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Faith, family, and fortitude

By MaryTherese Griffin
Army Recovery Care Program

FALLS CHURCH, Va. — It's pretty common. Most Soldiers don't know that a Soldier Recovery Unit (SRU) exists until they need one. Army Major Josh Lindsey, a program management acquisitions officer, was one of them.

"Jan. 25, 2023, I was clearing my current unit at Ft. Sam Houston, and on my way home from work on my motorcycle, a truck hit me." He flew over the bike, lost his helmet, and his head hit a concrete wall.

"It cracked my skull in half, and I had a severe Traumatic Brain Injury (TBI), a blood clot in my brain, and my carotid artery in my neck almost fully dissected." He was at Brooke Army Medical Center (BAMC) from Jan. 25 until Feb. 14. He went on to two other medical facilities for treatment before going to the SRU at Joint Base San Antonio.

Lindsey was clearing his unit when the accident happened. He was about to start a new chapter in his military career. "On January 30th, I was supposed to retire from the Army, and on Jan 31, I was supposed to swear into the Space Force. I am one of very few Army Soldiers selected to transfer to the Space Force."

The married father of three had a new mission- to get better. "I never knew what the SRU was. SFC Barretta was great. He walked me through everything; my only job was attending appointments and getting better. It was hard for my family, but my wife was there by my side every day. I couldn't drive for six months, so she had to take me to all my appointments."

Through programs at the SRU, Lindsey learned that hard work and communication with the cadre will help a Soldier succeed. "I thank God for that, and I am happy to say I am one of the lucky ones who gets to Return to Duty. Many great people are helping you through the program, not just physically and mentally but also with the business and career side of it."

He's still planning to go to the Space Force; he's kept them up to date, and they said if the Army deems him medically fit for transfer, it will happen. "My recovery has been remarkable, and the brain injury rehab and orthopedic teams have cleared me."

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Photo by Jose Rodriguez

U.S. Army Medical Center of Excellence command team Maj. Gen. Michael Talley and Command Sgt. Maj. Victor Laragione pose for a group photo along side attendees of the first ever Medical Warfighting Forum held on Oct. 4-5, at Lackland Air Force Base, Joint Base San Antonio, Texas.

Army physician assistants

Strategically shaping the future of military healthcare at Medical Warfighting Forum

By Jose Rodriguez
U.S. Army Medical Center of Excellence

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas - The month of October has manifested as a nexus for two pivotal events for Army Medicine, both underscoring the critical role of Army physician assistants in medical care and combat scenarios. The start of National Physician Assistants Week, celebrating the legacy and service of physician assistants, was paralleled by the insightful deliberations of the first ever Medical Warfighting Forum hosted by Maj. Gen. Michael Talley, commanding general U.S. Medical Center of Excellence and was held on October 4-5 and was held at Lackland Air Force Base, Joint Base San Antonio.

The forum brought leaders from throughout Army Medicine, the U.S. Army Training and Doctrine Command, the U.S. Army Futures Command, other Army major commands as well as representatives from

the U.S. Navy, the U.S. Air Force and partner nations. The two day event focused on the role of military medicine as the Department of Defense pivots to large scale combat operations in support of U.S. national defense strategy. Over 200 hundred people attended in person, with another over 300 participating virtually. Attendees engaged in in-depth discussions on current and future developments in military medicine and were able to see medical technology demonstrations firsthand at a large display setup by the U.S. Army Medical Materiel Development Activity.

At the beginning of the forum Talley addressed the audience by discussing the role of military medicine in possible future conflicts, mentioning that what is needed for future combat operations is not the way the U.S. has prosecuted wars for the past 20 years. "This forum will show that what worked in the past may not

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Study seeks new treatments for post-traumatic stress disorder in veterans, military personnel

By Caree Vander Linden

U.S. Army Medical Materiel Development Activity (USAMMDA)

A groundbreaking clinical trial launched Oct. 16, will explore the promise of new drug treatments for military personnel and veterans suffering from post-traumatic stress disorder (PTSD). The multi-site trial is spearheaded by the U.S. Army Medical Materiel Development Activity (USAMMDA), part of the U.S. Army Medical Research and Development Command, and supported by a project team that includes representatives from the U.S. Air Force, Army, Navy, and Special Operations Command.

