

November 9, 2018

To: Ms. Annette Walton/Ms. Jennifer Eloge
DHHS State of Nebraska

RE: Application for the State Trauma Medical Advisory Committee Chairmanship

I am hereby submitting my application in consideration for the State Trauma Medical Advisory Committee Chairmanship for the state of Nebraska.

Included are my:

- Main CV
- Synopsis of CV
- Bioskech

I appreciate the opportunity to submit this application and thank you for your consideration.

Warmest personal regards,



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Chief, Division of Trauma Surgery & Surgical Critical Care
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**State of Nebraska State Purchasing Bureau
REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES**

RETURN TO:
State Purchasing Bureau
1526 K Street, Suite 130
Lincoln, NE 68508
Phone: 402-471-6500
Fax: 402-471-2089

SOLICITATION NUMBER	RELEASE DATE
RFP 5943 Z1	October 10, 2018
OPENING DATE AND TIME	PROCUREMENT CONTACT
November 14, 2018 2:00 P.M. Central Time	Annette Walton / Jennifer Eloge

**PLEASE READ CAREFULLY!
SCOPE OF SERVICE**

The State of Nebraska (State), Department of Administrative Services (DAS), Materiel Division, State Purchasing Bureau (SPB), is issuing this Request for Proposal (RFP) Number 5943 Z1 for the purpose of selecting qualified bidders to provide the Office of Emergency Health Systems Statewide medical/clinical directors. A more detailed description can be found in Section V. The resulting contract(s) may not be exclusive contract(s) as the State reserves the right to contract for the same or similar services from other sources now or in the future.

The term of the contract will be three (3) years commencing upon execution of the contract by the State and the Bidder (Parties). The contract includes the option to renew for two (2) additional two (2) year periods upon mutual agreement of the Parties. The State reserves the right to extend the period of this contract beyond the termination date when mutually agreeable to the Parties.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR PROPOSAL CAN BE FOUND ON THE INTERNET AT:
<http://das.nebraska.gov/materiel/purchasing.html>.

An optional Pre-Proposal Tele-Conference will be held on October 25, 2018 3:00pm CT.

IMPORTANT NOTICE: Pursuant to Neb. Rev. Stat. § 84-602.04, State contracts in effect as of January 1, 2014, and contracts entered into thereafter, must be posted to a public website. The resulting contract, the RFP, and the successful bidder's proposal or response will be posted to a public website managed by DAS, which can be found at <http://statecontracts.nebraska.gov>.

In addition and in furtherance of the State's public records Statute (Neb. Rev. Stat. § 84-712 et seq.), all proposals or responses received regarding this RFP will be posted to the State Purchasing Bureau public website.

These postings will include the entire proposal or response. Bidders must request that proprietary information be excluded from the posting. The bidder must identify the proprietary information, mark the proprietary information according to state law, and submit the proprietary information in a separate container or envelope marked conspicuously in black ink with the words "PROPRIETARY INFORMATION". The bidder must submit a detailed written document showing that the release of the proprietary information would give a business advantage to named business competitor(s) and explain how the named business competitor(s) will gain an actual business advantage by disclosure of information. The mere assertion that information is proprietary or that a speculative business advantage might be gained is not sufficient. (See Attorney General Opinion No. 92068, April 27, 1992) THE BIDDER MAY NOT ASSERT THAT THE ENTIRE PROPOSAL IS PROPRIETARY. COST PROPOSALS WILL NOT BE CONSIDERED PROPRIETARY AND ARE A PUBLIC RECORD IN THE STATE OF NEBRASKA. The State will then determine, in its discretion, if the interests served by nondisclosure outweighs any public purpose served by disclosure. (See Neb. Rev. Stat. § 84-712.05(3)) The Bidder will be notified of the agency's decision. Absent a State determination that information is proprietary, the State will consider all information a public record subject to release regardless of any assertion that the information is proprietary.

If the agency determines it is required to release proprietary information, the bidder will be informed. It will be the bidder's responsibility to defend the bidder's asserted interest in non-disclosure.

To facilitate such public postings, with the exception of proprietary information, the State of Nebraska reserves a royalty-free, nonexclusive, and irrevocable right to copy, reproduce, publish, post to a website, or otherwise use any contract, proposal, or response to this RFP for any purpose, and to authorize others to use the documents. Any individual or entity awarded a contract, or who submits a proposal or response to this RFP, specifically waives any copyright or other protection the contract, proposal, or response may have, and acknowledges that they have the ability and authority to enter into such contracts, proposals, or responses, and that the result of submitting a proposal or response to this RFP, and award of a contract, proposal, or response will result in the proposal or response to the RFP being found non-responsive.



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proposal or response to the RFP agrees not to sue, file a claim, or make a demand against the State and its employees, volunteers, agents, and its elected and appointed officials, demands, damages, liability, actions, causes of action, losses, judgments, investigation costs and expenses, settlement costs, and attorney fees and

expenses, sustained or asserted against the State, arising out of, resulting from, or attributable to the posting of the contract or the proposals and responses to the RFP, awards, and other documents.

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GLOSSARY OF TERMS

Acceptance Test Procedure: Benchmarks and other performance criteria, developed by the State of Nebraska or other sources of testing standards, for measuring the effectiveness of products or services and the means used for testing such performance.

Addendum: Something to be added or deleted to an existing document; a supplement.

After Receipt of Order (ARO): After Receipt of Order.

Agency: Any state agency, board, or commission other than the University of Nebraska, the Nebraska State colleges, the courts, the Legislature, or any other office or agency established by the Constitution of Nebraska.

Agent/Representative: A person authorized to act on behalf of another.

Amend: To alter or change by adding, subtracting, or substituting.

Amendment: A written correction or alteration to a document.

Appropriation: Legislative authorization to expend public funds for a specific purpose. Money set apart for a specific use.

Award: All purchases, leases, or contracts which are based on competitive proposals will be awarded according to the provisions in the RFP. The State reserves the right to reject any or all proposals, wholly or in part, or to award to multiple bidders in whole or in part. The State reserves the right to waive any deviations or errors that are not material, do not invalidate the legitimacy of the proposal, and do not improve the bidder's competitive position. All awards will be made in a manner deemed in the best interest of the State.

Best and Final Offer (BAFO): In a competitive bid, the final offer submitted which contains the bidder's (vendor's) most favorable terms for price.

Bid/Proposal: The offer submitted by a vendor in a response to a written solicitation.

Bid Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the vendor will not withdraw the bid.

Bidder: A vendor who submits an offer bid in response to a written solicitation.

Business: Any corporation, partnership, individual, sole proprietorship, joint-stock company, joint venture, or any other private legal entity.

Business Day: Any weekday, except State-recognized holidays.

Calendar Day: Every day shown on the calendar including Saturdays, Sundays, and State/Federal holidays.

Cancellation: To call off or revoke a purchase order without expectation of conducting or performing it at a later time.

Central Processing Unit (CPU): Any computer or computer system that is used by the State to store, process, or retrieve data or perform other functions using Operating Systems and applications software.

Change Order: Document that provides amendments to an executed purchase order or contract.

Collusion: An agreement or cooperation between two or more persons or entities to accomplish a fraudulent, deceitful, or unlawful purpose.

Commodities: Any equipment, material, supply or goods; anything movable or tangible that is provided or sold.

Commodities Description: Detailed descriptions of the items to be purchased; may include information necessary to obtain the desired quality, type, color, size, shape, or special characteristics necessary to perform the work intended to produce the desired results.

Competition: The effort or action of two or more commercial interests to obtain the same business from third parties.

Confidential Information: Unless otherwise defined below, "Confidential Information" shall also mean proprietary trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released

would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Nebraska Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive.

Contract: An agreement between two or more parties creating obligations that are enforceable or otherwise recognizable at law; the writing that sets forth such an agreement.

Contract Administration: The management of the contract which includes and is not limited to; contract signing, contract amendments and any necessary legal actions.

Contract Award: Occurs upon execution of the State document titled "Service Contract Award" by the proper authority.

Contract Management: The management of day to day activities at the agency which includes and is not limited to ensuring deliverables are received, specifications are met, handling meetings and making payments to the Contractor.

Contract Period: The duration of the contract.

Contractor: Any individual or entity having a contract to furnish commodities or services.

Cooperative Purchasing: The combining of requirements of two or more political entities to obtain advantages of volume purchases, reduction in administrative expenses or other public benefits.

Copyright: A property right in an original work of authorship fixed in any tangible medium of expression, giving the holder the exclusive right to reproduce, adapt and distribute the work.

Critical Program Error: Any Program Error, whether or not known to the State, which prohibits or significantly impairs use of the Licensed Software as set forth in the documentation and intended in the contract.

Customer Service: The process of ensuring customer satisfaction by providing assistance and advice on those products or services provided by the Contractor.

Default: The omission or failure to perform a contractual duty.

Deviation: Any proposed change(s) or alteration(s) to either the terms and conditions or deliverables within the scope of the written solicitation or contract.

Evaluation: The process of examining an offer after opening to determine the vendor's responsibility, responsiveness to requirements, and to ascertain other characteristics of the offer that relate to determination of the successful award.

Evaluation Committee: Committee(s) appointed by the requesting agency that advises and assists the procuring office in the evaluation of bids/proposals (offers made in response to written solicitations).

Extension: Continuance of a contract for a specified duration upon the agreement of the parties beyond the original Contract Period. Not to be confused with "Renewal Period".

Free on Board (F.O.B.) Destination: The delivery charges are included in the quoted price and prepaid by the vendor. Vendor is responsible for all claims associated with damages during delivery of product.

Free on Board (F.O.B.) Point of Origin: The delivery charges are not included in the quoted price and are the responsibility of the agency. Agency is responsible for all claims associated with damages during delivery of product.

Foreign Corporation: A foreign corporation that was organized and chartered under the laws of another state, government, or country.

Installation Date: The date when the procedures described in "Installation by Contractor", and "Installation by State", as found in the RFP, or contract, are completed.

Interested Party: A person, acting in their personal capacity, or an entity entering into a contract or other agreement creating a legal interest therein.

Late Bid/Proposal: An offer received after the Opening Date and Time.

Licensed Software Documentation: The user manuals and any other materials in any form or medium customarily

provided by the Contractor to the users of the Licensed Software which will provide the State with sufficient information to operate, diagnose, and maintain the Licensed Software properly, safely, and efficiently.

Mandatory/Must: Required, compulsory, or obligatory.

May: Discretionary, permitted; used to express possibility.

Module (see System): A collection of routines and data structures that perform a specific function of software.

Must: See Mandatory/ Must and Shall/Will/Must.

National Institute for Governmental Purchasing (NIGP): National Institute of Governmental Purchasing – Source used for assignment of universal commodity codes to goods and services.

Open Market Purchase: Authorization may be given to an agency to purchase items above direct purchase authority due to the unique nature, price, quantity, location of the using agency, or time limitations by the AS Materiel Division, State Purchasing Bureau.

Opening Date and Time: Specified date and time for the public opening of received, labeled, and sealed formal proposals.

Operating System: The control program in a computer that provides the interface to the computer hardware and peripheral devices, and the usage and allocation of memory resources, processor resources, input/output resources, and security resources.

Outsourcing: The contracting out of a business process which an organization may have previously performed internally or has a new need for, to an independent organization from which the process is purchased back.

Payroll & Financial Center (PFC): Electronic procurement system of record.

Performance Bond: An insurance agreement, accompanied by a monetary commitment, by which a third party (the surety) accepts liability and guarantees that the Contractor fulfills any and all obligations under the contract.

Platform: A specific hardware and Operating System combination that is different from other hardware and Operating System combinations to the extent that a different version of the Licensed Software product is required to execute properly in the environment established by such hardware and Operating System combination.

Point of Contact (POC): The person designated to receive communications and to communicate.

Pre-Bid/Pre-Proposal Conference: A meeting scheduled for the purpose of clarifying a written solicitation and related expectations.

Product: Something that is distributed commercially for use or consumption and that is usually (1) tangible personal property, (2) the result of fabrication or processing, and (3) an item that has passed through a chain of commercial distribution before ultimate use or consumption.

Program Error: Code in Licensed Software which produces unintended results or actions, or which produces results or actions other than those described in the specifications. A program error includes, without limitation, any Critical Program Error.

Program Set: The group of programs and products, including the Licensed Software specified in the RFP, plus any additional programs and products licensed by the State under the contract for use by the State.

Project: The total scheme, program, or method worked out for the accomplishment of an objective, including all documentation, commodities, and services to be provided under the contract.

Proposal: See Bid/Proposal.

Proprietary Information: Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serves no public purpose (see Neb. Rev. Stat. § 84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, proof that information is proprietary requires identification of specific named competitor(s) advantaged by release of the information and the demonstrated advantage the named competitor(s) would gain by the release of information.

Protest/Grievance: A complaint about a governmental action or decision related to a RFP or resultant contract, brought by

a vendor who has timely submitted a bid response in connection with the award in question, to AS Materiel Division or another designated agency with the intention of achieving a remedial result.

Public Proposal Opening: The process of opening correctly submitted offers at the time and place specified in the written solicitation and in the presence of anyone who wished to attend.

Recommended Hardware Configuration: The data processing hardware (including all terminals, auxiliary storage, communication, and other peripheral devices) to the extent utilized by the State as recommended by the Contractor.

Release Date: The date of public release of the written solicitation to seek offers.

Renewal Period: Optional contract periods subsequent to the original Contract Period for a specified duration with previously agreed to terms and conditions. Not to be confused with Extension.

Request for Information (RFI): A general invitation to vendors requesting information for a potential future solicitation. The RFI is typically used as a research and information gathering tool for preparation of a solicitation.

Request for Proposal (RFP): A written solicitation utilized for obtaining competitive offers.

Responsible Bidder: A bidder who has the capability in all respects to perform fully and lawfully all requirements with integrity and reliability to assure good faith performance.

Responsive Bidder: A bidder who has submitted a bid which conforms to all requirements of the solicitation document.

Shall/Will/Must: An order/command; mandatory.

Should: Expected; suggested, but not necessarily mandatory.

Software License: Legal instrument with or without printed material that governs the use or redistribution of licensed software.

