

# LifeLines

Southern Region Emergency Medical Services Council, Inc. November 2006, Vol.18 No 1



Back Row: Ron Bowers, Teresa Seybert, Desmond King, Sr., William Anthes, Jack Krill, Gene Wiseman, Kara Boothby, April Yost, Beth Conner, Jerimiah Grantham, Billie Jo Hansen. Middle Row: Michael Gerken, Michael Tredway, Kendra Sontag, Theresa Blazka, Virgie Hartley-McKeown, Ronni Sullivan. Front Row: Kara Burns Not Pictured: Stephen Robertson, Dane Waisanen, & Ross Imbler

## SYMPOSIUM HONORS THE BEST

The 31st Annual Alaska EMS Symposium came to a close November 11th at the Egan Convention Center in Anchorage with the EMS Awards Banquet, recognizing those providers who made outstanding contributions to EMS during the last year.

The **Citizen/Consumer Award** is given to “a person who, not in the regular line of duty, performs life-saving, limb-saving, or medical techniques in a medical emergency, and shows quick thinking, common sense, and initiative to save a life or reduce injury.” This year’s recipient was **Kara Burns**. Kara was honored for the rescue on May 31, 2006 of two people from a vehicle which was resting on its roof in a water-filled ditch. Although only ten years

old and half the size of the other occupants, she helped two partially-conscious passengers to safety.

The **EMS Provider Award** is presented to “a medically-trained person who performs meritorious service above and beyond expectations of the job.” This year’s recipient was **Timothy McKeown**. Mr. McKeown was honored in recognition of his many years in EMS and his death in the line of duty. His long career exemplified the Alaska EMS tradition of “Neighbor Helping Neighbor.”

The **Administrator Award** is presented to “a person who successfully develops a new approach, technique, device, etc. to

improve EMS in Alaska and/or for an outstanding administrator in an EMS agency or service.” This year’s recipient was **Teresa Seybert**. Ms. Seybert was recognized for her management of the Bristol Bay EMS subarea, a complex network of programs in 32 isolated villages spanning an area the size of Ohio.

The **George H. Longenbaugh Award** is an award which “honors a physician who exemplifies leadership and dedication to EMS systems, and, through his or her efforts, has significantly promoted the Alaska EMS system.” This year’s recipient was **William Anthes, MD**. Dr. Anthes was honored for his 23-years of support to the Ketchikan Fire Department as its physician medical director.

The **Melissa Ann Peters Memorial Award** “recognizes an outstanding nurse who has contributed in some special way to the encouragement of emergency medical services skills, efforts, and education.” This year the award was presented to **Beth Conner, RN**. Ms. Conner has been a positive example in the field, serving as an EMS instructor, a volunteer responder with Chugiak Volunteer Fire Department, and a pediatric intensive care nurse.

The **EMS Educator Award** “is given to a State-certified ETT or EMT Instructor who is dedicated to quality instruction and promoting the best in pre-hospital care, or has made an outstanding contribution to EMS education.” This year the recipient was **Ron Bowers**. Mr. Bowers was recognized because of his dedication to providing quality EMS instruction, in particular, arranging a vehicle extrication class for King Cove EMS personnel following a rise in automobile accidents.

Continued on page 3

*point of view*

**Ronni Sullivan, SREMSC  
Executive Director**

I often find myself thinking of the blessing EMS has been to me and what a joy it has been to work with you.

Nearly 30 years ago I began this journey with an EMT class in Unalaska. From the beginning I was hooked. It felt good to help, to know what to do, and to work with others who felt that way, too. Several years in that isolated community helping to build the new emergency medical service, get an ambulance, serve as an EMS provider, volunteer, instructor, manager, all seemed to present one new opportunity after another. The excitement about EMS never dimmed. It led me on to paramedic school, then eventually to series of wonderful jobs at the regional office.

It has been an honor to work on behalf of EMS, and it has been an exciting, challenging and rewarding time. The region will continue to fight the good fight for assistance and funding to provide you with minigrants, training, Code Blue equipment, administrative assistance, new ideas, scholarships and reasonable regulation. We will represent your interests to the legislature, the state, the administration, and to any others who should hear of the selfless work that you do, and the vital role you fill in your community.

