna Heisterman, an engineering officer and the executive officer of Headquarters and Headquarters Company, 2nd BCT, was on a flight to San Diego to donate bone marrow to a stranger.

Heisterman, a native of Clifton, New Jersey, displayed her dedication to the Army Values when she volunteered for the C.W. Young Bone Marrow Donation Program in 2011 during her sophomore year at West Point Military Academy.

“I was contacted by the program Sept. 23 last year requesting for me to have more blood work done for testing because I had been identified as a possible match,” said Heisterman. “I was then contacted again in January confirming that I was the best match for this patient.”

Her donor patient, a 29-year-old male from Turkey, is a patient diagnosed with Chronic Myelogenous Leukemia. It is the program’s policy that the patient’s name and address are withheld from the donor until a year following the donation to prevent conflict of interest.

“The way the selection process works in this situation was the hospital in Turkey first checked for possible donors in the European registry, and after not finding any matches there they searched the international registry, finding me,” said Heisterman, a small-framed with blonde haired and blue eyed woman. “It’s crazy to think that out of everyone in the world who is a donor, including his own family, that I am his closest match.”

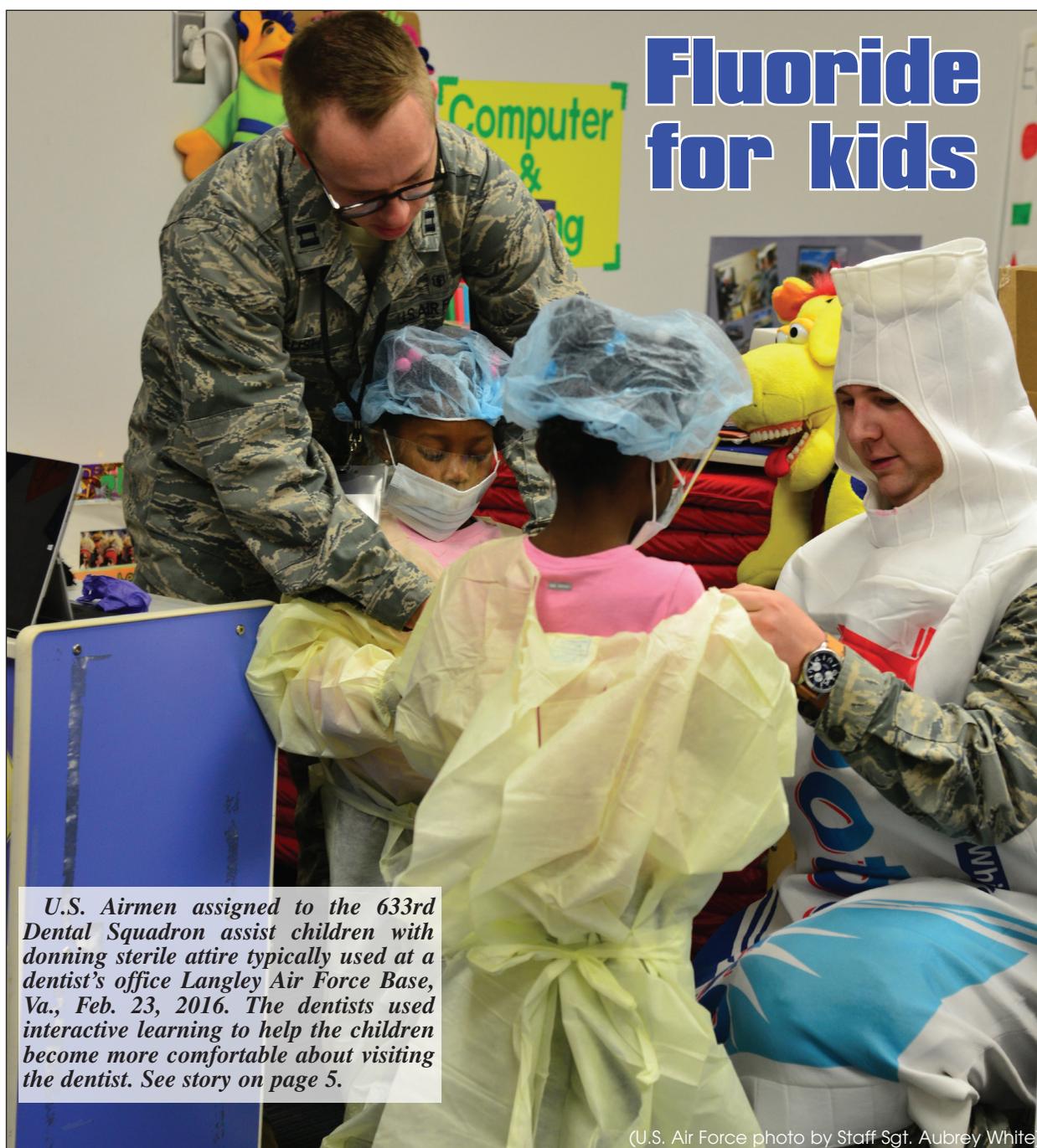
While Heisterman wanted to donate, the dates scheduled for her procedure fell during Lightning Forge. Finding herself at crossroad Heisterman sought the guidance of 1st Sgt. Keneti Pauulu, an infantryman and the first sergeant for HHC, 2nd BCT, who had been through the procedure himself only a few years earlier.