Sole Source – Commodity: When an item is available from only one source due to the unique nature of the requirement, its supplier, or market conditions.

Sole Source – Services: A service of such a unique nature that the vendor selected is clearly and justifiably the only practical source to provide the service. Determination that the vendor selected is justifiably the sole source is based on either the uniqueness of the service or sole availability at the location required.

Specifications: The detailed statement, especially of the measurements, quality, materials, and functional characteristics, or other items to be provided under a contract.

Statutory: These clauses are controlled by state law and are not subject to negotiation.

Subcontractor: Individual or entity with whom the contractor enters a contract to perform a portion of the work awarded to the Contractor.

System (see Module): Any collection or aggregation of two (2) or more Modules that is designed to function, or is represented by the Contractor as functioning or being capable of functioning, as an entity.

Termination: Occurs when either Party, pursuant to a power created by agreement or law, puts an end to the contract prior to the stated expiration date. All obligations which are still executory on both sides are discharged but any right based on prior breach or performance survives.

Third Party: Any person or entity, including but not limited to fiduciaries, shareholders, owners, officers, managers, employees, legally disinterested persons, and subcontractors or agents, and their employees. It shall not include any entity or person who is an interested Party to the contract or agreement.

Trade Secret: Information, including, but not limited to, a drawing, formula, pattern, compilation, program, device, method, technique, code, or process that (a) derives independent economic value, actual or potential, from not being known to, and not being ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (b) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy (see Neb. Rev. Stat. §87-502(4)).

Trademark: A word, phrase, logo, or other graphic symbol used by a manufacturer or vendor to distinguish its product from

those of others, registered with the U.S. Patent and Trademark Office.

Upgrade: Any change that improves or alters the basic function of a product or service.

Vendor: An individual or entity lawfully conducting business in the State of Nebraska, or licensed to do so, who seeks to provide goods or services under the terms of a written solicitation.

Vendor Performance Report: A report issued to the Contractor by State Purchasing Bureau when products or services delivered or performed fail to meet the terms of the purchase order, contract, and/or specifications, as reported to State Purchasing Bureau by the agency. The State Purchasing Bureau shall contact the Contractor regarding any such report. The vendor performance report will become a part of the permanent record for the Contractor. The State may require vendor to cure. Two such reports may be cause for immediate termination.

Will: See Shall/Will/Must.

Work Day: See Business Day.

I. PROCUREMENT PROCEDURE

A. GENERAL INFORMATION

The RFP is designed to solicit proposals from qualified bidders who will be responsible for providing the Office of Emergency Health Systems Statewide medical/clinical directors at a competitive and reasonable cost.

Proposals shall conform to all instructions, conditions, and requirements included in the RFP. Prospective bidders are expected to carefully examine all documents, schedules, and requirements in this RFP, and respond to each requirement in the format prescribed. Proposals may be found non-responsive if they do not conform to the RFP.

B. PROCURING OFFICE AND COMMUNICATION WITH STATE STAFF AND EVALUATORS

Procurement responsibilities related to this RFP reside with the State Purchasing Bureau. The point of contact (POC) for the procurement is as follows:

Name: Annette Walton / Jennifer Eloge, Buyer(s)
Agency: State Purchasing Bureau
Address: 1526 K Street, Suite 130
Lincoln, NE 68508
Telephone: 402-471-6500

E-Mail: as.materielpurchasing@nebraska.gov

From the date the RFP is issued until the Intent to Award is issued, communication from the bidder is limited to the POC listed above. After the Intent to Award is issued, the bidder may communicate with individuals the State has designated as responsible for negotiating the contract on behalf of the State. No member of the State Government, employee of the State, or member of the Evaluation Committee is empowered to make binding statements regarding this RFP. The POC will issue any clarifications or opinions regarding this RFP in writing. Only the buyer can modify the RFP, answer questions, render opinions, and only the SPB or awarding agency can award a contract. Bidders shall not have any communication with, or attempt to communicate or influence any evaluator involved in this RFP.

The following exceptions to these restrictions are permitted:

1. Contact made pursuant to pre-existing contracts or obligations;
2. Contact required by the schedule of events or an event scheduled later by the RFP POC; and
3. Contact required for negotiation and execution of the final contract.

The State reserves the right to reject a bidder's proposal, withdraw an Intent to Award, or terminate a contract if the State determines there has been a violation of these procurement procedures.

C. SCHEDULE OF EVENTS

The State expects to adhere to the procurement schedule shown below, but all dates are approximate and subject to change.

ACTIVITY		DATE/TIME
1.	Release RFP	October 10, 2018
2.	Last day to submit written questions to as.materielpurchasing@nebraska.gov	October 24, 2018
3.	Optional Pre-Proposal Tele-Conference Call in Number: 1-888-820-1398 Attendee code 8527952# Time: 3:00 pm CT	October 25, 2018 3:00 pm CT
4.	Last day to submit written questions after Pre-Proposal Conference	October 26, 2018
5.	State responds to written questions through RFP "Addendum" and/or "Amendment" to be posted to the Internet at: http://das.nebraska.gov/materiel/purchasing.html	October 31, 2018
6.	Proposal opening Location: State Purchasing Bureau 1526 K Street, Suite 130 Lincoln, NE 68508	November 14, 2018 2:00 PM Central Time
7.	Review for conformance to RFP requirements	November 14, 2018
8.	Evaluation period	November 15, 2018 Through November 21, 2018
9.	"Oral Interviews/Presentations and/or Demonstrations" (if required)	TBD
10.	Post "Intent to Award" to Internet at: http://das.nebraska.gov/materiel/purchasing.html	November 26, 2018
11.	Contract finalization period	November 26, 2018 Through December 20, 2018
12.	Contract award	December 20, 2018
13.	Contractor start date	January 1, 2019

D. WRITTEN QUESTIONS AND ANSWERS

Questions regarding the meaning or interpretation of any RFP provision must be submitted in writing to the State Purchasing Bureau and clearly marked "RFP Number 5943 Z1; Office of Emergency Health Systems Statewide medical/clinical directors Questions". The POC is not obligated to respond to questions that are received late per the Schedule of Events.

Bidders should present, as questions, any assumptions upon which the bidder's proposal is or might be developed. Proposals will be evaluated without consideration of any known or unknown assumptions of a bidder. The contract will not incorporate any known or unknown assumptions of a bidder.

It is preferred that questions be sent via e-mail to as.materielpurchasing@nebraska.gov, but may be delivered by hand or by U.S. Mail. It is recommended that bidders submit questions using the following format.

RFP Reference	Section	RFP Number	Page	Question

Written answers will be posted at <http://das.nebraska.gov/materiel/purchasing.html> per the Schedule of Events.

E. PRE-PROPOSAL TELE-CONFERENCE

A pre-proposal tele-conference will be held per the Schedule of Events. Attendance at the pre-proposal tele-conference is optional. Bidders will have an opportunity to ask questions at the conference to assist in the clarification and understanding of the RFP requirements. Questions that have a material impact on the RFP or process, and questions that are relevant to all bidders, will be answered in writing and posted at <http://das.nebraska.gov/materiel/purchasing.html>. An answer must be posted to be binding on the State. The State will attempt to provide verbal answers to questions that do not impact the RFP or process, and are only of interest to an individual bidder during the conference. If a bidder feels it necessary to have a binding answer to a question that was answered verbally, the question should be submitted in writing per the Schedule of Events.

F. PRICES

Prices submitted on the cost proposal form shall remain fixed for the first three (3) years of the contract. Any request for a price increase subsequent to the first three (3) years of the contract shall not exceed five percent (5%) of the previous contract period. Increases will be cumulative across the remaining periods of the contract. Requests for an increase must be submitted in writing to the State Purchasing Bureau a minimum of 120 days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

G. SECRETARY OF STATE/TAX COMMISSIONER REGISTRATION REQUIREMENTS (Statutory)

All Contractors must be authorized to transact business in the State of Nebraska and comply with all Nebraska Secretary of State Registration requirements. The Contractor who is the recipient of an Intent to Award may be required to certify that it has complied and produce a true and exact copy of its current (within ninety (90) calendar days of the intent to award) Certificate or Letter of Good Standing, or in the case of a sole proprietorship, provide written documentation of sole proprietorship and complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>.

H. ETHICS IN PUBLIC CONTRACTING

The State reserves the right to reject bids, withdraw an intent to award or award, or terminate a contract if a bidder commits or has committed ethical violations, which include, but are not limited to:

1. Offering or giving, directly or indirectly, a bribe, fee, commission, compensation, gift, gratuity, or anything of value to any person or entity in an attempt to influence the bidding process;
2. Utilize the services of lobbyists, attorneys, political activists, or consultants to influence or subvert the bidding process;
3. Being considered for, presently being, or becoming debarred, suspended, ineligible, or excluded from contracting with any state or federal entity;
4. Submitting a proposal on behalf of another Party or entity; and
5. Collude with any person or entity to influence the bidding process, submit sham proposals, preclude bidding, fix pricing or costs, create an unfair advantage, subvert the bid, or prejudice the State.

The bidder shall include this clause in any subcontract entered into for the exclusive purpose of performing this contract.

Bidder shall have an affirmative duty to report any violations of this clause by the bidder throughout the bidding process, and throughout the term of this contract for the awarded Contractor and their subcontractors.

I. DEVIATIONS FROM THE REQUEST FOR PROPOSAL

The requirements contained in the RFP become a part of the terms and conditions of the contract resulting from this RFP. Any deviations from the RFP in Sections II through IV must be clearly defined by the bidder in its proposal and, if accepted by the State, will become part of the contract. Any specifically defined deviations must not be in conflict with the basic nature of the RFP, requirements, or applicable state or federal laws or statutes. "Deviation", for the purposes of this RFP, means any proposed changes or alterations to either the contractual language or deliverables within the scope of this RFP. The State discourages deviations and reserves the right to reject proposed deviations.

J. SUBMISSION OF PROPOSALS

Bidders should submit one proposal marked on the first page: "ORIGINAL". If multiple proposals are submitted, the State will retain one copy marked "ORIGINAL" and destroy the other copies. The bidder is solely responsible for any variance between the copies submitted. Proposal responses should include the completed Form A, "Bidder Contact Sheet". Proposals must reference the RFP number and be sent to the specified address. Please note that the address label should appear as specified in Section I B. on the face of each container or bidder's bid response packet. If a recipient phone number is required for delivery purposes, 402-471-6500 should be used. The RFP number should be included in all correspondence.

Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to requirements, completeness, and clarity of content. If the bidder's proposal is presented in such a fashion that makes evaluation difficult or overly time consuming the State reserves the right to reject the proposal as non-conforming.

By signing the "Request for Proposal for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this RFP.

The State shall not incur any liability for any costs incurred by bidders in replying to this RFP, in the demonstrations and/or oral presentations, or in any other activity related to bidding on this RFP.

The Technical and Cost Proposals Template should be presented in separate sections (loose-leaf binders are preferred) on standard 8 ½" x 11" paper, except that charts, diagrams and the like may be on fold-outs which, when folded, fit into the 8 ½" by 11" format. Pages may be consecutively numbered for the entire proposal, or may be numbered consecutively within sections. Figures and tables should be numbered consecutively within sections. Figures and tables should be numbered and referenced in the text by that number. They should be placed as close as possible to the referencing text.

K. BID PREPARATION COSTS

The State shall not incur any liability for any costs incurred by bidders in replying to this RFP, including any activity related to bidding on this RFP.

L. FAILURE TO COMPLY WITH REQUEST FOR PROPOSAL

Violation of the terms and conditions contained in this RFP or any resultant contract, at any time before or after the award, shall be grounds for action by the State which may include, but is not limited to, the following:

1. Rejection of a bidder's proposal;
2. Withdrawal of the Intent to Award;
3. Withdrawal of the Award;
4. Termination of the resulting contract;
5. Legal action; and
6. Suspension of the bidder from further bidding with the State for the period of time relative to the seriousness of the violation, such period to be within the sole discretion of the State.

M. BID CORRECTIONS

A bidder may correct a mistake in a bid prior to the time of opening by giving written notice to the State of intent to withdraw the bid for modification or to withdraw the bid completely. Changes in a bid after opening are acceptable only if the change is made to correct a minor error that does not affect price, quantity, quality, delivery, or contractual conditions. In case of a mathematical error in extension of price, unit price shall govern.

N. LATE PROPOSALS

Proposals received after the time and date of the proposal opening will be considered late proposals. Late proposals will be returned unopened, if requested by the bidder and at bidder's expense. The State is not responsible for proposals that are late or lost regardless of cause or fault.

O. PROPOSAL OPENING

The opening of proposals will be public and the bidders will be announced. Proposals **WILL NOT** be available for viewing by those present at the proposal opening. Vendors may contact the State to schedule an appointment for viewing proposals after the Intent to Award has been posted to the website. Once proposals are opened, they become the property of the State of Nebraska and will not be returned.

P. REQUEST FOR PROPOSAL/PROPOSAL REQUIREMENTS

The proposals will first be examined to determine if all requirements listed below have been addressed and whether further evaluation is warranted. Proposals not meeting the requirements may be rejected as non-responsive. The requirements are:

1. Original Request for Proposal for Contractual Services form signed using an indelible method;
2. Clarity and responsiveness of the proposal;
3. Attachment One; Completed Corporate Overview;
4. Completed Sections II through IV;
5. Curriculum Vitae; and
6. Completed State Cost Proposal Template.

Q. EVALUATION COMMITTEE

Proposals are evaluated by members of an Evaluation Committee(s). The Evaluation Committee(s) will consist of individuals selected at the discretion of the State. Names of the members of the Evaluation Committee(s) will not be published prior to the intent to award.

Any contact, attempted contact, or attempt to influence an evaluator that is involved with this RFP may result in the rejection of this proposal and further administrative actions.

R. EVALUATION OF PROPOSALS

All proposals that are responsive to the RFP will be evaluated. Each evaluation category will have a maximum point potential. The State will conduct a fair, impartial, and comprehensive evaluation of all proposals in accordance with the criteria set forth below. Areas that will be addressed and scored during the evaluation include:

1. Corporate Overview (Attachment One):
 - a. the ability, capacity, and skill of the bidder to deliver and implement the system or project that meets the requirements of the RFP;
 - b. the character, integrity, reputation, judgment, experience, and efficiency of the bidder;
 - c. the quality of bidder performance on prior contracts if applicable;
 - d. such other information that may be secured and that has a bearing on the decision to award the contract;
2. Curriculum Vitae; and,
3. Cost Proposal.