You are a rugged bunch, strong and determined, kind and compassionate, yet surprisingly humble about all you do. You use your own, very limited personal time to learn more about taking care of others. You study, practice, test and practice some more. You sincerely care about knowing the right way, having the right equipment and doing your best. You give up weekends, and holidays, miss dinners and family birthdays, jump out of bed when the tones go off to respond to the needs of others.

You set aside your own safety to drive in the worst weather, rappel down mountainsides, board moving boats at sea. You risk exposure to disease, dangerous environments, drug users, drunk drivers, domestic violence and even the devastating sadness of suicides. You respond to the illnesses and injuries of strangers and neighbors, people you know, people you'll never see again, and sometimes even your own family members. You somehow have to learn to set that all aside and be ready to take care of the next emergency whenever it happens. You extricate the injured from crashed vehicles. You hold the hands of the frightened, wipe the tears of the saddened, and give comforting hugs to those who need strength and consolation. And, you take care of each other.

That's quite a job description. I have tremendous respect for the people who make up the Alaska EMS system. Please accept my thanks for what you do, and the way that you do it. You are a very special gift.

## SREMSC BOARD OF DIRECTORS

Ronni R. Sullivan  
President/Executive Director

Aleutian/Pribilof Islands  
Harriet Cutshall

Bristol Bay  
Teresa Seybert  
Malcolm Wright

Copper River  
Dave Abbott

Kenai Peninsula  
Robert Craig  
Robert Painter

Kodiak Island  
Michael Dolph  
*At Large*  
Terry Stone  
*Secretary*

Matanuska-Susitna  
Mia Mangione  
*Past Chairperson*  
Bill Mackreth

Municipality of Anchorage  
Bruce Bartley  
*Vice Chairperson*  
Jeremy Jones

Prince William Sound  
Skip Richards  
Joanie Behrends

Members-At-Large  
Tom Bailey  
Soren Orley  
*Chairperson*  
Alexandra Chartier

Please submit requests to reprint, editorial comments, photos, and news items to:  
LifeLines Editor: Emily McKenzie  
emckenzie@sremsc.org.

LifeLines is funded in part by a grant from the Alaska Department of Health & Social Services, DPH IPEMS Section.

Printing is provided by:  
Alyeska Pipeline Service Company.

Continued from page 1

The **Outstanding Ambulance Service Award** “recognizes a ground ambulance or first responder service which has had outstanding success in providing year-round community service and in gaining support and involvement of the entire community in its service and educational activities, or which has shown heroic performance on a special occasion.” This year the award was presented to **Mat-Su Central Ambulance Service**. The Mat-Su Central Ambulance Service was selected because of its dedicated service to the community and success in meeting the challenges of a surge in population growth. In 2005 Mat-Su Central Ambulance Service responded to 3,000 medical calls with 60 EMS responders.

The **Friend of EMS** award “is given on rare occasions to a person who has made a significant and lasting contribution to Emergency Medical Services in Alaska.” This award was given this year to **Ronni Sullivan**. Ms. Sullivan’s work in EMS

began in 1977 when she served as the Volunteer Emergency Services Coordinator in Unalaska, overseeing the program in Unalaska and Dutch Harbor. From 1981 to 1983 she was the EMS Division Commander/Public Safety Officer for the City of Unalaska. After serving as both Assistant Training Coordinator and Training Coordinator at the Southern Region EMS Council, Ms. Sullivan was appointed Executive Director of the Council in 1990. This award was in recognition for her long career in EMS and the grace, diplomacy, tenacity, and humor that characterize her unwavering dedication to the people of Alaska and State EMS System.

A **Special Commendation** was awarded to **Desmond King, Sr.** Mr. King was honored for his dedicated and professional service to the community of Metlakatla as Assistant Fire Chief and an EMT with Metlakatla VFD.