“She wasn’t sure if she wanted to do it because of the training exercise coming up,” said Pauulu. “I talked to her and told her to just do it and the chain of command will support you. It wasn’t like she was skipping out on the field, she was helping someone, and possibly saving their life.”

With the encouragement from Pauulu, Heisterman made the necessary arrangements for her trip to San Diego with no hesitation.

“The Program was very good about taking care of me,” Heisterman said gratefully with a smile.

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Fluoride for kids

U.S. Airmen assigned to the 633rd Dental Squadron assist children with donning sterile attire typically used at a dentist's office Langley Air Force Base, Va., Feb. 23, 2016. The dentists used interactive learning to help the children become more comfortable about visiting the dentist. See story on page 5.

(U.S. Air Force photo by Staff Sgt. Aubrey White)

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Team building strengthens fight against sexual assault

By Sgt. Christopher Milbrodt
Florida National Guard Public Affairs Office

CAMP BLANDING, Fla. — The Florida National Guard is committed to assisting its men and women in the fight to end sexual assault and domestic violence. As a part of this fight, important

relationships have been forged between the Betty Griffin House and the FLNG.

During the Betty Griffin House staff leadership training, staff members were invited to participate in the leadership reaction course at Camp Blanding Joint Training Center in Starke, Florida.

“In the military, we know that building relationships is very important, the face-to-face time is critical to forming the bond needed to work together,” said Army Capt. Melissa Schuster, the Sexual Assault Response coordinator for the Florida National Guard. “We absolutely want to bring these organizations into our community, because we are already living in theirs.”

According to Joyce Mahr, the CEO for Betty Griffin House, this was an opportunity to bring together staff members from different areas within the

organization, from therapists to shelter staff who don’t usually work together, and help them discover new ways to work as a team.

“We thought this would be a great way to build camaraderie with the staff and really try to build a team spirit,” said Mahr. “On the first event, there wasn’t a lot of interaction, but as the day went on they started to interact and come together to solve the problems.”

During the day, Betty Griffin staff members learned there is more than one right answer to solve complicated problems and that thinking outside the box while maintaining focus is crucial to success.

“This was something completely different from what we normally do on a daily basis, but there are similarities as well. With the course we were forced to focus and think things through much like what we have to do at work,” said Maren Villavisanis, a children’s therapist with Betty Griffin House. “I think this course and the pressures it puts on you allows you to learn something about yourself and how to move forward as a team.”

The bond between the Betty Griffin House and the Florida National Guard is not just about shared experience and some face-to-face time. This relationship can be essential to one of our Florida Guard families receiving the assistance they need.

“Because we have forged this relationship, our service members can feel more comfortable seeking help. They understand our unique situations and definitions of assault that do not necessarily match the Florida Statute

definitions, as the military has a much broader definition of assault,” said Schuster. “It is amazing the amount of care that you can get through the center.”

The Betty Griffin house offers protection and quality services for victims of domestic violence and their minor children, victims of Sexual Assault and their families of St. Johns County, Florida, through operation of a shelter offering assistance, counseling and transitional support. They educate the community about services provided and raise awareness of the problems of domestic violence and sexual assault in order to break cycles of abuse.

“I love the Betty Griffin House! I think a lot of what our Soldiers and Airmen don’t know is that they are eligible to use their services,” said Schuster. “Whatever it takes to get a victim of sexual assault or domestic violence back on track to a healthy life is available to our men and women in the FLNG.”

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Capt. John Kipp has lived & guided in the Florida Keys for over 40 years.