Military veterans are more likely to have PTSD than civilians, according to statistics from the U.S. Department of Veterans Affairs, and service members who deployed to a war zone are more

likely to have PTSD than those who did not deploy. Overall, about six percent of the U.S. population will have PTSD at some point in their lives.

People with PTSD have difficulty recovering after experiencing or witnessing a traumatic event. The condition may last months or years, with triggers that can bring back memories of the event, accompanied by intense emotional and physical reactions. Symptoms may include nightmares, avoidance of certain situations, heightened stress reactions, anxiety, and depression, according to the National Institute of Mental Health.

Current treatment for PTSD includes several types of trauma-focused psychotherapy as well as medications to manage symptoms. However, previous research has shown that patients with a military history respond poorly to current drug treatments and psychotherapy compared to non-veteran patients.

Since 1987, over 130 PTSD pharmacotherapeutic trials have been conducted, but only two drugs (paroxetine and sertraline) are approved by the Food and Drug Administration (FDA) specifically to treat the condition. Although other drugs can be prescribed "off-label," meaning they are FDA-approved for other medical conditions, there is scant data to guide such use in the military population, according to Kimberly del Carmen, Ph.D., a health

science product manager at USAMMDA.

"PTSD is heterogenous in nature, meaning that no single biological cause is common to all individuals with PTSD," said del Carmen. "For that reason, we don't think there will be one 'magic pill' that will work for everyone, so we're employing an innovative testing strategy called an Adaptive Platform Trial."

This clinical trial platform design allows for an efficient use of resources with an accelerated schedule in which multiple drugs are simultaneously and sequentially tested. As the trial progresses, drugs that fail will be replaced with new candidates, and those that are successful will "graduate" to the next stage of development.

In addition to evaluating numerous potential PTSD treatments, the trial also will examine several biological indicators to determine whether people with PTSD have some shared characteristics, such as specific biological markers, that can provide insight into designing potential treatments or matching treatments to individuals.

According to del Carmen, three drug candidates that are FDA-approved for conditions other than PTSD were chosen for the first round of testing. Frequent interim analyses of the data will be conducted, and successful testing results will trigger the first of a series of clinical practice guideline decision points, including

recommendations for the off-label use of these drugs.

Drugs tested in the future are likely to be novel drugs, since the goal of this effort is to obtain FDA approval of one or more therapeutics for the treatment of PTSD, del Carmen said.

The trial will include 15-20 clinical sites within the United States and is planned to include up to 600 subjects during the testing of the first three drugs over approximately three years.

About USAMMDA

The U.S. Army Medical Materiel Development Activity, part of the U.S. Army Medical Research and Development Command, develops, delivers, and fields critical drugs, vaccines, biologics, devices, and medical support equipment to protect and preserve the lives of Warfighters across the globe. USAMMDA project managers guide the development of medical products for the U.S. Army Medical Department, other U.S. Services, the Joint Staff, the Defense Health Agency, and the U.S. Special Forces community. The process takes promising technology from DoD, industry, and academia to U.S. Forces, from the testing required for U.S. Food and Drug Administration approval or licensing to fielding and sustainment of the finished product.

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U.S. Army courtesy photo/released

A groundbreaking clinical trial launched Oct. 16, will explore the promise of new drug treatments for military personnel and veterans suffering from post-traumatic stress disorder (PTSD). The multi-site trial is spearheaded by the U.S. Army Medical Materiel Development Activity (USAMMDA), part of the U.S. Army Medical Research and Development Command, and supported by a project team that includes representatives from the U.S. Air Force, Army, Navy, and Special Operations Command.