This year the **EMT Skills Competition** winners were:

**1st Place: Meadow Lakes**  
Kendra Sontag  
Theresa Blazka

**2nd Place: Big Lake**  
April Yost  
Stephen Robertson

**3rd Place: University Fire Dept. (UAF)**  
Dane Waisanen  
Ross Imbler

**4th Place: Alaska Christian Medical Group**  
Jerimiah Grantham  
Billie Jo Hansen

**5th Place: MAST Air Ambulance**  
Michael Tredway  
Michael Gerken



---

## RESOURCE CORNER

BY LINCOLN GARRICK  
RESOURCE COORDINATOR

In 2005 there were 2,055 Alaskan EMT-I's and a total of 3,271 EMT's across all levels in the state. Since everyone needs continuing training to stay current in the field and to acquire greater care-giving skills, Southern Region EMS Council (SREMSC) would like to share three new training tools that can help you stay sharp.

For the airborne inclined, the February 2006 Alaska Air Medical Escort Training Manual (4th edition) is available for \$28 per copy. It was released by the Alaska Department of Health and Social Services and was produced by the Section of Injury Prevention and EMS. From hypoxia and Boyle's Law, to crash survival and Alaskan cultural issues, this is the authoritative

guide for Alaskan air medical transport.

Instructors and providers alike should know about the revised 2005 American Heart Association (AHA) Basic Life Support (BLS) and Advanced Cardiovascular Life Support (ACLS) materials which are currently available. AHA's new Pediatric Advanced Life Support (PALS) materials will be released near the end of the year.

The 24-7 EMS CME video series in both VHS and DVD formats is available for your self-study enjoyment. The 2006 topics range from Mechanism of Injury and Assessing Medical Patients, to Burns and Asthma. EMT's can earn between one and three hours of continuing medical experience and nurses can apply their hours towards continued nursing experience. EMS instructors have found the videos helpful in teaching particular topics in a new way, using the instructor materials with the videos. One of the DVD's even has a bonus section

on Canine Resuscitation for those of the mutt persuasion.

SREMSC's friendly Resource Coordinator is glad to match a training tool with your needs and recommend new textbooks or online EMT CME websites. Visit [www.sremsc.org](http://www.sremsc.org) for a complete list of gear, videos and books available from SREMSC.

**For information on training videos and EMS equipment, visit us online for a complete list, at:**

**[www.sremsc.org](http://www.sremsc.org)  
or  
call (907) 562-6449**

**Back row from left to right:**

Kandy Moore, Eric Chappel, Terry Mangione, Doug Moore, Bob Moore, Eric Denkwalter, Geri Denkwalter, Leon Koenck,

**Front row left to right:**

Carol Gross, Ute Fitzgerald, Mia Mangione

## TALKEETNA AMBULANCE SERVICE

Talkeetna is filled with active, vigorous people, both permanent residents and temporary summer tourists. Backpacks, climbing gear, kayaks, equipment for both mountain or river – everybody’s ready to hit the trail or the water.

This is a tourism-based community, with huge population fluctuations, from 900 people in the winter to over 3,000 in the summer. The service area, which goes from Mile 92 on the Parks Highway to Mile 102 and all of the Talkeetna Spur Road, has about 1800 year-round residents. As the starting point of climbing expeditions up Denali/Mt. McKinley and sitting at the confluence of the Talkeetna, Susitna, and Chulitna rivers, it is surrounded by beautiful views and some of the best outdoor activities in the world.

The National Park Service ranger station has programs about climbing in the Alaska Range or exploring Denali National Park. All this activity leads to an equally active EMS team.

The Talkeetna Ambulance Service was formed about 30 years ago and has been fortunate to have a stable base of eleven volunteers. They have one paramedic, three EMT-III’s, four EMT-II’s, one PA, and two drivers. The newest volunteer started this

month; the volunteer with the longest service has been there 24 years.

Mia Mangione is the Assistant Chief of the Talkeetna Ambulance Service. When she was asked if they have trouble getting enough volunteers, she didn’t hesitate, “Absolutely. We advertise on local radio and in the local newspaper. Volunteers visit community organizations and hand out flyers.” They could use more help, and that means that the eleven very active and well trained members of the team are always on call. There is no pattern to shifts, “if you’re available you go.”