Combat medics train for the worst

By Staff Sgt. Ian Kummer
40th Combat Aviation Brigade

CAMP BUEHRING, Kuwait – Five Soldiers carefully patrolled through a cramped compound of wood and tin buildings. The sky was overcast. The sand beneath their feet was as fine as sawdust. As the Soldiers moved, they scanned nearby rooftops and windows for possible threats. All was quiet, for the moment.

Sounds of gunfire and explosions echoed throughout the cramped compound of tin and wood buildings. A panicked cry rung out.

“Medic!”

The patrol broke into a run, it only took a few seconds to arrive at a chaotic scene: Several smashed vehicles surrounded by bodies. A wounded Soldier was crouching behind cover a few meters away.

What started out as a foot patrol turned into a rescue party.

The rescuers set to work immediately, rallying wounded troops who could walk, and retrieving those who couldn't. Within a few minutes, all survivors were evacuated to a safe location.

But the job was far from over. Two casualties were critically wounded. Without immediate and effective medical care, they would die.

Fortunately, the mission was only a training exercise. The “battlefield” was a training compound in Kuwait. The “casualties” were training mannikins. But the scenario depicted was a very real one for millions of Soldiers across the world throughout history.

Medical staff from the 40th Combat Aviation Brigade operated a Tactical Combat Casualty Care training lane for 10 Soldiers stationed at Camp Buehring, Kuwait, Feb. 22-23.

So far, the 40th CAB had trained more than 60 Soldiers in the TCCC lanes. Their mission: To familiarize medics with the conditions and challenges they may face in combat.

“The goal here is to have an all inclusive training event, from the point of injury, casualty collection, the [Battalion Aid Station], a medevac request and the medevac itself,” said Sacramento, California, resident Capt. J.C. Devilla, an aeromedical physician assistant with the 640th Aviation Support Battalion, 40th CAB. “If they can work out here with the skillset to stop preventable deaths ... we've done our jobs.”

The 40th CAB's TCCC class consisted of two days of training. Participating medics spent the first day receiving classroom instruction to as a refresher to the procedures and equipment they would be expected to use in the field. On the second day, the medics went out to combat training lanes designed to simulate real-world conditions as closely as possible. The student med-



(U.S. Army photo by Staff Sgt. Ian M. Kummer, 40th Combat Aviation Brigade Public Affairs)
U.S. Army Capt. Caitlyn Rerucha, a Fredericksburg, Va., resident with the 10th Combat Support Hospital, and Cpl. Steven Upham, a medic with Company B, 1st Battalion, 63rd Armor Regiment, treat a simulated patient at a tactical combat casualty care lane at Camp Buehring, Kuwait, Feb. 23. The 40th Combat Aviation Brigade ran a two-day TCCC course for medics stationed at the camp.

ics were split into two teams – a five-person group at the point of injury to provide care-under-fire and tactical field care to patients immediately after being wounded. A second team positioned at a simulated battalion aid station then stabilized the patients sufficiently for a medevac by a UH-60 helicopter from Company F, 2nd Battalion, 238th Aviation Regiment, 40th CAB.

After completing the exercise, the two teams swapped places for a second batch of simulated patients. After a break for dinner, everyone returned to complete the whole exercise again at night.

“By having the teams swap, they gain an appreciation for the other guy's job, and the limitations involved,” said Sacramento resident Lt. Col. Brian Goldsmith, a flight surgeon in 1st Battalion, 140th Aviation Regiment, 40th CAB.

Every step of the process involved real medical equipment, and medics were required to place tourniquets, IVs and other life-saving aids on the dummies as they would on a real patient.

“Nothing is notional, here we have actual hands-on muscle memory and tactile experience,” Goldsmith said.

Many of the tools and techniques the medics used on the trauma lanes were new, but the challenges they faced were as old as war itself. Throughout the

millennia, it was a generally accepted fact that the vast majority of Soldiers who sustained serious injuries would die. Even as late as the American Civil War, poor nutrition, unsanitary conditions, crude medical technology and lack of antibiotics sealed the fate of tens of thousands of wounded fighting men – even ones with relatively minor injuries. According to the Civil War Academy, battlefield surgeons were unfamiliar with the risks of infection and typically used the same surgical tools on patient after patient.