Three BAMC members honored as Heroes of Military Medicine

By Lori Newman

Brooke Army Medical Center Public Affairs

JOINT BASE SAN ANTONIO-FORT SAM HOUSTON, Texas — Three Brooke Army Military Center staff members received the Heroes of Military Medicine San Antonio award from the Henry M. Jackson Foundation for the Advancement of Military Medicine Inc., Oct. 12.

The Heroes of Military Medicine award honors military professionals who demonstrate excellence in medical research or clinical care through

compassion and selfless dedication to advancing military medicine and the overall health of the nation's wounded, ill and injured service members and veterans.

U.S. Army Col. (Dr.) Michael Wirt, department of radiology chief; U.S. Air Force Capt. Sarah Juhasz, extracorporeal membrane oxygenation nurse; and U.S. Navy Lt. Rachel Robeck, emergency medicine physician assistant, accepted the award during a ceremony held at the Red Berry Estate in San Antonio. The event recognized top researchers,

practitioners, ambassadors, and champions of military medicine within the San Antonio community.

All three humbly said they didn't consider themselves "heroes."

"There are so many highly skilled, deserving medical professionals at BAMC who provide exceptional care each and every day," said Wirt. "I am deeply honored to have been nominated for the Army Hero of Military Medicine Award and truly humbled to have been selected."

"I certainly do not consider myself a hero, but as an individual who has been extremely fortunate to work as a member of exceptional teams and organizations throughout my career, providing care for our Nation's most treasured patients: our service members, retirees, and our military families," Wirt added. "'Hero' is a term I reserve for the combat medics who place themselves in harm's way at the point of injury and for those injured on the battlefield, the brave service members to whom we provide care anytime, anywhere."

"I appreciate the Henry M. Jackson Foundation for all they do in the realm of military medical research and for taking the time to recognize clinicians from each service, but I feel truly lucky to get to do the job I do every day at BAMC and NAMRU-SA (Naval Medical Research Unit – San Antonio)," Robeck said.

Robeck is the research director for the

Army-Baylor Emergency Medicine PA Fellowship and a clinical research scientist within the NAMRU-SA.

HJF is a global nonprofit that administers more than \$500 million in medical research funds annually. Since 1983, HJF has partnered with researchers and clinicians to provide bench-to-bedside-to-battlefield research support. More than 3,000 HJF teammates provide scientific, administrative and program operations services to researchers in the military, academia and private industry.

"To me the real heroes of Navy medicine are those out there doing the somewhat unglamorous tasks the Navy has asked of them – whether that be seeing sick call (patients), staying late after clinic signing Physical Health Assessments, or spending months away from family and friends while forward deployed," Robeck said. "Meanwhile I've been fortunate enough to challenge my skills, learn every day, mentor other PAs (physician assistants), and participate in cutting edge research with NAMRU-SA. I hope the efforts I've put in during my time here in San Antonio lead to future opportunities for more PAs to obtain advanced training and experience in a Level I Trauma Center."

Juhasz said joining the U.S. Air Force in 2021 changed her life. "The Air Force has given me all that I could have

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Courtesy photo

U.S. Army Col. (Dr.) Michael Wirt, Brooke Army Medical Center department of radiology chief, poses for a photo with BAMC Commander Army Col. Mark Stackle and retired Army Maj. Gen. (Dr.) Joseph Carvalho Jr., Henry M. Jackson Foundation president and CEO, after receiving the Heroes of Military Medicine San Antonio award from the Henry M. Jackson Foundation for the Advancement of Military Medicine Inc., during an awards ceremony in San Antonio, Texas, Oct. 12. The award honors military professionals who demonstrate excellence in medical research or clinical care through compassion and selfless dedication to advancing military medicine and the overall health of the nation's wounded, ill and injured service members and veterans.