There are about 160 runs annually. Of these, 75% are medical, usually people with chronic medical problems, and 25% are trauma. Mangione said, “Now that there is a local clinic, most of the minor things go there.” The squad gets more serious cases. About 70% of the runs require transport, either via ground ambulance to Mat-Su Regional Hospital or LifeGuard helicopter to Providence Hospital in Anchorage. Each ground transport to the hospital is a time consuming five hour round trip.

Because of the larger population in summer, a population often involved in rugged, sometimes dangerous, outdoor activities, most of the squad’s calls are in the summer.

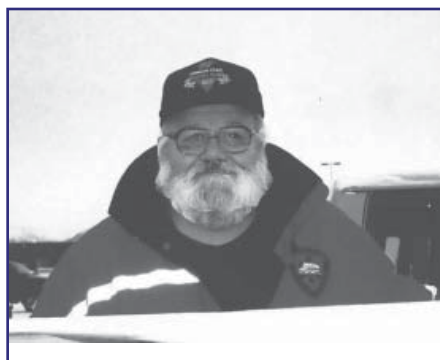
About 50% are within the three summer months.

When asked about a typical week, Mangione said, “We’ll have 2-3 cardiac related cases, 1 trauma (motor vehicle accident or fall), and 1-2 respiratory cases.”

The Talkeetna Ambulance Service is funded by the Mat-Su Borough, through property tax. The squad bills for services, but could never be self-sustaining, and all money goes into the Mat-Su Borough general fund. The 911 system used by the squad is out of Mat-Su.

The medical director for the service is Dr. Roger Swingle, an Emergency Room physician from Mat-Su Regional Hospital. After graduating from Vanderbilt Medical School in Nashville, Dr. Swingle completed a residency in emergency medicine in Chicago. He has been an ER physician in Alaska for 17 years, and is Board certified in Emergency Medicine. In 1995 he was appointed Medical Director for the Mat-Su Borough, which includes 11 ambulance services.

**Visit us on-line at  
[www.sremsc.org](http://www.sremsc.org)**



## IN MEMORIAM

### WILLOW EMT TIM MCKEOWN

On September 1, 2006, Tim McKeown responded to a routine emergency call. It had been a busy day. He was hooking up oxygen for the patient before the ambulance arrived, when he collapsed. Despite administering CPR, medics on scene, including his wife Virgie, were unable to revive him, and Tim died in the midst of doing the responder work he had done for so long.

Tim was a familiar face throughout the Mat-Su Valley and the EMS community. As an active responder for eight years, he went on hundreds of medic calls and was active in community outreach programs. He was part of a family of first responders. His wife, Virgie Hartley, his son, Christian, and his daughter-in-law, Alma, are all

with the Houston/Willow Ambulance. His daughter Carol is a LifeGuard dispatcher at Providence.

Carol Johnston, the Ambulance Chief of Willow/Houston Ambulance District 5, said that Tim was an important part of their operation. For years he was the Supply Officer, as well as a first responder on the ambulance. "He would drop whatever he was doing to help anybody. He was really devoted to EMS, very committed."

Tim retired from being a long-haul truck driver/owner who had over 3 million miles behind him. At one time he was a paralegal who handled child support and custody issues and over the years had owned and operated two dairy farms in Oregon. He moved to Alaska in 1988.

After two years in Big Lake, Tim and Virgie moved to Mile 97 of the Parks Highway, their family home built on a lake with

wonderful scenery. It was here that Tim began his work in EMS.

One of Tim's enthusiasms was woodworking. He made clocks, quilt racks, and particularly loved doing wood art, pictures of silhouettes cut out of wood and framed.

Virgie described her husband as a perfectionist who loved life more than most of us, "He loved flowers, gardens, oceans, his lake, his critters, his family, and his friends." On a call Virgie said, "He could calm down an escalating situation and took in the whole picture, often picking up on things the rest of us didn't. And he missed nothing."