By World War II, improvements in medical science both on and off the battlefield vastly improved the care wounded Soldiers received. However two vital tools were still missing. Firstly, a helmet and wool uniform were typically an infantry Soldier's only protection against enemy weapons. If he was caught in a blast or heavy fire, even if he survived, he would likely be too severely wounded to be saved. Secondly, even after receiving first aid treatment, it could be hours or even days before a casualty could be evacuated to a properly equipped hospital. Motor vehicles were in use, but relied on roads that were often in poor condition or sometimes even fell back into enemy hands during the course of a battle.

Solutions to both of these problems

debuted in the Korean and Vietnam conflicts. Body armor started coming into widespread use, which helped protect a Soldier's vital organs against gunfire and shrapnel. Helicopters also joined the fight, enabling rapid evacuation of wounded troops.

A new term came into use: The golden hour. If a Soldier with treatable injuries is kept alive and transported to a proper operating table within 60 minutes, he has a fighting chance of recovery.

Medical science, military training and doctrine continued to improve in subsequent conflicts. In the Global War on Terror and the following military operations to the present day, the biggest threat to wounded American service members is hemorrhage. A Soldier wounded by a gunshot or an improvised explosive device can bleed out within a couple minutes. The military developed new tools to combat hemorrhaging, like tourniquets and chemical-laced combat gauze.

But these advances aren't effective without well-trained and quick-thinking medics to employ them. Simply knowing the textbook answer to a medical problem isn't enough. An effective medic must be able to handle a stressful situation where even a short delay or a small mistake can be the difference between life and death.

“We stress [the training medics] so they fall back on their basic knowledge of what they need to do to save a life,” Devilla said.

No one was allowed to stay in the role they were most comfortable with, instead cycling through as many different tasks as possible to ensure every trainee was well-rounded.

The most junior medic at the trauma lanes, Pfc. Baker Zazour, a Chattanooga, Tennessee, resident in 1st Battalion, 63rd Armor Regiment, found himself appointed as a team leader. Zazour graduated from his job training last August, and deployed to Kuwait in October. The 40th CAB's trauma lanes were one of Zazour's first tastes of practicing medical skills since his initial certification has a medic.

“I'm glad I got the chance to do something I'm not comfortable with,” Zazour said. “Being tasked as a team leader, I've never done that before and I did my best ... it was good training, I liked it.”

Even experienced medics got the chance to hone their skills out in the lanes. Long Beach, California, resident Sgt. Ravalene Butler, the aviation medical noncommissioned officer for 1-140th AVN, is on her second deployment with the 40th CAB. Her current job doesn't take her into the field very often, making the trauma lanes a welcome refresher.

“It's good to get out of the office, get your hands dirty and get back into the combat medical mindset,” Butler said.

386th AEW and coalition forces first responders build skills, partnerships

By Staff Sgt. Jerilyn Quintanilla
386th Air Expeditionary Wing

SOUTHWEST ASIA —Airmen from the 386th Air Expeditionary Wing partnered up with coalition forces for a

mass casualty exercise at an undisclosed location in Southwest Asia, Feb. 18.

The purpose of the exercise was to test the medical group and Canadian Forces C2 field medical response capability.



(U.S. Air Force photo by Staff Sgt. Jerilyn Quintanilla)

A Danish physician assesses a mock patient during a joint medical exercise at an undisclosed location in Southwest Asia, Feb. 18, 2016. The 386th Air Expeditionary Wing partnered with soldiers from the 41st Combat Aviation Brigade and coalition forces medical personnel to conduct a medical exercise to test readiness and response times for first responders.

• WARRIOR

Continued from page 1

“They paid for everything from my plane ticket, hotel and transportation to even flying my mom from Delaware to be with me.”

Her trip to San Diego lasted a total of six days, which consisted of four days of injections, one day harvesting the bone marrow and one day of recovery.

Heisterman said, that after she received the injections, she began to notice minor side-effects such as bone pain, muscle weakness, nausea and fatigue after the third day of injections.

The morning of the fifth day of her trip, Heisterman began the harvesting procedure. The harvesting required Heisterman to be hooked up to a machine that would take her blood, process the parts needed for the donation and return the rest to her. This procedure took five hours to complete.

“During the procedure I had to keep as still as possible,” said Heisterman, laughing to her self before continuing. “I couldn’t even move my arms to feed myself so I had to have my mom feed me. The hospital staff told me that after the harvesting was complete all

of the blood in my body had circulated through the machine seven times.”

After the procedure Heisterman’s donation was given to a certified carrier who transported it to the patient in Turkey. The man she donated to was already prepped and waiting for his own procedure. Heisterman will have to wait a year from the date of her donation to learn the results of his procedure. Heisterman said she plans to try and follow up with the man she donated to after the year passes.