Courtesy photo

U.S. Air Force Capt. Sarah Juhasz, Brooke Army Medical Center extracorporeal membrane oxygenation nurse, receives the Heroes of Military Medicine San Antonio award from retired Army Maj. Gen. (Dr.) Joseph Carvalho Jr., Henry M. Jackson Foundation president and CEO, as Air Force Brig. Gen. Thomas W. Harrell, commander of the 59 Medical Wing and director of the San Antonio Market, looks on during an awards ceremony.



Courtesy photo

U.S. Navy Lt. Rachel Robeck, Brooke Army Medical Center emergency medicine physician assistant, accepts the Heroes of Military Medicine San Antonio award from the Henry M. Jackson Foundation for the Advancement of Military Medicine Inc. Robeck is also the research director for the Army-Baylor Emergency Medicine PA Fellowship and a clinical research scientist within the Naval Medical Research Unit – San Antonio.

• Physician assistants (Continued from front page)

work or be useful in 2030,” said Talley. This is an external forum for those that may not have participated in multiple limited objective experiments that we have executed this year. If we are going to win our nations wars it is imperative that we clear the battlefield and return to duty casualties as quickly as we can. As we work jointly it is important to have an external audience ask questions and identify if there are things that we are missing as we look at developments going forward.”

A cornerstone of the Medical Warfighting Forum was the invaluable participation of Col. Bill Soliz, commander of the Medical Readiness Command, Pacific and Army Physician Assistant, Office of the Surgeon General of the United States Army, consultant. Acting as a voice and representative for Army physician assistants, Col. Soliz’s insights and discussions laid the foundation for understanding the direction and emphasis of the Army’s evolving medical strategies. The forum was a profound testament to the Army Medical Modernization Strategy’s ambitions, focusing on the confluence of emerging concepts, the amalgamation of state-of-the-art technologies, and championing interoperability. The mission statement resonated with clarity – augmenting healthcare support’s efficacy and efficiency for the holistic betterment of the joint warfighter.

Diving deeper into the forum’s essence:

- Threat-Based Evaluations: A forward-looking approach was adopted to

mold the healthcare personnel of the future, envisage the Army landscape of 2040, and shape an advanced Army Health System to empower the warfighters of 2030.

- Addressing Challenges: The dialogues expanded on enhancing interoperability, refining evacuation strategies, and championing an ethos of continuous innovation and improvement.

But amidst these strategic discussions, a poignant moment was Col. Soliz’s interaction with the students of the Inter-Service Physician Assistant Program, or IPAP. Facilitated by Col. Larry Lindsay, the Army’s Senior Service Representative for IPAP, this session was more than just a lecture, it was a vision-sharing endeavor. Speaking to an audience of over 200 IPAP students, Col. Soliz remarked, “The horizon of the physician assistant profession is on the cusp of a transformative phase. Adaptations in the federal healthcare framework are nudging the Army physician assistants to modernize our state licensure policy which aligns with civilian practice.”

Highlighting the importance of Army Health System imperatives, Col. Soliz passionately discussed the significance of clearing the wounded, optimizing return-to-duty strategies, and addressing the challenges of contested logistics. He further accentuated the urgency for state licensure reforms, enhanced credentialing processes, robust collaborations with Defense Health Agency, and a refined focus on preparing for large scale combat



Photo by Jose Rodriguez

Maj. Gen. Michael Talley, commanding general U.S. Army Medical Center of Excellence, addresses the in-person and virtual audience at the first ever Medical Warfighting Forum held on Oct. 4-5, at Lackland Air Force Base, Joint Base San Antonio, Texas. The two day event brought together representatives from Army Medicine And Army major commands as well as U.S. Navy, U.S. Air Force and partner nations to focus on the role of military medicine in possible future large scale combat operations in a multi-domain environment.

operations. The underpinnings of his discussions emphasized the strategic significance of physician assistants in training combat medics, thereby ensuring their preparedness for contemporary and future battlefields.