Neb. Rev. Stat. §73-107 allows for a preference for a resident disabled veteran or business located in a designated enterprise zone. When a state contract is to be awarded to the lowest responsible bidder, a resident disabled veteran or a business located in a designated enterprise zone under the Enterprise Zone Act shall be allowed a preference over any other resident or nonresident bidder, if all other factors are equal.

Resident disabled veterans means any person (a) who resides in the State of Nebraska, who served in the United States Armed Forces, including any reserve component or the National Guard, who was discharged or otherwise separated with a characterization of honorable or general (under honorable conditions), and who possesses a disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense and (b)(i) who owns and controls a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection and (ii) the management and daily business operations of the business are controlled by one or more persons described in subdivision(a) of this subsection. Any contract entered into without compliance with this section shall be null and void.

Therefore, if a resident disabled veteran or business located in a designated enterprise zone submits a proposal in accordance with Neb. Rev. Stat. §73-107 and has so indicated on the RFP cover page under "Bidder must complete the following" requesting priority/preference to be considered in the award of this contract, the following will need to be submitted by the vendor within ten (10) business days of request:

1. Documentation from the United States Armed Forces confirming service;

2. Documentation of discharge or otherwise separated characterization of honorable or general (under honorable conditions);
3. Disability rating letter issued by the United States Department of Veterans Affairs establishing a service-connected disability or a disability determination from the United States Department of Defense; and
4. Documentation which shows ownership and control of a business or, in the case of a publicly owned business, more than fifty percent of the stock is owned by one or more persons described in subdivision (a) of this subsection; and the management and daily business operations of the business are controlled by one or more persons described in subdivision (a) of this subsection.

Failure to submit the requested documentation within ten (10) business days of notice will disqualify the bidder from consideration of the preference.

Evaluation criteria will be released with the RFP.

S. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The State may determine after the completion of the Technical and Cost Proposal evaluation that oral interviews/presentations and/or demonstrations are required. Every bidder may not be given an opportunity to interview/present and/or give demonstrations; the State reserves the right, in its discretion, to select only the top scoring bidders to present/give oral interviews. The scores from the oral interviews/presentations and/or demonstrations will be added to the scores from the Technical and Cost Proposals. The presentation process will allow the bidders to demonstrate their proposal offering, explaining and/or clarifying any unusual or significant elements related to their proposals. Bidders' key personnel, identified in their proposal, may be requested to participate in a structured interview to determine their understanding of the requirements of this proposal, their authority and reporting relationships within their firm, and their management style and philosophy. Only representatives of the State and the presenting bidder will be permitted to attend the oral interviews/presentations and/or demonstrations. A written copy or summary of the presentation, and demonstrative information (such as briefing charts, et cetera) may be offered by the bidder, but the State reserves the right to refuse or not consider the offered materials. Bidders shall not be allowed to alter or amend their proposals.

Once the oral interviews/presentations and/or demonstrations have been completed, the State reserves the right to make an award without any further discussion with the bidders regarding the proposals received.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the bidder and will not be compensated by the State.

T. BEST AND FINAL OFFER

If best and final offers (BAFO) are requested by the State and submitted by the bidder, they will be evaluated (using the stated BAFO criteria), scored, and ranked by the Evaluation Committee. The State reserves the right to conduct more than one Best and Final Offer. The award will then be granted to the highest scoring bidder. However, a bidder should provide its best offer in its original proposal. Bidders should not expect that the State will request a best and final offer.

U. REFERENCE AND CREDIT CHECKS

The State reserves the right to conduct and consider reference and credit checks. The State reserves the right to use third parties to conduct reference and credit checks. By submitting a proposal in response to this RFP, the bidder grants to the State the right to contact or arrange a visit in person with any or all of the bidder's clients. Reference and credit checks may be grounds to reject a proposal, withdraw an intent to award, or rescind the award of a contract.

V. AWARD

The State reserves the right to evaluate proposals and award contracts in a manner utilizing criteria selected at the State's discretion and in the State's best interest. After evaluation of the proposals, or at any point in the RFP process, the State of Nebraska may take one or more of the following actions:

1. Amend the RFP;
2. Extend the time of or establish a new proposal opening time;
3. Waive deviations or errors in the State's RFP process and in bidder proposals that are not material, do not compromise the RFP process or a bidder's proposal, and do not improve a bidder's competitive position;
4. Accept or reject a portion of or all of a proposal;
5. Accept or reject all proposals;
6. Withdraw the RFP;
7. Elect to rebid the RFP;
8. Award single lines or multiple lines to one or more bidders; or,
9. Award one or more all-inclusive contracts.

The RFP does not commit the State to award a contract. Once intent to award decision has been determined, it will be posted to the Internet at:

<http://das.nebraska.gov/materiel/purchasing.html>

Grievance and protest procedure is available on the Internet at:

<http://das.nebraska.gov/materiel/purchasing.html>

Any protests must be filed by a bidder within ten (10) business days after the intent to award decision is posted to the Internet.

II. TERMS AND CONDITIONS

Bidders should complete Sections II through IV as part of their proposal. Bidder is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

The bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

The contract resulting from this RFP shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the RFP;
3. Questions and Answers;
4. Contractor's proposal (RFP and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable ; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. NOTIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.

C. GOVERNING LAW (Statutory)

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

D. BEGINNING OF WORK

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

E. CHANGE ORDERS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

F. NOTICE OF POTENTIAL CONTRACTOR BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

G. BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

H. NON-WAIVER OF BREACH

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

I. SEVERABILITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

J. INDEMNIFICATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

1. GENERAL

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY

The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a

license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this RFP.

3. PERSONNEL

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. SELF-INSURANCE

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

K. ATTORNEY'S FEES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JA</i>			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if order by the court, including attorney's fees and costs, if the other Party prevails.

L. ASSIGNMENT, SALE, OR MERGER

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JA</i>			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

M. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

N. FORCE MAJEURE

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

O. CONFIDENTIALITY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

P. OFFICE OF PUBLIC COUNSEL (Statutory)

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

Q. LONG-TERM CARE OMBUDSMAN (Statutory)

Contractor must comply with the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

R. EARLY TERMINATION

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
 - a. if directed to do so by statute;
 - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
 - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
 - d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
 - e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
 - f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
 - g. Contractor intentionally discloses confidential information;
 - h. Contractor has or announces it will discontinue support of the deliverable; and,
 - i. In the event funding is no longer available.

S. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

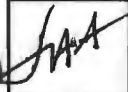
1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;

5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law; and
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees.
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any subcontractor engaged to perform work on this contract.

B. EMPLOYEE WORK ELIGIBILITY STATUS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>
The completed United States Attestation Form should be submitted with the RFP response.
2. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
3. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all subcontracts for services to be covered by any contract resulting from this RFP.

D. COOPERATION WITH OTHER CONTRACTORS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. PERMITS, REGULATIONS, LAWS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

G. INSURANCE REQUIREMENTS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any subcontractor to commence work until the subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within (one) (1) year of termination or expiration of the contract, the Contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and (one) (1) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s).** This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$300,000 each occurrence
Contractual	Included
Independent Contractors	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
WORKER'S COMPENSATION	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
USL&H Endorsement	Statutory
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	\$2,000,000 per occurrence
PROFESSIONAL LIABILITY	
Professional liability (Medical Malpractice) Qualification Under Nebraska Excess Fund	Limits consistent with Nebraska Medical Malpractice Cap
All Other Professional Liability (Errors & Omissions)	
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.

3. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
 Attn: OEHS Program Manager
 301 Centennial Mall S. 3rd floor
 Lincoln, NE 68509

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

4. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

H. ANTITRUST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

I. CONFLICT OF INTEREST

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

By submitting a proposal, bidder certifies that there does not now exist a relationship between the bidder and any person or entity which is or gives the appearance of a conflict of interest related to this RFP or project.

The bidder certifies that it shall not take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder or which creates an actual or an appearance of conflict of interest.

The bidder certifies that it will not knowingly employ any individual known by bidder to have a conflict of interest.

The Parties shall not knowingly, for a period of two years after execution of the contract, recruit or employ any employee or agent of the other Party who has worked on the RFP or project, or who had any influence on decisions affecting the RFP or project.

J. STATE PROPERTY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAA			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

K. SITE RULES AND REGULATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

The Contractor shall use its best efforts to ensure that its employees, agents, and subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

L. ADVERTISING

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

M. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

N. DISASTER RECOVERY/BACK UP PLAN

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

O. DRUG POLICY

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JNA</i>			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity.
Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Payments shall not be made until contractual deliverable(s) are received and accepted by the State.

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAS			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Contractor shall submit an invoice for retainer fee each quarter.. Invoice shall be on DHHS template detailing specific duties completed during the previous quarter. See Attachments Two through Four. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAS			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

E. PAYMENT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
JAS			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. Section 73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. LATE PAYMENT (Statutory)

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. RIGHT TO AUDIT (First Paragraph is Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
<i>JAA</i>			

The State shall have the right to audit the Contractor's performance of this contract upon a 30 days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of Contractor's business operations, nor will Contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Contractor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

V. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the information that is identified in Attachment One in response to this RFP. Bidders can respond to any or all Scopes of Work.

A. PROJECT OVERVIEW

The Department of Health and Human Services (DHHS) Division of Public Health, Office of Emergency Health Systems mission is to strengthen patient care and promote the well-being of the citizens of Nebraska and to those who work in and visit the State of Nebraska through cooperative partnerships, education and training, establishing systems of care and technical assistance. These activities help ensure that emergency medical services, providers, physician medical directors, and training agencies maintain compliance with the Emergency Medical Services Act (Neb. Rev. Stat. 38-1201 – 38-1237) and the Rules and Regulations for EMS (172 NAC 11 - 172 NAC 13). The Office of Emergency Health Systems also ensures compliance to the Nebraska Statewide Trauma System Act (Neb. Rev. Stat. 71-8201 – 71-8253) and the Rules and Regulations for the Statewide Trauma System (185 NAC 1 – 185 NAC 11) and the Stroke System of Care Act (Neb. Rev. Stat. 71-4201 to 71-4209) by leveraging these activities.

The purpose of this Request for Proposals is to retain the services of a statewide medical/clinical director(s) for the following:

1. Emergency Medical Services Physician Medical Director
2. Trauma System Medical Director
3. Emergency Medical Services for Children Medical Director

B. REQUIREMENTS FOR ALL CONTRACTORS

Contractor must be, employ or subcontract with a physician licensed in good standing in the State of Nebraska throughout the term of the contract. Bidder must provide current State of Nebraska license.

Contractor must provide all necessary equipment, supplies, tools, including but not limited to: his/her own computer, phone, internet, office space, supplies, materials, transportation and parking.

C. REQUIREMENTS FOR EACH MEDICAL DIRECTOR

1. Emergency Medical Services Physician Medical Director must have a minimum of two years of experience as a Physician Medical Director for a large volume Emergency Medical Service and have a minimum of two years of experience as an Emergency Room Physician. Bidder must be, employ or subcontract with a Fellow of the Academy of Emergency Medical Services and/or a Fellow of the American College of Emergency Physicians. Documentation should be submitted with the response. Physician Medical Director must also be a currently practicing physician.
2. Bidder for Trauma System Medical Director must be, employ or subcontract with a Trauma Surgeon with a minimum of two years of experience at a Comprehensive or Advanced Level Trauma Center (or American College of Surgeons (ACS) equivalent of a Level 1 or 2 Trauma Center). Trauma Medical Director must also be a currently practicing trauma physician.
3. Bidder for Emergency Medical Services for Children Medical Director must be, employ or subcontract with a pediatrician with a minimum of two years of experience at a specialty pediatric hospital. Children Medical director must also be a currently practicing pediatrician.

D. SCOPE OF WORK: EMERGENCY MEDICAL SERVICES PHYSICIAN MEDICAL DIRECTOR

Estimated number of hours per month for the tasks listed is 20. Not all tasks will be completed each month.

1. Represent DHHS at and provide recommendations on but not limited to statewide EMS protocols, policies, procedures and other aspects of patient care or EMS to the EMS Board, Trauma Board, Stroke Advisory Council and boards as needed.
2. Provide oversight and guidance on statewide EMS continuous improvement program.
3. Serve as an expert advocate for the efficient, effective and evidence-based emergency medical services statewide.
4. Provide education on roles and responsibilities, Nebraska EMS Rules and Regulations, EMS operations, and EMS emerging trends to Nebraska EMS medical directors as needed.
5. Provide consultation, support and assistance to Nebraska EMS medical directors as needed at the request of DHHS.
6. Promote and participate in EMS system research as needed.
7. Promote public information and education of Emergency Medical Services.

8. Attend the National Association of EMS Officials Physician Medical Director Council meetings and other national, state, and local conferences, workshops, meetings and professional medical associations as needed.
9. Provide direction for all EMS medical aspects related to planning development, implementation and evaluation of the Nebraska statewide EMS System including components for response systems of care that interface with EMS systems such as:
 - a. ST-Elevated Myocardial Infarction, cardiac, stroke;
 - b. Domestic Preparedness; and,
 - c. Other systems of specialized care through which EMS care is delivered.
10. Advise DHHS on rule and regulation changes, statute changes, current and future special projects, and other EMS related issues and emerging trends as needed.
11. Meet monthly or as needed with DHHS to discuss and plan activities.

E. SCOPE OF WORK: TRAUMA SYSTEMS PHYSICIAN MEDICAL DIRECTOR

Estimated number of hours per month for tasks listed is 10 to 15. Not all tasks will be completed each month.