“I hope he gets better,” said Heisterman as tears trickled down her face. “Not just because I went through physical pain for the donation, but it’s sad to think about, someone is suffering out there. It feels good to know that I did what I could to help and that I have a chain of command that supported me donating.”

Heisterman did not donate to receive an award or special recognition. She donated for the possibility of saving the life of another human being. She donated because she was living the Army Value of Selfless Service.

“We staged a scenario in which a car crashed into a group of bicyclists off the side of the road,” said Chief Master Sgt. Ruben Vazquez, 386th Expeditionary Medical Group chief enlisted manager. “The team had to respond to six casualties total.”

Mass casualties are intense and you need to be ready, said Senior Airman Alan Villegas, a 386th EMDG medical technician. My mission was to stabilize my patients and get them to a clinic. In the moment being knowledgeable of triaging patients and of the severity of the injuries helped me prioritize and make sure we have the best outcome possible.

From the time an incident on base is reported, medical personnel are typically on scene within five minutes.

“Overall, I believe the exercise was a huge success, said Vazquez. The big-

gest benefit of this type of exercise is the mutual interaction of the emergency personnel responding to the event and allowing them to truly test their interoperability. The ultimate goal is to challenge the emergency personnel in a controlled environment and build muscle memory so they will be ready in the event of a real world mass casualty.”

In the end, it was also a reminder that in an emergency situation first responders have two things to rely on—their team and their training.

“Working with [coalition partners] was relatively easy. We were able to communicate with each other with ease and do what we needed to do,” said Villegas. “In the midst of the chaos I learned that staying calm and trusting my instincts is the best way to go.”

Improving dental health for children

LANGLEY AIR FORCE BASE, Va. — Many parents are proud when they see their child’s first pearly white tooth, even when they know the struggles that come with teething season are right around the corner. With new teeth come new responsibilities, so how can parents best protect children’s teeth from decay (cavities) and help the developing adult teeth?

As February marked Children’s Dental Health month, 633rd Dental Squadron staff wants to bring attention to improving the dental health of children.

Children can get cavities, but how prevalent are they?

About one in every five children ages 5 to 11 years old have at least one untreated decayed tooth, making cavities one of the most common chronic conditions of childhood in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing and learning.

Children and toothpaste

Previously, the American Dental Association (ADA) stated that parents should brush their child’s teeth with water and to consult a dentist about using fluoridated toothpaste; however, because fluoride is so effective against fighting cavities, the ADA now recommends parents use a smear of fluoride toothpaste as soon as the first tooth comes in until age three. Then, from 3-6 years of age, parents should brush their children’s teeth with a pea-sized amount. The ADA stressed the difference in this amount because a pea-sized portion doubles the amount of fluoride

versus a smear of toothpaste. Thus, children under three will benefit from the fluoride exposure but will not ingest too much fluoride.

What’s in water?

Most cities in the U.S. add fluoride to the water to help build strong teeth. The U.S. Department of Health and Human Services has recommended the optimal fluoride level in community water systems is 0.7 milligrams per liter. This small amount goes a long way to help reduce cavities in children – by about 25 percent. Simply encouraging your child to drink water every day helps reduce the chance of developing cavities.

How much is too much?

Fluoride is great at fighting children’s cavities, but too much fluoride can affect the appearance of their teeth during development. If a child ingests too much fluoride from food, water, toothpaste or by other means, they can develop what is called fluorosis. Fluorosis is a physical change in the tooth enamel which can range from minimal white spots to staining and pitting in more severe forms; however, this only occurs if a child ingests too much fluoride over a long period of time when the teeth are developing under the gums. By following the smear versus pea-sized amount of fluoride toothpaste guidelines, this will balance the amount of fluoride the child consumes.

Because of the role that teeth play in a person’s life, practicing good dental hygiene is of utmost importance. For more information, schedule an appointment with a local dentist and visit ada.org.

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Service members reap rewards from nursing program at USM

By Van Arnold
University Communications

A federal grant awarded to The University of Southern Mississippi in 2014 has already paid significant dividends to former and active-duty military service members seeking a Bachelor of Science in Nursing (BSN) degree.

The three-year grant, in excess of \$1 million, allows the Southern Miss College of Nursing to offer a specialized program based at the University's Gulf Park campus in Long Beach, Miss. To date the program has graduated six military students who all passed the National Council Licensure Examination (NCLEX) for nurses on their first attempt. Currently, there are 11 students enrolled in the program, with six set to graduate in May.