Reflecting on his interaction with the students, Col. Soliz observed, “Our future rests on the shoulders of these

young professionals. Their training, insights, and dedication will be the driving forces propelling the Army’s medical strategies into the future.”

During the senior leader panel Joseph Holland, SES, U.S. Army Medical Center of Excellence Deputy to the Commanding General said “Every member in this room, and all the members of your teams, need to understand the medical research development and acquisition system, and the process involved to move from an idea to something in the hands of a soldier and what your role and your counterpart’s role is in this process. We have to take advantage of the opportunities that we have been given now. It is not too frequently that we see our Army invest resources into solving problems to the magnitude that we have today. We have to come together as a team, as an organization, to make it right for the future.”

Closing out the forum Talley thanked the audience and their participation, insight and questions. “We have a good pathway forward as an enterprise. I am looking forward to the next event.”

The twin events of October, the Physician Assistants Week and the Medical Warfighting Forum, serve not just as a commemoration of the present but as a beacon for the future. They amplify the importance of Army physician assistants not just as healthcare professionals but as visionaries and strategists, critical in shaping the military’s future medical and combat paradigms. As the events of the month unfold, the path forward for Army physician assistants becomes ever clearer – a journey marked by innovation, dedication, and strategic leadership.



Photo by Jose Rodriguez

Col. Bill Soliz, commander of the Medical Readiness Command, Pacific and Army Physician Assistant, Office of the Surgeon General of the United States Army, consultant speaking to Inter-Service Physician Assistant Program students at Blesse Auditorium at the U.S. Army Medical Center of Excellence. National Physician Assistants Week, celebrating the legacy and service of physician assistants, was paralleled by the insightful deliberations of the first ever Medical Warfighting Forum hosted by Maj. Gen. Michael Talley, commanding general U.S. Medical Center of Excellence.

From ship to shore

Navy medicine gets real – and better – about patient movement

By André Sobocinski

U.S. Navy Bureau of Medicine and Surgery

Even under ideal conditions, the urgent or emergent movement of ill or injured Sailors and Marines from ship to shore can be a complex operation. These transfers can occur at night and in poor weather conditions, adding an extra layer of challenges. Furthermore, the unplanned nature of these medical movements can impact the degree of operational risk management associated with planned movement missions.

These factors can lead to increased safety risks, accountability issues, information gaps, and incomplete or difficult communications with the originating command. Additionally, once a Service Member is received by a Military Treatment Facility (MTF), privacy concerns, communication constraints, complicated command structures, and simple geography or communication restrictions can be contributing factors to a lack of parent command situational awareness.

In 2019, the Pacific Fleet surgeon requested Navy Medicine support to apply Get Real, Get Better principals to improve Patient Movement safety, communications, and outcomes, while protecting privacy, when Service Members are moved for medical reasons from at-sea units (to include units in port) to any shore-based civilian or MTF across the enterprise.

“This project had been piloted down in Third Fleet with Naval Medical Center (NMC) San Diego,” explained Capt. Joon Yun, Commander, Task Force (CTF)-80-Surgeon, Fleet Forces Command, who has played a pivotal role as member of the PM action team along with representatives from the Bureau of Medicine and Surgery (BUMED), Tripler Army Medical Center, Naval Medical Center (NMC) Portsmouth, NMC San Diego, Naval Hospital (NH) Camp Pendleton and other Subject Matter Experts (SMEs). Collectively, this action team identified a multitude of improvements to the ship-to-shore PM process and then worked with NMC San Diego to initiate a pilot program to test and implement improvements in pre-coordination. The impact was immediate.

From November 2019 to February 2020, Third Fleet completed 25 successful ship-to-shore medical transfers to NMC San Diego using a pre-coordination system.