All of us who work in EMS are grateful to the colleagues and responders like Tim. He will be missed.



## It's Your Call . . .

by **Brian Webb**  
**Assistant Training  
Coordinator**

**"It's Your Call"** is a regular column in LifeLines, presenting patient care scenarios for you to resolve. Test your skill at assessing and providing the proper patient care for the situation.

You are supporting a fire call at a residential structure. It's an older Quonset hut that has seen remodels over the years, and last year it was entirely sprayed over with foam insulation. The interior attack team radios that they have all fires extinguished. Air monitoring is completed, with carbon monoxide and oxygen within safe levels. An hour into salvage and overhaul, a call goes out for a firefighter down. You are brought a 24 year-old male firefighter who had collapsed after pulling burnt wallboard and exposing melted insulation in a back room. He presents with severe headache and dizziness, BP-170/92, P-58, R-30/ deep, pupils are dilated and slow to react.

You note profuse sweating and moderate drooling. As an EMT-2 you elect to place him on high flow O2 via a NRB mask and a large bore IV of normal saline.

The patient rapidly becomes confused, short of breath, and complains of crushing substernal chest pain, radiating to his left arm and jaw. He vomits twice, and becomes unconscious. Upon assessment you find he is in respiratory arrest and has a weak-rapid-irregular carotid pulse. You place a Combi-Tube® and he is ventilated via BVM. Current vital signs are BP-72/P, P-144/irregular, R-0, pupils remain dilated but are now unreactive. During trans-

port your patient begins generalized seizure activity. While backing up to the E.R door, his seizure ceases, and he's now in cardiac arrest. The ER team begins working the code, and their efforts continue for another 30 minutes but are unsuccessful. The firefighter is declared dead not more than 45 minutes since onset of symptoms. You're told he died of a heart attack even though he was only twenty-four. What is your assessment as to why this patient followed the course he did?

For the solution to this issue's "It's Your Call" see page 6.

## STATE TRAINING COMMITTEE MEETS

What has your State Training Committee been up to?

State Training Committee holds three meetings a year. The next meeting will be January 23-25 in Fairbanks. Contact Kathy Griffin at the Southern Region EMS office if you are interested in attending, or want to know what is on the agenda. We have proposed a lot of changes, but there is still time to let us know what you think, and influence what changes really happen. Contact me with your thoughts or join us in Fairbanks.

We continue to prepare updates on all training documents for the next regulations packet. E-mail [kgriffin@sremsc.org](mailto:kgriffin@sremsc.org) if you have any suggestions for skill sheet, Trauma, Cold, or EMT Guidelines changes. We are creating new skill sheets for the vacuum board, scoop stretcher, adult IO, and cervical collar, and updating the AED testing sheet to meet the 2005 AHA Guidelines. The corresponding AED 2005 study sheet can be found on our web site ([www.sremsc.org/pages/Training.htm](http://www.sremsc.org/pages/Training.htm).) EMT candidates will be able to test to either the 2000

or 2005 AHA guidelines until July 1, 2008, to allow time for everyone to transition as they renew their CPR. We will be allowing for this same transition time on the written exams.

With the next regulations project we are proposing competency based EMT curricula, rather than the current time based requirements for classroom hours. This would allow programs to be delivered in a wider variety of ways including teaching parts of EMT classes over the internet or via the telemedicine system. Student competencies would be signed off, much like the current Firefighter 1 program. While recommended course hours would still be published, classes for more experienced students may take less hours, and more hours might be spent with students who need more hands on time or in classes that want to include more topics or more in depth information. Instructors could then cover some topics by assigning homework or pre-course activities and focus classroom time on objectives requiring more interaction. Student applications would include a competency check off sheet in addition to the current

skills check offs. Course schedules would be required to be given to students on the first day of class. State issued student post-course evaluations, rather than pre-course schedule approvals, would be used to ensure class quality.