1. Represent DHHS at and provide recommendations on but not limited to all trauma related system of care aspects and issues to the Trauma Board and EMS Board when appropriate.
2. Assist DHHS in carrying out the Statewide Trauma System Act Neb. Rev. Stat. 71-8201 to 71-8253.
3. Provide input and oversight to the statewide emergency medical services and trauma plan pursuant to Neb. Rev. Statute 71-8216.
4. Attend and represent DHHS at State Trauma Advisory Board meetings.
5. Provide consultation, support and assistance to Nebraska hospital trauma medical directors, currently there are 49 designated hospitals, about the Statewide Trauma System.
6. Promote and participate in trauma system research as needed.
7. Provide oversight and guidance on statewide trauma system education and improvement.
8. Promote public information and education of the Trauma System of Care.
9. Attend national, state, and local conferences, workshops, meetings and professional medical associations as needed.
10. Advise and assist DHHS with technical questions on all aspects of the Statewide Trauma System.
11. Meet quarterly or as needed with DHHS to discuss and plan activities.
12. Perform onsite designation reviews for Nebraska hospitals as needed with the following requirements:
 - a. Review trauma center application.
 - b. Evaluate the capacity of the applicant to provide quality trauma services and its ability to meet the equipment and performance standards at the level of designation sought in accordance with the Nebraska Statewide Trauma Regulations.
 - c. Tour and inspect the physical facility.
 - d. Check equipment for appropriateness and maintenance.
 - e. Examine facility records to include; patient care records, qualifications for required professionals; on call schedules and minutes related to trauma.
 - f. Interview appropriate individuals.
 - g. Review records of morbidity and mortality related to trauma.
 - h. Conduct exit interview with the applicant staff and management to report the findings of the team before leaving the facility.
 - i. Prepare a written report within 30-days after the visit in a standard format provided by DHHS, which identifies trauma center criterion deficiencies and weaknesses and recommendations for correction of each deficiency and weakness identified.
 - j. At the request of the DHHS, respond to questions pertaining to the content of the written report within five working days.
 - k. Communicate with DHHS as often as reasonably necessary to answer questions related to the report for the purpose of clarification or technical content and prepare revised reports at the request of DHHS within five working days.

F. SCOPE OF WORK: EMERGENCY MEDICAL SERVICES FOR CHILDREN PHYSICIAN MEDICAL DIRECTOR

Estimated number of hours per month for tasks listed is 10. Not all tasks will be completed each month.

1. Provide expert opinion to the Statewide Trauma Board and the EMS Board on issues and standards pertaining to pediatric patient care including but not limited to the treatment of pediatrics, pediatric protocols and the pediatric equipment list for EMS.
2. Provide consultation, support and assistance to Nebraska EMS physician medical directors as needed at the request of DHHS.
3. Advise DHHS on rule and regulation changes, statute changes, current and future special projects, and other EMS related issues and emerging trends as needed.
4. Provide oversight and guidance for pediatrics on statewide EMS continuous improvement program.

5. Promote public information and education of EMS for Children.
6. Serve as Chairperson for the EMS for Children Advisory Committee, which meets at a minimum of quarterly throughout the year.
7. Provide oversight for the EMS Pediatric Education for Pre-hospital Provider (PEPP), Pediatric Emergency Training Simulations, and other pediatric education classes as needed by DHHS.
8. Assist DHHS in carrying out the objectives and requirements of the EMS for Children grant that funds this position.
9. Attend biennially the EMS for Children Grantee meetings.
10. Attend national, state, and local conferences, workshops, meetings and professional medical associations as requested by DHHS.
11. Meet quarterly or as needed with DHHS to discuss and plan activities.

G. DELIVERABLES

1. See Cost Proposal

VI. PROPOSAL INSTRUCTIONS

This section documents the requirements that should be met by bidders in preparing the Technical and Cost Proposal. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation. Please see Attachment One.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in the following subdivisions; format and order:

A. PROPOSAL SUBMISSION

1. REQUEST FOR PROPOSAL FORM

By signing the "RFP for Contractual Services" form, the bidder guarantees compliance with the provisions stated in this RFP, agrees to the Terms and Conditions stated in this RFP unless otherwise agreed to, and certifies bidder maintains a drug free work place environment.

The RFP for Contractual Services form must be signed using an indelible method (not electronically) and returned per the schedule of events in order to be considered for an award.

Sealed proposals must be received in the State Purchasing Bureau by the date and time of the proposal opening per the Schedule of Events. No late proposals will be accepted. No electronic, e-mail, fax, voice, or telephone proposals will be accepted.

It is the responsibility of the bidder to check the website for all information relevant to this solicitation to include addenda and/or amendments issued prior to the opening date. Website address is as follows: <http://das.nebraska.gov/materiel/purchasing.html>

Further, Sections II through IV must be completed and returned with the proposal response.

2. CORPORATE OVERVIEW

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

a. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

b. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous two (2) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

c. BIDDER'S EMPLOYEE RELATIONS TO STATE

If any Party named in the bidder's proposal response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

d. CONTRACT PERFORMANCE

If the bidder or any proposed subcontractor has had a contract terminated for default during the past two (2) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor

performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past two (2) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past two (2) years, so declare.

If at any time during the past two (2) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

e. SUMMARY OF BIDDER'S PROPOSED PERSONNEL APPROACH

The bidder should identify the specific professional who will work on the State's project if their company is awarded the contract resulting from this RFP. The name and titles of the proposed individual for assignment to the State project should be identified in full.

The bidder should provide a curriculum vitae (CV) for all personnel proposed by the bidder to work on the project. The State will consider the CV as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the RFP in addition to assessing the experience of specific individuals.

CV should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. CV should include comparable experience in the requirements for each position bid listed in the following sections:

- i. V. L. Scope of work: emergency medical services physician medical director 2-4, 6-7, 9.a-c;
- ii. V. M., scope of work: trauma systems physician medical director 1, 6-8, 12 a-k; and/or,
- iii. V.N. scope of work: emergency medical services for children medical director 1, 4-5

Any changes in proposed personnel shall only be implemented after written approval from the State.

f. SUBCONTRACTORS

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

- i. name, address, and telephone number of the subcontractor(s);
- ii. specific tasks for each subcontractor(s);
- iii. percentage of performance hours intended for each subcontract; and
- iv. total percentage of subcontractor(s) performance hours.

VII. COST PROPOSAL REQUIREMENTS

This section describes the requirements to be addressed by bidders in preparing the State's Cost Proposal. The bidder must use the State's Cost Proposal. The bidder should submit the State's Cost Proposal in accordance with Section I Submission of Proposal.

THE STATE'S COST PROPOSAL AND ANY OTHER COST DOCUMENT SUBMITTED WITH THE PROPOSAL SHALL NOT BE CONSIDERED CONFIDENTIAL OR PROPRIETARY AND IS CONSIDERED A PUBLIC RECORD IN THE STATE OF NEBRASKA AND WILL BE POSTED TO A PUBLIC WEBSITE.

A. COST PROPOSAL

This summary shall present the total fixed price to perform all of the requirements of the RFP. The bidder must include details in the State's Cost Proposal supporting any and all costs.

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

B. PRICES

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the RFP. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Form A
Bidder Contact Sheet
Request for Proposal Number 5943 Z1

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

Preparation of Response Contact Information	
Bidder Name:	JUAN A. ASCENSIO MD, FACS, FCCM, FRCR (ENGLAND),
Bidder Address:	CREIGHTON UNIVERSITY HOSPITAL 7500 MERCY ROAD SUITE 2871 OMAHA, NEBRASKA 68124 KAN
Contact Person & Title:	MS. BRENDA WELTER, PROJECT MANAGER
E-mail Address:	JUANASCENSIO@CREIGHTON.EDU
Telephone Number (Office):	(402) 717-4842
Telephone Number (Cellular):	(305) 336-5384 AND (914) 844-9486
Fax Number:	(402) 398 398-6356

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Bidder Name:	Juan A. Ascensio MD FACS, FCCM, FRCR England UK
Bidder Address:	Creighton University Hospital 7500 Mercy Road, Ste 2871 Omaha, NE 68124
Contact Person & Title:	Brenda Welter
E-mail Address:	Brenda.Welter@cregent.org
Telephone Number (Office):	402-717-4842
Telephone Number (Cellular):	402-830-7085
Fax Number:	402-398-6356

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	<i>JUAN A. ASENSIO MD FACS FRCR FRCR</i>
COMPLETE ADDRESS:	<i>Creighton University Hospital (England, KS)</i>
TELEPHONE NUMBER:	<i>(402) 717-4842</i>
FAX NUMBER:	<i>(402) 398-6356</i>
DATE:	<i>November 9/2018</i>
SIGNATURE:	<i>[Handwritten Signature]</i>
TYPED NAME & TITLE OF SIGNER:	<i>Juan A. Asensio, MD FACS, FRCR, FRCR</i>



School of Medicine
 medschool.creighton.edu
 CHI with Creighton University
 Medical Center - Bergan Mercy
 Education Building
 Suite 501
 7710 Mercy Road
 Omaha, NE 68124

Juan A. Asensio, MD
 FACS, FCCM, FRCS, (England) KM
 Professor and Vice Chairman
 Chief, Division of Trauma Surgery and
 Surgical Critical Care
 Director of Trauma Center and Program
 Department of Surgery

juanasensio@creighton.edu
 T 402.280.5292
 T 402.7174842 F 402.280.5979

Attachment One

5943 Z1 Statewide Medical/Clinical Directors

Please complete the form below and submit with Curriculum Vitae and completed cost proposal. In addition, Sections II through IV and Form A, Bidder Contact Sheet must be completed and returned with the proposal response.

CORPORATE OVERVIEW

1. BIDDER IDENTIFICATION AND INFORMATION

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

Bidder Response:

I am submitting this bid as an individual, not a corporation.

2. RELATIONSHIPS WITH THE STATE

The bidder should describe any dealings with the State over the previous two (2) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

Bidder Response:

I am in the process of providing information with the State of Nebraska, DHHS to provide the services of an onsite Trauma System Consultant and Reviewer for hospitals applying for state trauma center designation. I have previously held a contract for the same.

3. BIDDER'S EMPLOYEE RELATIONS TO STATE

a. If any Party named in the bidder's proposal response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

Bidder response:

I have never been an employee of the State other than the aforementioned contract with DHHS.

b. If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.

Bidder response:

I do not have any employees.

4. CONTRACT PERFORMANCE

a. If the bidder or any proposed subcontractor has had a contract terminated for default during the past two (2) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

Updated: November 7, 2018

CURRICULUM VITAE

**JUAN A. ASENSIO, MD, FACS, FCCM, FRCS (ENGLAND), KM
VICE-CHAIRMAN AND PROFESSOR OF SURGERY,
CHIEF, DIVISION OF TRAUMA SURGERY & SURGICAL CRITICAL CARE
DIRECTOR OF TRAUMA CENTER & TRAUMA PROGRAM
DIRECTOR, INTERNATIONAL VISITING SCHOLARS/RESEARCH
FELLOWSHIP PROGRAM
DEPARTMENT OF SURGERY CREIGHTON UNIVERSITY SCHOOL OF
MEDICINE
CREIGHTON UNIVERSITY MEDICAL CENTER
PROFESSOR OF CLINICAL & TRANSLATIONAL SCIENCE
DEPARTMENT OF TRANSLATIONAL SCIENCE CREIGHTON UNIVERSITY
SCHOOL OF MEDICINE
ADJUNCT PROFESSOR OF SURGERY, UNIFORM SERVICES
UNIVERSITY OF THE HEALTH SCIENCES, F. EDWARD HEBERT
SCHOOL OF MEDICINE**

BUSINESS ADDRESS

Creighton University Medical Center-Bergan Mercy
Department of Surgery
Division of Trauma Surgery, Surgical Critical Care and
Acute Care Surgery
7500 Mercy Rd.
Suite 2871
Omaha, NE 68124
Clinical Phone Numbers: (402)717-4842
Academic Phone Numbers: (402) 280-5292
Fax Numbers:
Clinical Fax Numbers: (402) 398-6356
Academic Fax Numbers: (402)280-5979
Pager Number: (402) 978-0179
Cellular Number: (914) 844-9486 (New York)
(305) 336-5384 (Miami)
(402)676-3369 (Omaha)
E-mail: JuanAsensio@creighton.edu
E-mail: Juan.Asensio@alegent.org

GRADUATE MEDICAL EDUCATION

INTERNSHIP, RESIDENCY & FELLOWSHIPS

Northwestern University - General Surgery Residency	7/1979-6/1981
Medical College of Ohio - General Surgery Residency	7/1982-6/1985
University of Texas Health Sciences Center at Dallas (UTHSCD)/Southwestern Medical School and Parkland Memorial Hospital – Trauma Surgery and Surgical Critical Care Fellowships	7/1985-6/1986

CERTIFICATION BY BOARDS

1. Diplomate, National Board of Medical Examiners - No. 211474, (7/1/80).
American Board of Surgery (ABS) Candidate ID 041605
2. Diplomate, American Board of Surgery - No. 31088, (2/24/86).
3. Diplomate, American Board of Surgery - No. 31088, Recertified (10/20/95).
4. Diplomate, American Board of Surgery - No. 31088, Recertified (01/04/06).
5. Diplomate, American Board of Surgery - No. 31088, Recertified (12/12/2016)
6. Board Certified and Holder Certificate of Special
Added Qualifications in Surgical Critical Care
Diplomate American Board of Surgery - No. 023 (4/9/87).
7. Board Certified and Holder Certificate of Special
Added Qualifications in Surgical Critical Care
Diplomate American Board of Surgery - No. 023 Recertified (10/18/96).
8. Board Certified and Holder Certificate of Special
Added Qualification in Surgical Critical Care
Diplomate American Board of Surgery – No. 023 Recertified (10/6/06).
9. Board Certified and Holder Certificate of Special
Added Qualification in Surgical Critical Care
Diplomate American Board of Surgery – No. 023 Recertified (9/22/2017).