“If a member is concerned if a skin lesion could be melanoma, we can coordinate the care, make sure they have a dermatology appointment or the dermatologist on call is aware of them and can coordinate when and where to show up so that they can get care,” said Yun. “Afterwards they can go back to their



U.S. Navy photo by Mass Communication Specialist 1st Class Ryre Arciaga. Sailors transfer Hospital Corpsman 2nd Class Tyke Tampus, from Cebu City, Philippines, on a reeve sleeve as he simulates a casualty during medical evacuation training on the flight deck of the Ticonderoga-class guided-missile cruiser USS Antietam (CG 54) in the Philippine Sea, May 15. Antietam is assigned to Commander, Task Force (CTF) 70, and is forward-deployed to Yokosuka, Japan to support the security of the U.S. and its Allies in the Indo-Pacific.

ship quickly so they can perform their jobs.”

Under the new PM process both Fleet and Operational Forces Medical Liaison Services (OFMLS) must complete special checklists to ensure adherence of transfer guidelines. Requirements include ensuring that there is “doc-to-doc” communication, and the Fleet surgeon is notified prior to disposition and completed checklist is uploaded to the Global Teleconsultation Portal (GTP).

“We now have a way to use a standard process that must be used by all ships in the fleet as well as any Navy Medicine Readiness and Training Command (NMRTC) regardless of their location or time zone,” said Brian McCormick, Director, Improvement Sciences, Chief Improvement Science Officer for Navy Medicine, and a charter member of the PM action team. “This standard practice now allows Navy Medicine to be able to track these sailors, ensure they receive the right care, and keep operational commands informed of their sailors condition and status within 30 minutes of arrival at a definitive care facility.”

Built on the successes of the pilot program, phase 2 saw enterprise-wide

implementation of processes including improved systematic data collection allowing to better monitor process performance. As of June 2023, all OFMLS – CONUS and OCONUS – at NMRTCs have implemented and validated PM processes.

“As we’re starting to see the data come in, we are learning that this is a good process,” said Cmdr. Elegant Bigornia, Director for Executive Medicine at NMRTC San Diego and Chair of the BUMED Operational Forces Medical Liaison Service Clinical Sub-Community. “It is improving communication and closing up a lot of those gaps in communication while allowing for feedback for continuous improvement.”

The process has also helped minimize cases of so-called “displaced” Sailors and Marines. At NMC San Diego alone, over 92 percent of patients evacuated arrive with a non-medical attendant (“battle buddy,”) and up to 78 percent of them have travel orders and government travel charge cards (GTCC) prior to movement; this compares to just 50 percent having battle buddies and 15 percent travelling with orders and a GTCC prior to launching phase 2 in December

2022.

For Yun this PM evolution has been significant. “It’s closed loop in communication,” said Yun. “It’s seeing that we know the person’s coming. We can set up. We can make sure that the appropriate specialist is aware on the MTF side.”

What’s next for the project? With phase 2 now complete Cmdr. Bigornia sees the future as sustainment and institutionalization.

“We are working on embedding this process in instruction on both the fleet and the BUMED side so that it is codified,” said Bigornia. “We operate in very dangerous environments and unexpected injuries and illness happen. We have to have a good process to make sure that we identify the issues quickly and can communicate the need and get that Sailor or Marine to the level of care that the need in a timely manner.”

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• **Fortitude** (Continued from front page)



Photo courtesy Maj. Josh Lindsey

Maj. Josh Lindsey in Brooke Army Medical Center right after his accident in January 2023.

Physician



PHYSICIAN - FAMILY MEDICINE

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EEO/AA/M/F/Vet/Disabaled

He credits his doctors, the staff at the SRU, and his family with his recovery journey but, first and foremost, gives glory to God.

“I always had a relationship with my Lord and Savior Jesus, but after this, I do see what happened to me is a miracle. All the doctors told me that most people would have died from the accident. I know God kept me here for a reason, and he has plans for me.”