In evaluating and pre-approving CME and recertification programs we looked at several new programs. With the new AHA changes, CPR classes have shortened, so CPR classes from June 1, 2006 on will only count for up to 4 hours of CME. Outdoor Emergency Care, used by ski patrol teams, was approved hour for hour for CME. NIMS 100 and 200 are approved for 2 CME each; NIMS 700 and 800 3 CME each, and IS 5.A: 8 hours CME. If you are not sure if your class counts you can either check out the pre-approved list of CME Guidelines found at [www.chems.alaska.gov/EMS/CME.htm](http://www.chems.alaska.gov/EMS/CME.htm), or put in for pre-approval through IPEMS.

**Visit our web site at [www.sremsc.org/Training](http://www.sremsc.org/Training) for information about the "670 Expanded Scope Issues."**

---

### It's Your Call The rest of the story . . .

In a week, your medical director informs your chief that the medical examiner found 40 times the lethal dose of cyanide in the fallen firefighter's blood. It was also determined that during salvage and overhaul, the firefighter had temporarily removed his SCBA mask.

Cyanide is a chemical that is naturally occurring in some foods such as peach and cherry pits, some plants, and even in the breakdown of some medications in the body. It is used in industry for many processes, to include separating gold from other minerals at mines. For over 30 years, we have been aware of the dangers of the release of cyanide during enclosed space fires, especially mobile homes, boats with enclosed cabins, and cars due

to the amount of synthetic materials used. Even the burning of some natural materials such as paper, wool, wall coverings, and certainly synthetics such as drapery and carpeting will release cyanide.

Cyanide halts the process allowing our cells to utilize oxygen. After serious exposure, patients can follow this rapid course of deterioration. Without proper antidotes they often die. Awareness is the key to patient survival. Any victim of an enclosed space fire, or in this case, a firefighter surrounded by burnt yet still vaporizing urethane foam insulation, should raise our index of suspicion for cyanide exposure. Rapid aggressive ABC's with ventilation and IV fluid boluses can be life-saving in the field. Protocols for extending resuscitative efforts for a cyanide antidote are available. There are some contraindications with current cyanide antidotes and enclosed space fire victims, but there is

a new antidote awaiting FDA approval that has been administered on scene in Europe with notable results. How many fire ground deaths may have been from cyanide poisoning? Where there's smoke, there may be cyanide!

#### **CHILDREN OF EMTS**

Children of EMS personnel who are interested in pursuing their own prehospital careers could be helped by Bound Tree Medical.

The company has established a scholarship program to spark interest in ambulance work.

For more information, visit the company's website at:  
[www.boundtree.com/training/scholarships](http://www.boundtree.com/training/scholarships)



## TEACHING MOMENT

BY KATHY GRIFFIN  
TRAINING COORDINATOR

### AHA Instructors:

By now you should be rolled out and teaching the new CPR and ACLS classes, and eagerly anticipating the arrival of the new PALS materials. Try using Another One Bites the Dust (by Queen) or Staying Alive (of Saturday Night Fever fame) to jazz up your CPR classes. Also, don't forget to look at the monthly updates on [www.srem-sc.org](http://www.srem-sc.org) on our special AHA Training Center page. You will find a new fun activity posted there each month. Check it out!

### EMT Instructors:

Make sure you take a look at what the State

Training Committee and National Registry have been up to in other LifeLines articles. Let me know if there are any changes or additions you think should be made to the state EMT skill sheets.

If you teach Community Health Aids ETT or EMT classes, the CHAPS office has asked that you incorporate the new CHAMs manual.

The Training Committee decided that, looking at the regulations, CPR may be taken as a pre-requisite or co-requisite to EMT classes but students must be current at time of application for certification. Military MTN CPR cards are good for certification, since they use the AHA BLS curriculum, but they must obtain a non-MTN CPR card

if they are going to volunteer or get paid to provide care for civilian organizations. They can get this card for free from their MTN representative on base.

Blank pre-signed medical director sponsorship letters should not be kept on file because of the liability they create. Instead medical directors should sign a dated list of students, with the levels at which they are sponsored. A copy of this letter could then be attached to the back of each provider's certification/recertification form with their name highlighted for emphasis.