The new BSN program, which may be completed in as little as five semesters after completion of pre-requisites, incorporates military training and education previously received in the medical field. Pre-requisites may be taken at any accredited college or university anywhere in the country and out-of-state tuition will be waived for students in the program.

"We are very proud of our military and the quality of candidates that we

are admitting to our program," said Dr. Patsy Anderson, Associate Dean and Associate Professor, USM-GP College of Nursing and the VBSN Program Director. "Our military does an excellent job in training personnel, and as a faculty member I could not be more pleased."

Titled, "USM-GC's Military/Veterans BSN (VBSN) Pathway," the program has a curriculum adapted for former and active-duty service members with training as Army or Air Force medics or Navy corpsmen. It is tailored to each student, and program requirements are based on military medical education and training. The traditional BSN program is available for those with no medical experience.

"It's a great match with what we have to offer with this program, because these young people will bring a sense of service from their military background into the nursing profession, which is service-oriented as well," said Retired Maj. Gen. Jeff Hammond, director of veterans and military student services at Southern Miss. "If I were a medical corpsman coming out of the military and looking to advance my career opportunities, the BSN program at the University's Gulf Park Campus would be at the top of my list."





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FRONTIER NURSING UNIVERSITY

DKI APCSS welcomes new faculty member Dr. Deon Canyon

By Jesse Hall

HONOLULU, Hawaii — Dr. Deon Canyon has become the newest faculty member at the Daniel K. Inouye Asia-Pacific Center for Security Studies.

Canyon brings to the Center knowledge in crisis management, humanitarian action and disaster risk reduction with a particular emphasis on public health issues, to include vector-borne diseases and bio-terrorism. He has extensive experience as a scholar and professor, serving most recently with the University of Hawaii, and Curtin and James Cook Universities in Australia, where he focused on global

health protection and health security.

The addition of Canyon to the faculty is a plus for the Center in the crisis management arena based on his connections with what he called key crisis scholars. “Scholars in sectors, such as public administration or business, are often at the cutting edge of crises management and have strategies or lessons learned — how they’re analyzing crises and suggesting how they should be approached. I hope to add depth to a talented faculty that already has considerable breadth and experience.”

As a faculty member, he will lead ple-

nary topical discussions, conduct elective courses and serve as a seminar facilitator in resident courses and regional workshops. His work will enhance the leadership and problem solving skills of security practitioners throughout the Asia-Pacific region, but especially in Oceania, with the objective of improving regional governance.

His education background includes a doctor of business administration from the University of Western Australia, and a Ph.D. in health security and master of public health from James Cook University.

Canyon is a Life Fellow of the Australasian College of Tropical Medicine and has published over 110 peer-reviewed journal articles, book chapters, conference papers and books, and delivered 35 conference presentations. In addition to reviewing for over 40 journals, Canyon served as the editor-in-chief for the Journal of Rural and Tropical Public Health and serves on the editorial boards of the Journal of Global Health Systems and Leadership in Health Services.

Canyon joins a faculty team that builds greater understanding of the socio-economic, political, defense, health and environmental issues impacting the region’s security structure. They also promote multilateral cooperation in addressing issues that are often transnational in



scope.

The Center is the educator’s first position with a military education organization. He related, “I was a little dubious in the beginning thinking about going to a place that wasn’t a university, but I’ve been nothing but impressed by the way DKI APCSS functions.”

DKI APCSS is a Department of Defense institute that addresses regional and global security issues. Military and civilian representatives, most from the United States and Asia-Pacific nations, participate in a comprehensive program of executive education, professional exchanges and outreach events, both in Hawaii and throughout the Asia-Pacific region.