He’s grateful for his Army career and

looks forward to his new adventure with the Space Force. “Helping establish this new service is an honor. I’m excited to help build the Space Force. The opportunity is amazing.”

Lindsey wants to exemplify faith, family, and fortitude to others. “No matter what happens, God has a plan for us, and HE won’t put anything in front of us that we can’t accomplish or overcome. Set a daily goal at the SRU and do what they tell you.”

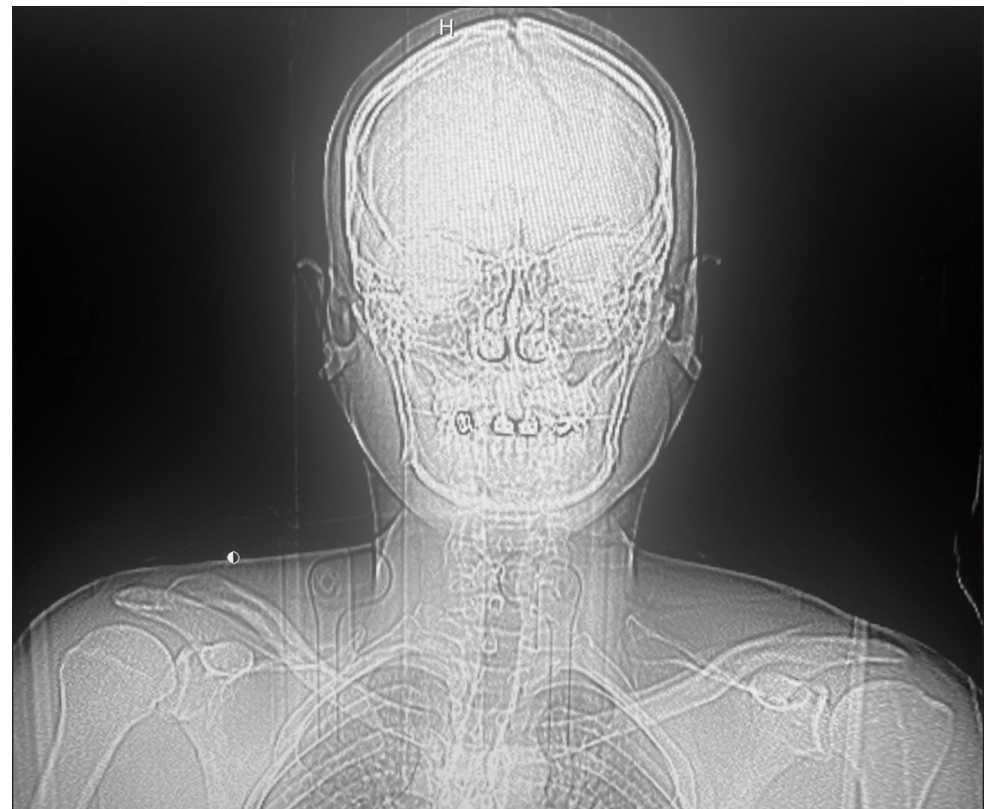


Photo courtesy Maj. Josh Lindsey

This x-ray shows the crack in Maj. Josh Lindsey’s skull where he hit the concrete wall after being thrown from his motorcycle.



Photo courtesy Maj. Josh Lindsey

Natalie Lindsey with her husband, Maj. Josh Lindsey on Valentine’s Day just before leaving BAMC.

• **Heroes** (Continued from page 3)

wished for and more,” she said.

“I am so honored to receive this recognition; however, I can honestly say that I work with heroes every day, and these heroes cannot go unnoticed,” Juhasz said. “At Brooke Army Medical Center we are a team of heroes. This team of heroes works together for one common purpose - healing. Sometimes we are healing wounds, sometimes healing

minds, sometimes healing hearts... We all have been blessed with unique gifts so that we can be a blessing to others and be the heroes our patients need.”