Check out [www.brain-mart.com](http://www.brain-mart.com) for incredible growing brains and other neat teaching toys to use in your classroom.

---

## NATIONAL REGISTRY TESTING CHANGES

Starting January 2007, National Registry will be leaving the pencils and scantrons behind and entering into the computer testing age with computer adaptive testing.

What does this mean for you?

State testing is not changing, so if you are just maintaining your state ETT, EMT-1/2/3 or MICP, you are not going to be affected. Current NREMT-Bs, -I/85s, -I/99s, or Paramedics will not be effected for recertification, since no testing is involved.

But, if you are applying for your initial National Basic, Intermediate, or Paramedic after December 31, 2006, you will be taking your written test on a computer. Candidates will need to register for testing at a National Registry approved testing site. These sites are limited and a current list of contact information will be maintained on the state ([www.chems.alaska.gov](http://www.chems.alaska.gov)) and Southern Region ([www.sremsc.org](http://www.sremsc.org)) websites.

Computer adaptive testing means that rather than having a 150 standard question scantron, you will be taking a randomly generated test on the computer. It will only ask you questions until it has satisfied itself you are competent or you need to go back and study and try again another day. This is much like the testing nurses and PAs take for licensure. If you have any concerns, you can check out the National Registry ([www.nremt.org](http://www.nremt.org)) website for more details.

Computerized testing also means that you will no longer have a ten day to six week wait to find out if you passed and got the thick envelope with the patches. Instead, your results will be available on the NREMT web site the next day. Technology can be wonderful.

---

## Fire and Ice Tales from an Alaskan Volunteer Fire Chief

Dewey Whetsell was a member of the Cordova Volunteer Fire Department for 34 years... and chief for 28 years. He was also on the EMS squad for most of that time. His book FIRE AND ICE was just recently published.

FIRE AND ICE fills 310 pages recounting fires, rescues, disaster responses, management and leadership anecdotes, and politics. "The volunteer fire/rescue service has been doing its thing for 275 years. Our toys have improved, but nothing can improve upon who we are. You know, you can follow mankind's bloody footprints from the caves to the settling dust of the Twin Towers, and not find much that speaks well of human nature. Yet you can visit a fire station and note the character of those who will not stoically watch the suffering of others, who refuse to turn a deaf ear to their needs."

Information about this book can be seen at: [deweywhetsell.blogspot.com](http://deweywhetsell.blogspot.com).

**SREMS  
2007 TRAINING CALENDAR  
(at SREMS Office)**

<b>COURSE TITLE</b>	<b>COURSE DATES</b>	<b>REGISTRATION DEADLINE</b>
ACLS	Jan. 13-14	Jan. 5
ACLS Instructor	Jan. 12	Jan. 5
BLS for Providers (CPR)	Jan. 27	Jan. 19
BLS for Providers (CPR)	Feb. 3	Jan. 26
BLS for Providers (CPR)	Mar. 24	Mar. 16
EMT -1R (Refresher)	Jan.5-8	Dec. 29
EMT-2/3R (Refresher)	Jan. 5-8	Dec. 29
EMT-2/3R (Refresher)	Mar. 2-5	Feb. 23
EMT-2/3R (Refresher)	Mar. 9-11	Mar. 2
PEPP Instructor	Feb. 24-25	Feb. 16
PEPP Provider	Feb. 24-25	Feb. 16

**EVENT CALENDAR**

State Training Committee  
Fairbanks January 23-25

Southeast Region Symposium  
Sitka March 14-17, 2007

Interior Region Symposium  
Fairbanks April 11-14, 2007

Our thanks to Alyeska Pipeline Service Company for their donation of the LifeLines printing costs. Alyeska has sponsored the printing of LifeLines since 1997.



Southern Region Emergency Medical Services Council, Inc.  
6130 Tuttle Place  
Anchorage, Alaska 99507-2041

NON-PROFIT ORGANIZATION  
U.S. POSTAGE PAID  
PERMIT #184  
ANCHORAGE, ALASKA