LICENSES

1. State of Illinois No. 036-0610260 - 09/26/1980
2. State of Ohio No. 495776 - 08/15/1983
3. State of Texas No. G9428 - 02/22/1986
4. State of Pennsylvania No. MD-041242-E - 04/01/1988
5. State of California No. G77582 - 09/22/1993
6. State of New Jersey No. 25MA07857200 - 01/21/2005
7. State of Florida No. ME95504 - 03/22/2006
8. State of New York No. 264501 – 03/01/2012

FACULTY APPOINTMENTS**Academic Appointments**

Clinical Instructor of Surgery Medical College of Ohio, Toledo, OH	1984-1985
Assistant Instructor of Surgery University of Texas Health Sciences Center at Dallas/Southwestern Medical School	1985-1986
Assistant Professor of Surgery Medical College of Ohio, Toledo, OH	1986-1988
Assistant Professor of Surgery Temple University Hospital, Philadelphia, PA	1988-1992
Associate Professor of Clinical Surgery Hahnemann University, Philadelphia, PA	1992-1993
Assistant Professor of Surgery, University of Southern California Keck School of Medicine	1993-1999
Associate Professor of Surgery (Tenured) University of Southern California Keck School of Medicine	1999-2005
Professor (Tenured) University of Medicine and Dentistry of New Jersey (UMDNJ)	2005-2006
Professor of Surgery (Tenured) University of Miami Miller School of Medicine	2006-2012
Professor of Surgery (Tenured) New York Medical College	2012-2014
Professor of Surgery (Tenured) Creighton University Medical School	2014-Present
Professor of Clinical & Translational Science Creighton University Medical School	2016-Present
Professor of Surgery Adjunct, Uniform Services University of the Health Sciences. F. Edward Hebert School of Medicine, Bethesda, Maryland	2015-Present

Clinical Appointments

Attending Physician, Emergency Medicine Department Grant & Ravenswood Hospitals, Chicago, IL	1981-1982
Attending Surgeon, Department of Surgery Parkland Memorial Hospital, Dallas, TX	1985-1986
Attending Surgeon Medical College of Ohio, Toledo, OH	1986-1988
Attending Surgeon Temple University Hospital, Philadelphia, PA	1988-1991

Director, Trauma Surgery Clerkship Temple University, Philadelphia, PA	1990-1991
Chief, Division of Trauma Surgery and Surgical	1991-1993
<u>Hahnemann University, Philadelphia</u>	
Critical Care, Hahnemann University, Philadelphia, PA	
Medical Director, Hahnemann University Trauma Center Philadelphia, PA	1991-1993
Director, Hahnemann University Air Evacuation Service/MEDEVAC	1991-1993
Chief Consultant in Trauma Surgery, Hahnemann University Emergency Department, Philadelphia, PA	1991-1993
Director, Grand Rounds Program, Department of Surgery, Hahnemann University	1991-1993
Director, Trauma Surgery Resident Rotation, Hahnemann University Philadelphia, PA	1991-1993
Director, Surgical Critical Care Resident Rotation, Hahnemann University, Philadelphia, PA	1991-1993
Director, Trauma Surgery, Clerkship, Hahnemann University Philadelphia, PA	1991-1993
Director, Surgical Critical Care Clerkship, Hahnemann University Philadelphia, PA	1991-1993
Director, Advanced Trauma Life Support Courses (ATLS) Hahnemann University, Philadelphia, PA	1991-1993
<u>University of Southern California</u>	
Unit Chief, Trauma Surgery Service "A", University of Southern California, Los Angeles County Hospital, Los Angeles, CA	1993-2005
Chief Trauma Surgery Wards University of Southern California, Los Angeles County Hospital	1993-2005
Director, Assistant Unit Chief/Trauma Fellowship Program	1993-2005
Director, Advanced Trauma Life Support Courses (ATLS) University of Southern California, Los Angeles, CA	1993-2005
Director, Trauma Outreach Program, Division of Trauma and Critical Care, University of Southern California, Los Angeles, CA.	1994-2005
Director, International Research fellowship, Division of Trauma And Critical Care, University of Southern California, Los Angeles, CA.	1994-2005
Salerni Collegium Mentorship Program	2003-2005
Faculty Advisory Board Center for excellence for under-represented minority students and faculty. Keck School of Medicine, University	2004-2005

Program, New York Medical College and Westchester University
Medical Center, Valhalla, New York 2012-2014

Creighton University School of Medicine

Chief, Division of Trauma Surgery, Surgical Critical Care, and
Acute Care Surgery, Creighton University Medical Center, Omaha,
Nebraska 2014-Present

Director, Trauma Program, Creighton University Medical Center,
Omaha, Nebraska 2014-Present

Director, Trauma Center, Creighton University Medical Center,
Omaha, Nebraska 2014-Present

Director, International Visiting Scholars/Research Fellowship
Program, Creighton University and Creighton University Medical
Center, Omaha, Nebraska 2014-Present

Senior Faculty Global Surgery Fellowship Program 2016-Present

Director Trauma Training Global Surgery Fellowship Program 2016-Present

COMMITTEE MEMBERSHIPS

Committees Served

UTHSCD/Southwestern Medical, Parkland

Trauma Committee-UTHSCD/Parkland Memorial Hospital 1985-1986

Medical College of Ohio

Trauma Committee-Medical College of Ohio – Chairman 1986-1988

Pediatric Trauma Committee-Medical College of Ohio 1987-1988

Operating Room Services Committee-Medical College of Ohio 1987-1988

Special Care Units Committee-Medical College of Ohio 1987-1988

Special Care Units Committee-Medical College of Ohio-Chairman 1987-1988

Pharmacy and Therapeutics Committee-Medical College of Ohio 1987-1988

TPN Committee-Medical College of Ohio 1986-1988

Brain Death Committee-Medical College of Ohio 1986-1987

Code 99 Committee-Medical College of Ohio 1987-1988

Library Committee-Medical College of Ohio 1987-1988

National Disaster Medical Systems Committee Medical
College of Ohio 1987-1988

Academic Senate-Medical College of Ohio 1987-1988

New York Medical College

Medical Executive Committee	2012-2014
Quality Committee	2012-2014
Medical Operations Committee	2012-2014
Operating Room Executive Committee	2012-2014
Operating Room Committee	2012-2014
Disaster Committee	2012-2014
Trauma Committee – Chairman	2012-2014
Pediatric Trauma Committee	2012-2014
Research Subcommittee New York Medical College- Westchester Medical Center University Hospital	
Affiliation Agreement Steering Committee	2012-2014
Research Support Services Committee	2013-2014
Quality & Safety Committee Department of Surgery	2013-2014

Creighton University School of Medicine

Academic Council	2015-Present
Faculty Council	2015-Present
Committee on Academic Freedom	2018-Present
Committee on Committees	2018-Present
Committee on Rank and Tenure	2017-Present
Medical Executive Committee	2014-Present
Trauma Committee – Chairman	2014-Present
Trauma Performance Improvement Committee	
Trauma Peer Review Committee	
Operating Room Committee	2014-Present
Critical Care Committee	2014-Present
Disaster Committee	2014-Present
Blood Bank and Laboratory Services Committee	2014-Present
Trauma Needs and Assessment Committee	2014-Present
Quality Council Committee	2014-Present
Education Committee – Department of Surgery	2015-Present
Practice Management Council	2015-Present

PROFESSIONAL SOCIETIES

American Medical Association (AMA)	
World Medical Association (WMA)	1976-1988
Illinois State Medical Society (ISMS)	1976-1985
Ohio State Medical Society (OSMS)	1982-1988
Texas State Medical Association	1985-1986

Member, COT, Florida Chapter ACS	2006-2012
Member, Greater New York Metropolitan Chapter American College of Surgeons	2012-2014
Member, COT New York Metropolitan Chapter ACS	2012-2014
Member Brooklyn-Long Island Chapter American College of Surgeons	2012-2014
Member, COT Brooklyn-Long Island Chapter ACS	2012-2014
Member Nebraska State Chapter American College of Surgeons (ACS)	2014-Present
Member, COT, Nebraska Chapter ACS Association for Academic Surgery (AAS)	2014-Present
Society of University Surgeons (SUS) Creighton University Representative	2015-Present
American Association for the Surgery of Trauma (AAST)	
Member, Multi-Institutional Trials Committee	1995-1997
Member, Prevention Committee	1998-2002
Member, Legislative and Public Affairs Committee	2002-2004
Co-Chairman International Relations Committee	2006-2012
Acute Care Surgery Committee	2013-Present
AAST Foundation	2002-Present
Military Liaison Committee	2016-Present
Eastern Association for the Surgery of Trauma (EAST)	
(Charter Member) Member, Issues Committee	1987-1988
Member Publications Subcommittee	1993-1994
Member, Multi-Institutional Blunt Hollow Viscus Injury Group	2000-2005
Member, Information Technology Committee	2004-2006
Member Senior Committee	2011-Present
Pan American Trauma Society (Charter Member)	
Member, Propaganda and Issues Committee	1990-1991
Chairman, Membership Committee	1994-2000
Member, Education Committee	1996-1997
Member, Prevention Committee	1997-2000
Program Committee, Chairman Free Paper & Poster Session	1996-1997
Member, Board of Directors	1994-2000
Member, Program Committee	2004-Present
Member, Committee for Essential Trauma Care in Resource Poor Countries	2008-Present

Society for Vascular Surgery (SVS)
 American Association for Vascular Surgery (AAVS)
 Society for Clinical Vascular Surgery (SCVS)
 International Society for Cardiovascular Surgery (ISCVS)
 International Society for Vascular Surgery (ISVS) (Charter Member)
 Eastern Vascular Society (EVS)
 New England Vascular Society (NEVS)
 American Trauma Society (ATS)
 American Burn Association (ABA)
 American College of Critical Care Medicine (ACCM)—Fellow
 Society of Critical Care Medicine (SCCM)
 Society of Surgery for the Alimentary Tract (SSAT)
 Société Internationale de Chirurgie (ISS)
 International Society for Digestive Diseases (ISDS)
 European Society for Surgical Research (ESSR)
 Society of American Gastrointestinal Endoscopic Surgeons (SAGES)
 American Society for Gastrointestinal Endoscopy (ASGE)
 Western Surgical Association (WSA)
 Southern Surgical Association
 Central Surgical Association
 Executive Council 2016-Present
 Chairman-Auditing Committee 2016-Present
 Chest Wall Injury Society 2017-Present
 Publications Committee
 Pacific Coast Surgical Association (PCSA)
 Member, Committee on Arrangements 1998-1999
 Southwestern Surgical Congress (SWSC)
 Southeastern Surgical Congress (SESC)
 Midwest Surgical Association (MSA)
 Surgical Infection Society (SIS)
 Shock Society
 American Association for Enteral and Parenteral Nutrition (ASPEN)
 American College of Academic International Medicine (Honorary Member)
 Board of Governance
 Association for Surgical Education (ASE)
 Parkland Surgical Society
 Southern Medical Society
 Philadelphia Academy of Surgery
 Philadelphia College of Physicians
 Philadelphia Trauma Directors Consortium 1991-1993

European Association of Trauma and Emergency Surgery (EATES)
 Greek Trauma Surgical Society (Honorary Member)
 Finnish Gastro-Surgical Society (Honorary Member)
 Japanese Association for the Surgery of Trauma (Honorary Member)
 Italian Society of Emergency and Trauma Surgery (Honorary Member)
 Argentinean Society for the Medicine and Surgery of Trauma
 (International Corresponding Member)
 Argentinian Society of Thoracic Surgery (Honorary Member)
 Mexican Association for the Medicine and Surgery of Trauma
 (Honorary Member)
 Colombian Trauma Society (Honorary Member)
 Brazilian Trauma Surgery Society (Honorary Member)
 Peruvian Trauma Society (Honorary Member)
 Ecuadorean Society of Trauma Surgery
 Philippine Society for the Surgery of Trauma (Honorary Member)
 Spanish Society of Vascular Surgery (Honorary Fellow)
 Argentinean College of Cardiovascular and Endovascular Surgery
 (Honorary Member)
 Rioplatense Society of Emergency Surgery (Argentina and Uruguay,
 Honorary Member)
 Argentinean Society of Critical Care Medicine (International
 Corresponding Member)
 Mexican Society of Critical Care Medicine (International
 Corresponding Member)
 Panamanian Society of Critical Care Medicine (Honorary Member)
 Guatemalan Society of Critical Care Medicine (Honorary Member)
 Tallinn (Estonia) Surgical Society (Honorary Member)
 Chihuahua State (Mexico) Surgical Society (Honorary Member)
 Baja California State (Mexico) Surgical Society (Honorary Member)
 Santa Cruz Surgical Society (Bolivia) (Honorary Member)
 Inter-American College of Physicians and Surgeons
 Toledo Surgical Society 1986-1988
 New York Academy of Sciences National Association of Residents 1979-1986
 and Interns (NARI)
 Member, Board of Trustees REMSNO (Regional Emergency 1986-1988
 Services of Northwest Ohio)
 American Medical Students Associations (AMSA) 1975-1979
 Rush Medical College Alumni Association 1979-Present

Surgery Pan-American Trauma Society - Awarded in Cartagena, Colombia, November 1994
Host International Guest Scholar - American College of Surgeons
Gonzalo Ostria MD – Bolivia, October 1994
Recipient, University of Southern California (USC) Department of Surgery.
Overall award for Excellence in Teaching-Surgery, June, 1995
Los Angeles, CA 1996
USC Good Neighbor Volunteer Award
Host International Guest Scholar - American College of Surgeons
Luis Antonio Buonomo MD – Argentina, October 1996
Recipient, University of Southern California (USC), Department of Surgery.
Overall award for Excellence in Teaching - Surgery/Divisional Award
(Awarded all members Division of Trauma) - June 1996, Los Angeles, California.
Recipient of What's Right with Southern California Community Service Award from CBS-2 News - October 1997, Los Angeles, California.
Named to List of the 100 Most Influential Hispanics in the U.S. Hispanic Business Review - October 1997.
Recipient Humanitarian of the Year Award for Commitment in the fight against domestic and children's violence from Sojourn Services for Battered Women and their Children - September 12, 1998.
Recipient Commendation as Humanitarian of the Year, Board of Supervisors, Los Angeles County - October 2, 1998.
Host International Guest Scholar - American College of Surgeons - 1998 – Orestes Mederos, MD- Cuba, October 1996
Recipient, University of Southern California (USC), Department of Surgery.
Overall award for Excellence in Teaching - Surgery/Divisional Award (Awarded all members Division of Trauma) - November 1998, Los Angeles, California.
Recipient of the California Chicano-Latino Medical Student Association (CMSA) Award for the Leadership and Services to the California Latino Community-April 3, 1999
Accepted Life Member National Registry of Who is Who in America -2000. Life Member acceptance #113703
Foster McGraw Award of the American Hospital Association for Hospital Community Service
Recipient Silver Medal, University of Pisa, Italy – April 2000
Honorary Members Medal. Philippine Society for the Surgery of Trauma, Manila, Philippines – June 2000
Recipient Outstanding Teaching Award University of Southern California,