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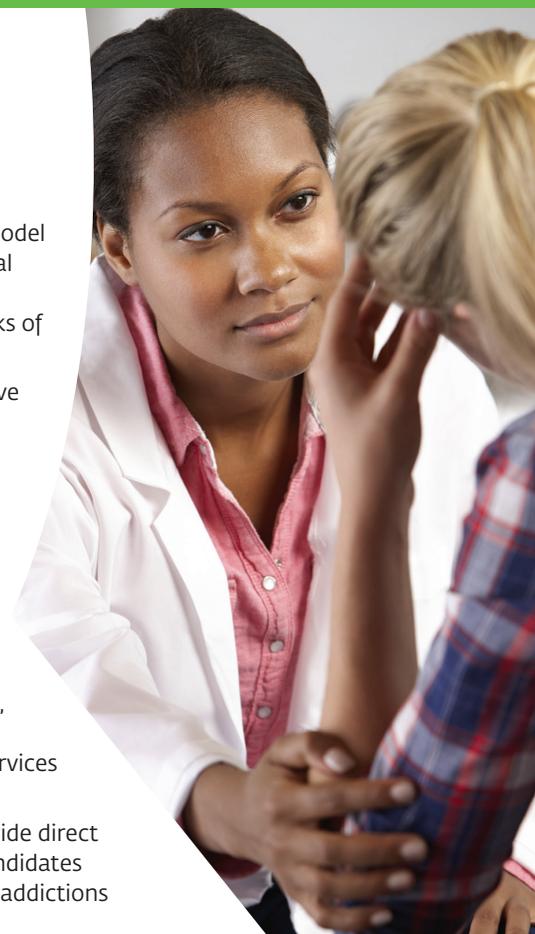
We are seeking candidates for our outpatient adult practice, with consultation-liaison service responsibilities as well. The Department of Psychiatry includes a strong multi-disciplinary team of psychiatrists, clinical psychologists, clinical nurse specialists and licensed clinical social workers.

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UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT PEORIA

Section Chief Infectious Disease (Assoc/Prof of Clinical Medicine)

The Department of Medicine at the University of Illinois College of Medicine at Peoria seeks a Section Chief, Infectious Diseases, to join a growing department known for innovative educational programs. This position will provide leadership and strategic direction for the clinical, research, and academic activities of the Infectious Diseases section. This position includes direct patient care, resident precepting, student teaching, and active participation in resident education. The ideal applicant must have at least two years of administrative and leadership experience to complement and expand a basic science or clinical translation program and possess the necessary research and educational accomplishments to qualify for an academic appointment at the Associate Professor or Professor level. The candidate will serve as the consulting physician of record for inpatients and outpatients. The position requires a medical doctorate (MD or DO) or foreign equivalent. Candidate must be BC in Infectious Diseases and eligible for licensure in Illinois. The candidate must be eligible for medical staff membership and privileges at a university-affiliated teaching hospital. Peoria is a mid-sized city ideal for convenient living while still close to major metropolitan centers. For full consideration: A letter of interest and curriculum vitae should be directed to the executive search firm: **Jordan Search Consultants** c/o Adam Rockey by email, arockey@jordansc.com; by phone, 636.294.6085; or by mail to **Jordan Search Consultants, 113 Church Street, O'Fallon, MO 63366**.

Academic Infectious Disease Physician

The Department of Medicine at the University of Illinois, College of Medicine at Peoria (UICOMP), located in a mid-size metropolitan area, is seeking applicants for multiple openings for the titles of Assistant Professor of Clinical Medicine/Physician Surgeon and Associate Professor of Clinical Medicine/Physician Surgeon to assist the department teach medical students, residents and fellows in Internal Medicine and Infectious Diseases. Other duties include assisting the department: provide clinical patient care in Internal Medicine and Infectious Diseases in the hospital and clinics; provide Grand Rounds and lectures; assist with curriculum development; participate in clinical medical science research; and perform administrative duties and University service as assigned. Requirements for the title of Assistant Professor of Clinical Medicine are an MD degree or its foreign equivalent, plus 5 years of training (3 years in an Internal Medicine residency program, and 2 years in an Infectious Diseases fellowship program), eligible for medical licensure in Illinois, and board certification or eligibility for certification in Internal Medicine and Infectious Diseases. Requirements for the title of Associate Professor of Clinical Medicine/Physician Surgeon are an MD degree or its foreign equivalent, plus 5 years of training (3 years in an Internal Medicine residency program, and 2 years in an Infectious Diseases fellowship program), at least 5 years' experience as an Assistant Professor, eligible for medical licensure in Illinois, and board certification or eligibility for certification in Internal Medicine and Infectious Diseases. Travel may be periodically required between healthcare facilities or for professional development. For fullest consideration, please apply at <https://jobs.uic.edu/job-board/job-details?jobID56042>. Complete job description is available via email at skwynn@uic.edu

Academic Geriatrician (Asst/Assoc Prof of Clinical Medicine)

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Academic Hospitalist/Internist