Dr. Tom Mayes, a retired pediatric intensivist and a lung transplant recipient, received the civilian provider award. Mayes served on active duty as a pediatric and pediatric critical care medicine physician for eight years at

Wilford Hall.

The keynote speaker at the event was Benjamin Hall, State Department correspondent for FOX News. Hall received care at BAMC and the U.S. Army Institute of Surgical Research Burn Center after suffering traumatic injuries in Ukraine.

“Since 2010, HJF has celebrated men and women who exemplify commitment

to military medicine for those who need it most – whether warfighters, veterans or civilians,” said retired Army Maj. Gen. (Dr.) Joseph Carvalho Jr., HJF President and CEO. “We are thrilled to honor these heroes for the second year in San Antonio.”

Carvalho is also a former BAMC commanding general.

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Physician



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Blalock, LLC. Responsible Attorney: Harry Blalock. 2001 Park Place North, Suite 1000, Birmingham, AL 35203. Additional attorneys and firms may do work on specific cases. Responsibility for your case is maintained by Blalock, LLC. Blalock, LLC attorneys licensed in Alabama, District of Columbia, Florida, Maryland, North Carolina, Texas. Local counsel may be retained in certain jurisdictions as required. Clients not accepted in states where unauthorized by state bar rules. Prior results do not guarantee a similar outcome. WY: The Wyoming State Bar does not certify any lawyer as a specialist or expert. Anyone considering a lawyer should independently investigate the lawyer's credentials and ability, and not rely upon advertisements or self-proclaimed expertise. The hiring of a lawyer is an important decision that should not be based solely upon advertisements. Before you decide, ask us to send you free written information about our qualifications and experience. No representation is made that the quality of the legal services to be performed is greater than the quality of legal services performed by other lawyers. FREE BACKGROUND INFORMATION AVAILABLE UPON REQUEST.



NOW HIRING: Health Services/Mental Health providers

Physicians: Salary: \$185,448.00 - \$249,456.00 Annually	Licensed Practical Nurse: \$4,694.00 - \$6,312.00 Monthly
Facility Medical Directors: Salary: \$251,244.00 - \$300,456.00 Annually	Medical Assistant: \$3,787.00 - \$5,047.00 Monthly
Advanced Care Practitioners: Salary: \$8589.00 - \$14,802.00 Monthly	Patient Service Representative: \$3,701.00 - \$4,931.00 Monthly
Clinical Pharmacists: \$120,132.00 - \$142,788.00 Annually	Psychiatrist: \$16,869.00 - \$22,691.00 Monthly
Correctional Mental Health Counselors 2 - \$4,931.00 - \$6,630.00 Monthly	Psychologist: \$115,200.00 - \$154,920.00 Annually
Dental Assistant: \$4,359.00 - \$5,857.00 Monthly	Sex Offender Treatment Specialist: \$5,578.00 - \$7,495.00 Monthly
Dentist: \$140,376.00 - \$188,844.00 Annually	Psychology Associate: \$6,630.00 - \$8,696.00 Monthly
Health Records Technician: \$4,057.00 - \$5,444.00 Monthly	Registered Nurse: \$6,709.00 - \$10,999.00 Monthly
Imaging Technologist: \$4,257.00 - \$5,717.00 Monthly	
Program Specialist – Substance use disorder Professional: \$57,324.00 - \$77,028.00 Annually	

Washington State Department of Corrections has multiple opportunities throughout the state for professional healthcare providers!

Insurance offerings:

Medical, Dental, Vision, Basic life insurance, Retirement, Deferred Compensation, Vacation leave, Sick leave, Holiday leave and pay, Social Security



The Health Services Division is responsible for basic primary care for incarcerated adults. Emphasis is placed on early identification of health concerns, acute and chronic health problems, and preventive care. Providers offer medically necessary and quality care in accordance with the Department's Offender Health Plan.

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<http://doc.wa.gov/about/jobs/careers-healthcare.htm>



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