Arnulfo F. Fernandez, MD—Cuba, October 2003
Host International Guest Scholar, American College of Surgeons
Maria A. Matamoros, MD—Costa Rica, October 2003
U.S. Navy Plank Owner Award, Naval School of Health Sciences San Diego,
January 13, 2005.
Department of Pastoral Care, Los Angeles County/University of Southern
California
Medical Center Award, January 13, 2005.
Recipient Gold Medal of the Mutua Foundation for Academic Achievements,
from the King and Queen of Spain, Madrid, March 4, 2005.
The Frederic C. Chang M.D. Distinguished Lecturer, University of Kansas,
Wichita, Kansas, May 13, 2005.
Distinguished Visiting Professor, University of Buenos Aires, Buenos Aires,
Argentina, July 26, 2005.
Distinguished Visiting Professor, University of San Miguel de Tucuman,
Tucuman, Argentina, July 28, 2005.
Host International Guest Scholar, American College of Surgeons
Daniel M. Maffei—Argentina, October 2005
Host International Guest Scholar, American College of Surgeons
Jüri Teras—Estonia, October 2005
Robert Zeppa Memorial Lecturer. University of Miami, Miami, Florida,
September, 2006.
Named to the List of Florida Power Brokers, 2008
Landstuhl Regional Medical Center-Command Team Coin of Excellence,
2010
Keynote Speaker 5th Annual Latin-American Students Association Annual
Meeting, Chicago, Illinois March 2010
Recipient Order of Merit of Colombia for Meritorious Services Rendered to
The Colombian Military and The Country of Colombia, Bogota, Colombia,
April 8, 2011
9th Annual Louis RM Del Guercio Distinguished Visiting Professorship and
Lecture, New York Medical College, Valhalla, New York, May 4, 2011
6th Annual Harlan Stone Visiting Professorship & Lecture Emory University,
Atlanta Georgia, May 19, 2011
Sovereign Military Hospitaller Order of St. John of Jerusalem of Rhodes and
of Malta (Knights of Malta), Knight Magisterial Grace
Admitted into order June 25, 2014.
Knighted Saint Patrick's Cathedral, New York City, NY Nov. 13, 2014
Recipient of the Cross of Malta Area Chair-Midwest
Keynote speaker, Alpha Omega Alpha – Beta Chapter, Creighton

Distinguished Guest City of Merida, Mexico	2005
International Consultant, University of Buenos Aires and the Güemes de Haedo University Hospital	
International Consultant to the Presidential Medical Unit of Argentina, Buenos Aires, Argentina	2005
Recipient of Commendation for Academic Services Rendered to the Surgeons of Argentina by the Argentinean Surgical Society and the Trauma Section of the Argentinean Surgical Society	2005
Recipient Commendation for Outstanding Patient Care and Services to Jackson Memorial Hospital and the Ryder Trauma Center by the Public Health Trust City of Miami	2007
Distinguished Guest- City of Salamanca, Spain	2009
International Consultant, University of Buenos Aires and the Guemes University Hospital, Buenos Aires, Argentina	2011
Advisor Hispanic Medical Students Association, University of Miami, Miller School of Medicine, Miami, Florida	2011
David C. Sabiston Distinguished Visiting Professor, Norman M. Rich Department of Surgery, Uniform Services University of the Health Sciences, F. Edward Hebert School of Medicine, Bethesda, Maryland	2015
YouTurn Omaha –Violence Prevention Board of Directors	2017
Sovereign Military Hospitaller Order of Saint John of Jerusalem, Rhodes and Malta (Knights of Malta) - Area Chair Midwest	2017

CONSULTANTSHIPS AND EDITORIAL BOARDS & JOURNAL REVIEWS

Editorial Boards

1.	Trauma Quarterly	1989-1992
2.	Journal of the Pan American Trauma Society	1989-Present
3.	Trauma Chronicle	1990-1992
4.	Surgery, Gynecology and Obstetrics (S.G.O.) Abstract Section	1991-1993
5.	Guatemalan Journal of Surgery	1992-Present
6.	Argentinean Journal of Emergency Medicine and Surgery	1993-Present
7.	Argentinean Journal of Emergencies	1993-Present
8.	The European Journal of Emergency Surgery and Intensive Care	1996-Present
9.	Bio-Medicina Section Editor – Trauma	1997-2000
10.	Mexican Journal of Surgery	1998-Present
11.	Annales Chirurgiae et. Gynecologiae	2000-2005

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| 11. | American Journal of Surgery | 2007-Present |
| 12. | American Surgeon | 2008-Present |
| 13. | Cardiovascular and Interventional Radiology | 2010-Present |
| 14. | Hernia | 2015-Present |
| 15. | African Health Sciences Journal | 2015-Present |
| 16. | Trauma Surgery and Acute Care Surgery Open | 2016-Present |

Book Reviewer

- | | | |
|----|--|--------------|
| 1. | W.B. Saunders-Elsevier, Philadelphia, PA | 2000-Present |
|----|--|--------------|

CURRENT RESEARCH, INTERESTS AND GRANTS

Research in Progress

1. Penetrating Cardiac Injuries. Factors Affecting Outcome
2. Emergency Department Thoracotomy
3. Multimodality Approach in the Management of Complex Hepatic Injuries Grades IV and V
4. The Abdominal Compartment Syndrome
5. Exsanguination. Advancement of the Physiological Definition of the Syndrome
6. Cardiovascular Trauma Outcome Before and After Institution of a Trauma Program
7. Laparoscopic Evaluation of Penetrating Thoraco-Abdominal Trauma
8. Short and Long term Prophylactic Antibiotic use in High Risk Abdominal Trauma with Colon Injury
9. Penetrating Esophageal Injuries
10. Colon Injuries. Primary Repair Versus Colostomy
11. Penetrating Injuries to the Left Lower Chest. Evaluation of Diaphragmatic Injuries
12. Battlefield Care of American Combat Casualties in the 21st Century
13. Traumatic Empyema
14. Transcervical Gunshot Wounds: Assessment and Management
15. Diaphragmatic Injuries
16. CO₂ versus Helium in Laparoscopy during Head Trauma (Experimental)
17. Evaluation of CO₂ versus Helium in the Evaluation of Gas Embolization During Diagnostic Laparoscopy for Trauma (Experimental)
18. Soft Tissue Infections
19. Imipenem Dosing in ICU Patients
20. Aztreonam Dosing in ICU Patients
21. TRISS Analysis Limitations

- for Recombinant Activated Protein C (rAPC) in Severe Sepsis.
Eli Lilly and Co – 1997-2002
Co-Investigator \$62,256
7. ICOS Protocol BAR02-
Phase IIb Study to evaluate The Safety and efficacy of rPAF-AH
in the prevention of ARDS in patients with Severe Sepsis and
Severe Traumatic Injuries.
SCIREX-Corp – 1998-2000
Principal Investigator \$78,015
8. ICOS Protocol BAR03-
Phase 3 Study to Demonstrate the Safety and Efficacy of
Recombinant rPAF-AH (Pafase^R) for reducing 28 day
All cause morbidity in patients with severe sepsis
2002-2003
Principal Investigator \$43,270
9. The utilization of adjunct hemostatic technologies: TissueLink
Floating Ball™ and its application for coagulation in an animal
model of hepatic, splenic, pancreatic and pulmonary high grade
injuries.
TissueLink Medical, Inc. 2003-2004
Principal Investigator \$69,353.49
10. INTRAOPERATIVE ACOUSTIC HEMOSTASIS \$1,522,766.00

NIH GRANT I ROIGMO 77318-OIAI
2007-2010
Co-Investigator. PI in sub-grant
11. High Intensity Ultrasonic Device for Mitigating Neonatal
Perioperative Bleeding
2R44HL124683-02
2016-Present
Co-Investigator \$1,401,530.00
12. An Active Hemostatic Clamping Device for Bloodless
Surgery in Trauma

- College of Surgeons (ACS). Assisted in 5 certification processes successfully completed by the American College of Surgeons (ACS) in California.
8. Brought and implemented the ATLS program at the University of Southern California.
 9. Developed a Nationally and Internationally recognized program on Trauma Outreach and Prevention for the University of Southern California (USC) Keck School of Medicine, Los Angeles, California.
 10. Developed a Nationally and Internationally recognized program on Trauma Outreach and Prevention for the University of Medicine and Dentistry of New Jersey (UMDNJ), Newark, New Jersey.
 11. Developed a Nationally and Internationally recognized program on Trauma Outreach and Prevention for the University of Miami Miller School of Medicine, Miami, Florida.
 12. Developed a nationally and internationally recognized International Research Fellowship in Trauma Surgery and Surgical Critical Care for the University of Miami's Miller School of Medicine.
 13. Advisor and organizer of multiple International Trauma Surgical Symposia
 14. Symposium Director Annual International Trauma and War Symposium. Military University of Nueva Granada and the Colombian Military Hospital. Advisor Colombian Medical Military Personnel.
 15. Symposium creator and Medical Director Masters of Trauma Surgery Course.
 16. Trauma Surgery Advisor to Military, several countries.
 17. Designed only the third contained Trauma Center in the United States- Creighton University Medical Center.
 18. Responsible for multiple successful Department of Health Services Pennsylvania Trauma Systems Foundations (PTSF) and American College of Surgeons (ACS) Level 1 Trauma Center Verifications

- evacuation personnel. *American Surgeon*, Vol. 61, No. 9, p 773-777, September 1995.
9. Cornwell EE, Belzberg H, Berne TV, Dougherty WR, Morales IR, **Asensio JA**, Demetriades D: The pattern of fungal infections in critically ill surgical patients. *American Surgeon*, Vol. 61, No. 10, p 847-850, October 1995.
 10. Chatwin AL, Miller M, **Asensio JA**, Kerstein MD: Cause of temporary closure of an inner-city trauma center. *American Surgeon*, Vol. 61, No. 12 p 1102-1104, December 1995.
 11. Ortega AE, Tang E, Froes ET, **Asensio JA**, Katkhouda N, Demetriades D: Laparoscopic evaluation of penetrating thoracoabdominal traumatic injuries, *Surgical Endoscopy*, Vol. 10, No. 1, p 19-22, January 1996.
 12. Demetriades D, Chan L, Cornwell EE, Belzberg H, Berne TV, **Asensio J**, Chan D, Eckstein M, Alo K: Paramedic vs private transportation of trauma patients: effect on outcome. *Archives of Surgery*, Vol. 131, p 133-138, February 1996.
 13. Demetriades D, Theodorou D, **Asensio JA**, Golshani S, Belzberg H, Yellin A, Weaver F, Berne TV: Management options in vertebral artery injuries. *British Journal of Surgery*, Vol. 83, p 83-86, 1996.
 14. Demetriades D, Theodorou D, Cornwell EE, **Asensio J**, Belzberg H, Velmahos G, Murray J, Berne TV: Transcervical gunshot injuries: mandatory operation is not necessary. *Journal of Trauma*, Vol. 40, No. 5, p 758-760, May 1996.
 15. Demetriades D, Theodorou D, Murray J, **Asensio JA**, Cornwell EE, Velmahos G, Belzberg H, Berne TV: Mortality and prognostic factors in penetrating injuries of the aorta. *Journal of Trauma*, Vol. 40, No. 5, p 761-763, May 1996.
 16. Velmahos GC, Theodorou D, Tatevossian R, Belzberg H, Cornwell EE, Berne TV, **Asensio J**, Demetriades D: Radiographic cervical spine evaluation in the alert asymptomatic blunt trauma victim: much ado about nothing. *Journal of Trauma*, Vol. 40, No. 5, p 768-774, May 1996.
 17. Shoemaker WC, WO CC, Bishop MH, **Asensio JA**, Demetriades D, Appel PL, Thangathurai D, Patil RS: Noninvasive physiologic monitoring of high risk surgical patients. *Archives of Surgery*, Vol. 131, No. 7, p 732-737, July 1996.

February 1997.

27. Velmahos GC, Theodorou D, Demetriades D, Chan L, Berne TV, **Asensio J**, Cornwell EE, Belzberg H, Stewart BM: Complications and non-closure rates of fasciotomy for trauma and related risk factors. *World Journal of Surgery*, Vol. 21, No. 3, p 247-253, March/April 1997.
28. Cornwell EE, Belzberg H, Berne TV, Gill MA, Theodoru D, Kern JW, Yu W, **Asensio JA**, Demetriades D: Pharmacokinetics of aztreonam in critically ill surgical patients. *American Journal of Health—System Pharmacy*, Vol. 54, p 537-540, March 1, 1997.
29. Velmahos GC, Demetriades D, Cornwell EE, **Asensio JA**, Belzberg H, Berne TV: Gunshot wounds to the buttocks: predicting the need for operation. *Diseases of the Colon and Rectum*, Vol. 40, No. 3, p 307-311, March 1997.
30. Fabian TC, Richardson JD, Croce MA, Smith JS Jr, Rodman G Jr, Kearney PA, Flynn W, Ney AL, Cone JB, Luchette FA, Wisner DH, Scholten DJ, Beaver BL, Conn AK, Coscia R, Hoyt DB, Morris JA Jr, Harviel JD, Peitzman AB, Bynoe RP, Diamond DL, Wall M, Gates JD, **Asensio JA**, McCarthy MC, Murray J, Girotti MJ, VanWijngaarden M, Cogbill TH, Levison MA, Aprahamian C, Sutton JE Jr, Allen CF, Hirsch EF, Nagy K, Bachulis BL, Bales CR, Shapiro MJ, Metzler MH, Conti VR, Baker CC, Bannon MP, Ochsner MG, Thomason MH, Hiatt JR, O'Malley K, Obeid FN, Gray P, Bankey PE, Knudson MM, Dyess DL, Enderson BL: Prospective study of blunt aortic injury: multicenter trial of the American Association for the Surgery of Trauma. *Journal of Trauma*, Vol. 42, No. 3, p 374 -383, March 1997.
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33. Velmahos GC, Belzberg H, Chan L, Avari S, Cornwell EE, Berne TV, **Asensio JA**, Murray J, Demetriades D: Factors predicting prolonged mechanical ventilation in critically injured patients: introducing a simplified quantitative risk score. *American Surgeon*, Vol. 63, No. 9, p 811-817, September 1997.