The Department of Medicine at the University of Illinois college of Medicine at Peoria seeks an academic hospitalist/internist to join a growing department known for innovative educational programs. The candidate will teach medical students and residents and treat patients at a 616 bed tertiary care, academic medical center. Peoria is a mid-sized city ideal for convenient living while still close to major metropolitan centers. Candidates must be BC/BE in Internal Medicine and eligible for licensure in Illinois. For fullest consideration, interested applicants should upload a letter of interest and curriculum vitae and apply online at: <http://jobs.uic.edu> under the "Job Board" tab. Job descriptions are available by request at skwynn@uic.edu

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Call 570-547-7950 ext 5108,
EOE**

Bagram medical group changes hands

By Capt. Bryan Bouchar
455th Air Expeditionary Wing

BAGRAM AIR FIELD, Afghanistan — The main medical facility and commander of medical forces in Afghanistan changed hands during a change of command ceremony at the Craig Joint-Theater Hospital at Bagram Air Field, Feb. 23.

Colonel (Dr.) Scott Calder assumed command from Col. (Dr.) Gianna Zeh as the commander of the 455th Expeditionary Medical Group and Task Force-Med Afghanistan.

"I feel lucky to have encountered such a fantastic leader dedicated to taking care of her team, as well as the folks she's charged with helping and healing here not only at the Craig Joint-Theater Hospital, but far beyond," said Brig. Gen. David Julazadeh, 455th Air Expeditionary Wing commander, who presided over the ceremony.

"Some may not realize that Col. Zeh is also the Task Force Med-Afghanistan commander, where she's also responsible for almost 400 Air Force, Army, and Navy coalition partners in eight different locations around Afghanistan," the general said.

Zeh took command of the 455th EMDG last March and since then she oversaw 300 traumas, 600 surgeries, 15,000 outpatient visits, 750 inpatient admissions, 50,000 prescriptions, 28,500 laboratory tests. She also added a new computed tomography machine and many other capabilities to ensure the best treatment for patients in Afghanistan.

During the ceremony, helicopters landed in the background with new patients for the medical group to triage and treat; something that now falls to the new commander, Calder.

Calder comes to Bagram from Aviano Air Base, Italy, where he was the 31st Medical Group commander. The general surgeon is no stranger to Bagram. He served as the 455th Expeditionary Medical Operations Squadron commander at the Craig Joint-Theater Hospital in 2009.

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Nurses



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RN & Dialysis Tech. for Tribal Dialysis Clinic
Qualifications: • RN (BSN or AND) with a ND License as defined in the ND Health Guidelines & Min. 1 year Nursing Experience. BLS & ACLS Required.

• Dialysis Tech must be certified in ND according to NDBON guidelines. BLS required.

**Contact Lavetta Fox, KDU Admin. TAT-Kidney Dialysis Center 701-627-4840
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NURSING POSITIONS

The Florida State Hospital, located in Chattahoochee, FL, is a state-operated, in-patient Mental Health Treatment Facility and we have full time positions currently available for: Advanced Registered Nurse Practitioners (Psych) Registered Nurses Candidates must be licensed to practice or able to attain licensure in the State of Florida. Excellent compensation/benefits pkg. offered. For more information about these career opportunities in the Sunshine State, please e-mail Resume with references to:

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DIRECTOR OF NURSING

The Florida State Hospital, located in Chattahoochee, FL, is a state-operated, in-patient Mental Health Treatment Facility and we have a full time position currently available for: Director of Nursing- Advanced Registered Nurse Practitioner (Psych). Candidates must be licensed to practice in the State of Florida. Excellent compensation and benefits pkg. offered. For more information about these career opportunities in the Sunshine State, please e-mail Resume with references to:

keri.bassett@myflfamilies.com
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Currently licensed. No experience to advance.

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**To apply, please contact Kristen Pritchett at 615-902-7574
or kristen.pritchett@tn.gov**

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Nurse Practitioner



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Brantwood Camp - Peterborough, NH

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Physicians & Nursing



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Nursing



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- Emergency Room Nurse • Medical/Telemetry Unit Nurse
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Sage Memorial Hospital is located in Northeastern Arizona

For more information, contact:

Ernasha McIntosh, RN, BSN, IDON

928-775-4501

ernasha.mcintosh@sagememorial.com

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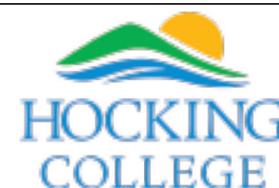
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Faculty & Nursing



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