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43. **Asensio JA**, Berne JD, Demetriades D, Chan L, Murray J, Falabella A, Gomez H, Chahwan S, Velmahos G, Cornwell EE, Belzberg H, Shoemaker W, Berne TV: One hundred five penetrating cardiac injuries: A 2-year prospective evaluation. *Journal of Trauma*, Vol. 44, No. 6, p 1073-1082, June 1998.
44. Cornwell EE, Velmahos GC, Berne TV, Murray JA, Chahwan S, **Asensio JA**, Demetriades D: The fate of colonic suture lines in high-risk trauma patients: A prospective analysis. *Journal of the American College of Surgeons*, Vol. 187, No.1, p 58-63, July 1998.
45. Velmahos GC, Demetriades D, Cornwell EE, Belzberg H, Murray J, **Asensio JA**, Berne TV: Selective management of renal gunshot wounds. *British Journal of Surgery*, Vol. 85, No. 8, p1121-1124, July 1998.
46. Velmahos GC, Demetriades D, Stewart M, Cornwell EE, **Asensio, JA**, Belzberg H, Berne TV: Open versus closed diagnostic peritoneal lavage: a comparison on safety, rapidity, efficacy. *Journal Royal College of Surgeons. Edinburgh*, Vol. 43, p 235-238, August 1998.
47. Berne JD, **Asensio JA**, Gomez H, Chahwan S, Falabella A: Double intussusception in an adult following a laparotomy for trauma: A case report and review of the literature. *American Surgeon*, Vol. 64, No. 8, p 781-784, August 1998.
48. Cornwell EE, Velmahos GC, Berne TV, Tatevossian R, Belzberg H, Eckstein M, Murray JA, **Asensio JA**, Demetriades D: Lethal abdominal gunshot wounds at a Level I trauma center: Analysis of TRISS (Revised Trauma Score and Injury Severity Score) fallouts. *Journal of the American College of Surgeons*, Vol. 187, No. 2, p 123-129, August 1998.
49. Velmahos GC, Chan L, Chan M, Tatevossian R, Cornwell EE, **Asensio JA**, Berne TV, Demetriades D: Is there a limit to massive blood transfusion after severe trauma? *Archives of Surgery*, Vol. 133, No. 9, p 947-952, September 1998.
50. Demetriades D, Chan LS, Bhasin P, Berne TV, Ramicone E, Huicochea F, Velmahos G, Cornwell EE, Belzberg H, Murray JA, **Asensio JA**: Relative bradycardia in patients with traumatic hypotension. *Journal of Trauma*, Vol. 45, No. 3, p 534-539, September 1998.

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63. Demetriades D, Gomez H, Chahwan S, Charalambides K, Velmahos G, Murray J, **Asensio JA**, Berne TV: Gunshot injuries to the liver: the role of selective nonoperative management. *Journal of the American College of Surgeons*, Vol. 188, No. 4, p 343-348, April 1999.
64. **Asensio JA**, Berne JD, Chahwan S, Hanpeter D, Demetriades D, Marengo J, Velmahos GC, Murray J, Shoemaker W, Berne TV: Traumatic injury to the superior mesenteric artery. *American Journal of Surgery*, Vol. 178, No. 3, p 235-239, September 1999.
65. **Asensio JA**, Ceballos JJ, Rodriguez A, Forno W, Gambaro E, Hanpeter D, Murray J, Velmahos G, Demetriades D, Torcal J: Emergency department cricothyroidotomy. A marker for severe injury and mortality in trauma patients. *European Journal of Trauma and Emergency Surgery*, Vol. 22, No. 3, p 101-106, September 1999.
66. **Asensio JA**, Gambaro E, Chahwan S, Forno W, Ceballos JJ, Hanpeter D: Postoperative acute appendicitis following penetrating abdominal trauma. *European Journal of Trauma and Emergency Surgery*, Vol. 22, No. 3, p 120-122, September 1999.
67. Velmahos G, Kamel E, Chan L, Hanpeter D, **Asensio JA**, Murray J, Berne TV, Demetriades D: Complex repair for the management of duodenal injuries. *American Surgeon*, Vol. 65, No. 10, p 972-975, October 1999.

76. Demetriades D, Charalambides K, Chahwan S, Hanpeter D, Alo K, Velmahos G, Murray J, **Asensio JA**: Non-skeletal cervical spine injuries: Epidemiology and diagnostic pitfalls. *J Trauma*. Vol. 48, No. 4, p 724-727, April 2000.
77. **Asensio JA**, Gambaro E, Forno W, Steinberg D, Tsai KJ, Rowe V, Navarro N, Leppaniemi A, Demetriades D: Penetrating cardiac injuries. A complex challenge. *Annales Chirurgiae Gynecologiae*. Vol. 89, No. 2, p 155-166, June 2000.
78. Velmahos GC, Demetriades D, Shoemaker WC, Chan LS, Tatevossian R, Wo CJ, Vassiliu P, Cornwell EE, Murray JA, Roth B, Belzberg H, **Asensio JA**, Berne TV: Endpoints of resuscitation of critically injured patients: Normal or supranormal? A prospective randomized trial. *Annals of Surgery*. Vol. 232, No. 3, p 409-418, September, 2000.
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83. **Asensio JA**, Chahwan S, Hanpeter D, Demetriades D, Forno W, Gambaro E, Murray J, Velmahos GC, Marengo J, Shoemaker WC, Berne TV: Operative management and outcome of 302 abdominal vascular injuries. *American Journal of Surgery*. Vol. 180, No. 6, p 528-534, December 2000.
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95. **Asensio JA**, McDuffie L, Petrone P, Roldan G, Forno W, Gambaro E, Salim A, Demetriades D, Murray J, Velmahos G, Shoemaker WC, Berne TV, Ramicone E, Chan L: Reliable variables in the exsanguinated patient which indicate damage control and predict outcome. *American Journal of Surgery*. Vol. 182, No. 6, p 743-751, December 2001.
96. **Asensio JA**, Soto SN, Forno W, Roldan G, Petrone P, Gambaro E, Salim A, Rowe V, Demetriades D: Penetrating cardiac injuries. A complex challenge. *Surgery Today. Journal of the Japanese Surgical Society*. Vol. 31, No. 12, p 1041- 1053, December 2001.
97. **Asensio JA**, Petrone P, Roldan G, Pak-art R, Salim A: Pancreatic and duodenal injuries, complex and lethal injuries. *Scandinavian Journal of Surgery*. Vol. 91, No. 1, p 81-86, January 2002.
98. **Asensio JA**, Arroyo H, Veloz W, Forno W, Gambaro E, Roldan G, Murray J, Velmahos G, Demetriades D: Penetrating thoracoabdominal injuries. The ongoing dilemma—which cavity and when? *World Journal of Surgery*. Vol. 26, No. 5, p 539-543, May 2002.

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- severe penetrating thoracic, abdominal and thoracoabdominal injuries for early recognition and therapy of shock. *Scandinavian Journal of Surgery*. Vol 95, p 152-157, September 2006.
126. **Asensio JA**, Kuncir E, Petrone P, Garcia-Nuñez LM: 298 Femoral Vessel Injuries: Analysis of Factors Predicting Outcome. *Journal of the American College of Surgeons*. Vol. 203, No. 4, p 512-520, October 2006.
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 128. Soreide K, Petrone P, **Asensio JA**: Emergency Thoracotomy In Trauma: Rationale, risks, and realities. *Scandinavian Journal of Surgery*. Vol 96, No. 1, p 4-10, January-March, 2007.
 129. Kimbrell BJ, Yamzon J, **Asensio JA**, Velmahos GC: Intrapleural thrombolysis for the management of undrained traumatic hemothorax: *J Trauma*. Vol 62, No. 5, p 1175-119, May 2007.
 130. Kimbrell BJ, Emami C, Petrone P, **Asensio JA**: Ruptured ovarian cystic teratoma secondary to blunt abdominal trauma: A very unusual case. *Journal of Trauma*. Vol63, No. 1, p 27-29, July 2007.
 131. **Asensio JA**, Petrone P, Garcia-Nuñez LM, Kimbrell B, Kuncir E: Prospective Multidisciplinary Study for the Management of Complex Hepatic Injuries. AAST-OIS Grades IV-V. A prospective study. *Scandinavian Journal of Surgery*. Vol. 96, No.3, p 214-220, 2007.
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VISITING PROFESSORSHIPS -- INTERNATIONAL
PROFESSORSHIPS/VISITING LECTURESHIPS

1. Department of Surgery, Universidad del Valle, Cali, Colombia, The Management of Duodenal Injuries, Respiratory Insufficiency, Cardiovascular Failure, The Multiple Organ Failure Syndrome, Oxymetric Techniques in Hemodynamic Invasive Monitoring and The Management of Vasoactive Drugs, August 16-21, 1990.
2. Department of Surgery, Universidad de Panama, Panama City, Panama, The Arnulfo Arias-Madrid University Hospitals and The Panamanian Surgical Society. The Management of Cardiovascular Trauma. November 22-24, 1990.
3. Department of Surgery Universidad Central de Venezuela, Caracas, Venezuela and University Hospitals Jose Maria Vargas, Perez Carreno and Domingo Luciani, The Management of Penetrating Cardiovascular Trauma, The Management of Hepatic Trauma and Advances in Trauma Surgery – Vietnam, June 6-8, 1991.
4. Department of Surgery Universidad de Costa Rica, San Jose, Costa Rica and University Hospitals San Juan de Dios and Calderon Guardia, The Costa Rican National Medical Association and the National Program on Emergencies and Disasters. Exsanguination from Penetrating Injuries, The Management of Cardiovascular Trauma, The Management of Hepatic Trauma and the Management of Duodenal Injuries, June 28-29, 1991.
5. Department of Surgery Universidad de Panama, Panama City, Panama and The Arnulfo Arias Madrid and Santo Tomas University Hospitals and the Panamanian Surgical and Critical Care Medicine Societies. The Initial Assessment and Management of the Critically Ill Trauma Patient, The Management of Cardiovascular Trauma, Sepsis in the Surgical Patient and Advances in Trauma Surgery - Vietnam, July 1-5, 1991.
6. Department of Surgery Universidad Autonoma de Ciudad Juarez Ciudad Juarez, Mexico, The Surgical Society of Ciudad Juarez and The Association for the Surgery of Trauma of the State of Chihuahua, Mexico. Exsanguination from Penetrating Injuries, Penetrating Neck Trauma, The Management of Cardiovascular Trauma and The Management of Duodenal Injuries. September 6-7, 1991.
7. Department of Surgery Universidad de Chile and Universidad Catolica de Chile,

- Universidad del Salvador and The Juan A. Fernandez University Hospital, Buenos Aires, Argentina. Thoracic Trauma, Hepatic Injuries, Sepsis in the Surgical Patient/The Multiple Systems Organ Failure Syndrome and Missed Injuries - The Trauma Surgeon's Nemesis, June 11-12, 1992.
15. Departments of Surgery and Critical Care Medicine. Universidad Autonoma of Honduras, The National Hospital Mario C. Rivas, San Pedro Sula, Honduras. The Management of Cardiothoracic Trauma. Controversies in the Management of Penetrating Neck Injuries. Cardiovascular Failure in the Surgical Patient, Respiratory Failure in the Surgical Patient and Sepsis in the Surgical Patient, Multiple Systems Organ Failure and the Theories of Gut Failure and Translocation. August 12-14, 1992.
 16. Argentinean Surgical Society, Rosario, Argentina. The Management of Vascular and Complex Penetrating Cervical Injuries. The Management of Complex Pelvic Fractures. Retroperitoneal Injuries. Missed Injuries. The Management of Complex Hepatic Injuries. The Management of Duodenal Injuries. The Management of Complex Pancreatic Injuries. Vietnam - Wartime Lessons; 63rd Congress of the Argentinean Surgical Society and 36th Congress of the Argentinean Society of Thoracic Surgery. October 5-9, 1992.
 17. Universidad Nacional Autonoma de Mexico (UNAM) and The Hospital Espanol, Mexico City, Mexico. The Management of Complex Vascular Injuries of Neck and Penetrating Cardiovascular Injuries. November 6, 1992.
 18. Venezuelan Surgical Society and The Universidad del Zulia Maracaibo, Venezuela. Exsanguination from Penetrating Injuries. Controversies in the Management of Penetrating Neck Injuries. The Management of Penetrating Cardiovascular Injuries. Emergency Center Thoracotomy - the Controversy. The Management of Abdominal-Vascular Injuries. The Management of Duodenal Injuries. The Management of Pancreatic Injuries Round Table moderator-Sepsis in the Surgical Patient, March 7-10, 1993.
 19. Department of Accidents and Emergency, Birmingham University and the Birmingham Accident Hospital, Birmingham, England. The Management of Penetrating Cardiovascular Injuries. April 15, 1993
 20. Department of Accidents and Emergency, Oxford University and The John Radcliffe Hospital, Oxford, England. Current Controversies in the Management of Penetrating Neck Injuries. April 16, 1993.

29. Department of Surgery, Faculdade De Ciencias Medicas da Santa Casa de Sao Paulo, Sao Paulo, Brazil. The Management of Complex Hepatic Injuries. November 28, 1994.
30. Department of Surgery, Universidad da Sao Paulo/Hospital Das Clinicas, Sao Paulo, Brazil. Exsanguination From Penetrating Injuries. The Management of Complex Pancreatic and Duodenal Injuries. November 29-30, 1994.
31. Department of Surgery Hospital Español and The Universidad Autonoma Nacional De Mexico (UNAM), Mexico City, Mexico. Penetrating Cardiac Injuries. The Management of Complex Pelvic Fractures. January 26, 1995.
32. Department of Surgery American - British - Cowdray Hospital (ABC) and The Universidad Autonoma Nacional De Mexico (UNAM) Mexico City, Mexico. The Management of Thoracoabdominal Injuries. January 27, 1995.
33. Department of Surgery, Faculdade de Ciencias Medicas da Santa Casa de Rio de Janeiro, Rio de Janeiro, Brazil. The Management of Penetrating Cardiac Injuries. August 9, 1995.
34. Department of Surgery, Faculdade de Ciencias Medicas da Hospital de Pronto Socorro, Porto Alegre, Brazil. The Management of Penetrating Neck Injuries. Complex Thoracoabdominal Trauma. August 10-11, 1995.
35. Fourth Department of Surgery, University of Athens, Athens Greece. XVIII International Pan-Hellenic Symposium on Trauma Surgery. Penetrating Cardiac Injuries. Injuries to the Liver - Surgical or Conservative Management. Diagnosis and Management of Thoraco-Abdominal Injuries.
36. Argentinean Surgical Society, Buenos Aires, Argentina. Pancreaticoduodenal Injuries. Penetrating Cardiovascular Injuries. Complex Thoracic Injuries. Penetrating Neck Injuries. The value of Laparoscopy in assessing abdominal trauma. Vascular Injuries. Complex Vascular Injuries. Penetrating Esophageal Injuries; 67th Congress of the Argentinean Surgical Society and the 40th Congress of the Argentinean Society of Thoracic Surgery. October 28 - November 1, 1996.
37. Department of Surgery, Universidad de Panama, Panama City, Panama and the Santo.
38. Department of Surgery, Universidad de Panama, Panama City, Panama and the Arnulfo Arias-Madrid Hospital. Advances in Trauma Surgery. March 20, 1997.

49. Department of Design, Kyushu University, Fukuoka, Japan, Trauma surgeons and trauma outreach as means to end gun violence, December 8, 2003.
50. Department of Health Promotion and Human Behavior, Graduate school of public health, Kyoto University, Kyoto, Japan. Trauma surgeons and trauma outreach as means to end gun violence, December 10, 2003.
51. Department of Surgery, Teikyo University, Tokyo, Japan. Operative strategies for bad situations in cardiothoracic injuries, December 11, 2003.
52. Department of Surgery Tokyo University, Tokyo, Japan. Operative strategies for bad situations in cardiothoracic injuries, December 12, 2003.
53. Department of Emergency and Critical Care Medicine, Nippon University Medical School, Tokyo, Japan. Operative strategies for bad situations in cardiothoracic surgery. Exsanguination, reliable variables indicating damage control. December 12, 2003.
54. Department of Surgery, Military University of Nueva Granada, Bogota, Colombia. Penetrating cardiac injuries—pushing the frontiers. Complex pulmonary injuries—their problems and complications. Exsanguination, reliable variables predicting outcome. The role of urban trauma centers in the training of military surgeons. Academic surgeons responsibility to society—my experience. April 23-24, 2004.
55. Department of Surgery, King Chulalongkorn University, Bangkok, Thailand. Exsanguination; damage control. Reliable variables predicting outcome. Carotid artery injuries. The management of iliac vessel injuries. July 28, 2004.
56. Department of Surgery American-British-Cowdray Hospital (ABC) and The Universidad Nacional de Mexico (UNAM) Mexico City, Mexico. Penetrating Transmediastinal Injuries, June 7, 2005.
57. Department of Surgery, University of Buenos Aires/Churrucá National Police Hospital, Buenos Aires, Argentina. Exsanguination & Reliable variables predicting outcome and indicating damage control. July 26, 2005.
58. Department of Surgery, University of Buenos Aires/Hospital de Clinicas, Buenos Aires, Argentina. Difficult Injuries and Difficult Problems in Trauma Surgery. July 26, 2005.

- Royal London Hospital. Operative Strategies for Cardiothoracic Injuries. July 8, 2010. London, England
69. Department of Surgery, Faculty of Medicine and Health Sciences, United Arab Emirates University. Multidisciplinary Approach to the Management of Complex Hepatic Injuries. Avoiding Problems and Complications in the Operating Room. Pitfalls in the Management of Vascular Injuries. The University of Miami Miller School of Medicine. Trauma Surgery and Surgical Critical Care Fellowship; an Innovative Approach to the Training of Future Leaders. February 21-27, 2011. Al-Ain, Dubai and Abu Dhabi, United Arab Emirates
 70. Department of Surgery, Medical University of Graz. Penetrating Cardiac Injuries. September 26, 2011. Graz, Austria
 71. Department of Surgery, Catholic University of Rome. How to Avoid Errors in the Operating Room. November 17, 2011. Rome, Italy.
 72. Department of Surgery, University of Bologna. Operatives Techniques for the Management of Complex Hepatic Injuries. Carotid Artery Injuries. Abdominal Vascular Injuries. Landstuhl, Iraq and Afghanistan. The Distinguished Visiting Surgeons Program. November 16-17, 2011. Rome, Italy.
 73. Landstuhl, Iraq, Afghanistan and the Distinguished Visiting Surgeons Program. (Department of Surgery. Teikyo University), Tokyo, Japan. November 25, 2011.
 74. Department of Surgery, University of the Witwatersrand. Difficult Injuries and Difficult Problems in Trauma Surgery. A Trauma Surgeon's Odyssey. Johannesburg, South Africa, March 28, 2013.
 75. Department of Surgery Claude Bernard University. Course Director Vascular Injuries Course. Carotid Injuries. Subclavian Vessel Injuries. Popliteal Vessel Injuries. Shank Vessel Injuries. Superior Mesenteric Arterial and Venous Injuries. Lyon, France. May 4, 2013.
 76. Department of Surgery. King Abdulaziz University. Trauma Systems, Trauma Services and Trauma Training Programs. The State of the Art. Taif, Saudi Arabia. May 28, 2013.
 77. Department of Surgery University of Granada. Difficult Injuries and Difficult Problems in Trauma Surgery, Granada, Spain. July 21, 2014.

1. Department of Surgery, Mercer University/Medical Center of Central Georgia, The Management of Hepatic Injuries, October 1-2, 1987.
2. Department of Surgery, Temple University, Philadelphia, PA: The Management of Hepatic Injuries, January 19-20, 1988.
3. Department of Surgery, Charles R. Drew University/Martin Luther King Medical Center, Los Angeles, CA, The Management of Penetrating Cardiac Injuries, April 29-30, 1988.
4. Department of Surgery, Grant Medical Center, Columbus, OH, The Management of Hepatic Injuries. August 23-24, 1988.
5. Department of Surgery, Mount Carmel Medical Center, Columbus, OH, The Management of Hepatic Injuries and Advances in Trauma Surgery, Vietnam, December 16-17, 1988.
6. Department of Surgery, Charles R. Drew University/Martin Luther King Medical Center, Los Angeles, CA, The Management of Duodenal Injuries, June 30-July 1, 1989.
7. Department of Surgery, University of Miami/Jackson Memorial Hospital, Miami, FL, The Management of Duodenal Injuries, September 22, 1989.
8. Department of Surgery, University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School at Camden/Cooper Hospital/University Medical Center, Camden, NJ, The Management of Duodenal Injuries, October 12, 1989.
9. Department of Surgery, Abington Hospital, Abington, PA, The Management of Hepatic Trauma, November 22, 1989.
10. Department of Surgery, Eastern Virginia School of Medicine/ Sentara Norfolk General Hospital, Norfolk, Virginia. Exsanguination from Penetrating Injuries and the Management of Duodenal Injuries, December 7-8, 1989.
11. Department of Surgery, University of Maryland, Maryland Institute for Emergency Medical Services Systems (MIEMSS), Baltimore, Maryland. The Management of Duodenal Injuries, January 4-5, 1990.
12. Department of Surgery, Grant Medical Center, Columbus, Ohio. The Management of

25. Department of Surgery, University of California at Irvine, Irvine, California. The Management of Penetrating Cardiac Injuries. August 8, 1995.
26. Department of Surgery, University of Kansas, Wichita KS. Penetrating Cardiac Injuries. The Wounded Heart. Esophageal Injuries. June 13, 1997.
27. Department of Surgery. Kaiser Permanente at Sunset, Los Angeles, CA. Penetrating Cardiac Injuries. February 24, 1998.
28. Department of Surgery, Grant Medical Center, Columbus, OH. Penetrating Cardiac Injuries. June 23-24, 1998.
29. Department of Surgery Rush Medical College of Rush University, Chicago, ILL. Difficult Injuries/Difficult Problems. Complex Hepatic Injuries. September 9-10, 1999.
30. Department of Surgery UCLA-Harbor, Torrance, CA. Thoracic Trauma. September 16, 2000.
31. Department of Surgery Medical College of Ohio, Toledo, Ohio. Penetrating Cardiac Injuries, November 16-18, 2000.
32. Department of Surgery Memorial Regional Hospital Center. Hollywood, Florida. Penetrating Cardiac Injuries. May 30-31, 2001.
33. Department of Surgery. University of Maryland and the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Baltimore, Maryland. Complex Cardiothoracic Injuries. October 17-18, 2001.
34. Department of Surgery, University of California Irvine, Irvine, California. The Management of Difficult and Complex Cardiothoracic Injuries, February 28, 2002.
35. Department of Surgery, Tulane University, New Orleans, Louisiana. Difficult Injuries, Difficult Problems. March 14-15, 2002.
36. Department of Surgery and Pediatrics. Children's Hospital of Los Angeles/USC. Los Angeles, CA. Trauma Surgeons. Trauma prevention and advancements in

- Penetrating cardiac injuries and emergency department thoracotomy— pushing the final frontier. Complex problems of the lung, chest, pleura and their complications. Abdominal vascular injuries—Cadaver Dissection Course. November 12-14, 2003.
48. Department of Surgery, Louisiana State University (LSU)—Shreveport, Louisiana. Exsanguination predictive models for the institution of damage control. November 24-25, 2003.
 49. Department of Surgery, Geisenger Medical Clinic, Danville, Pennsylvania. Multi-disciplinary approach to the management of complex hepatic injuries. March 30-31, 2004.
 50. Department of Surgery, University of Medicine and Dentistry of New Jersey, Newark, New Jersey. Operative strategies for bad situations in cardiopulmonary injuries. June 23-25, 2004.
 51. Department of Surgery, University of Miami, Miami, Florida. Exsanguination. Reliable variables predicting the institution of damage control and decreasing the incidence of the post-traumatic open abdomen. September 22-24, 2004.
 52. Department of Medicine, Division of Experimental Diabetes and Aging Mount Sinai School of Medicine, New York, NY. Difficult Injuries & Difficult Problems. April 21, 2006.
 53. Department of Surgery, Hollywood Memorial Hospital Hollywood, Florida. Difficult Injuries and Difficult Problems in Trauma Surgery. August 21, 2007.
 54. Department of Oral and Maxillofacial Surgery, University of Miami, Miller School of Medicine, Miami, Florida. Carotid Arterial Injuries. January 14, 2008.
 55. Department of Surgery University of Iowa, Iowa City, Iowa. Difficult Injuries and Difficult Problems October 9-10, 2008.
 56. Department of Surgery Ohio State University, Columbus, Ohio. Difficult Injuries and Difficult Problems in Trauma Surgery. October 29-31, 2008.
 57. Department of Surgery Wayne State University, Detroit, Michigan. Difficult Injuries and Difficult Problems November 5, 2008.
 58. Department of Surgery Washington University School of Medicine, St. Louis,

70. Department of Surgery, Emory University and the Grady Memorial Hospital, Atlanta, Georgia. Difficult Injuries and Difficult Problems. May 18-19th, 2011.
71. Department of Anesthesia, New York Medical College, Valhalla, New York. Exsanguination Reliable Variables Predicting the Institution of Damage Control and Outcomes. September 10, 2012.
72. Department of Surgery Lutheran Medical Center, Brooklyn, New York. Challenging Penetrating Thoracic Trauma Cases. The Cases, The Techniques, The Pitfalls, The Lessons. July 25, 2013.
73. Department of Surgery Winthrop University Hospital/State University of New York at Stony Brook. Challenging Penetrating Thoracic Trauma Cases. The Cases, The Techniques, The Pitfalls, The Lessons. November 27, 2013.
74. Department of Surgery University of South Carolina: Contemporary Wars and Their Contributions to Vascular Injury Management. December 19-20, 2013.
75. Department of Surgery Atlanta Medical Center, Medical College of Georgia and the Georgia Regents University: Contemporary Wars and Their Contributions to Vascular Injury Management. March 17-18, 2014
76. Department of Surgery Creighton University: Contemporary Wars and Their Contribution to Vascular Injury Management. Omaha, Nebraska. September 8, 2014.
77. Department of Surgery Wayne State University. Penetrating Cardiac Injuries – New Frontiers. Detroit, Michigan. November 7, 2014.
78. Department of Anesthesiology Creighton University. Strategic Plan for the Development of a Unified Network of Trauma Centers. Omaha, Nebraska. March 11, 2015.
79. Norman M. Rich Department of Surgery Uniform Services University of the Health Sciences (USUHS) F. Edward Hebert School of Medicine, and The Walter Reed/Bethesda National Medical Center. Bethesda, Maryland. Contemporary Wars and Their Contributions to Vascular Injury Management. May 12 – 13, 2015.

- The Management of Duodenal Trauma.
Exsanguination from Penetrating Injuries.
Presented at The First International Symposium - Mexican Association for the Surgery of Trauma. Mexico City, Mexico, July 11-14, 1990.
4. Exsanguination from Penetrating Injuries.
Sepsis in Critical Care. Presented at the Trauma and Infections Symposium of the Universidad Libre de Barranquilla and Universidad Metropolitana de Barranquilla in conjunction with Universidad del Valle of Cali. Barranquilla, Colombia, August 13, 1990.
 5. Exsanguination from Penetrating Injuries.
Sepsis in Critical Care.
Advances in Trauma Surgery: Vietnam.
Presented at the Trauma and Infections Symposium of the Universidad Tecnologica de Pereira in conjunction with Universidad del Valle of Cali. Pereira, Colombia, August 14, 1990.
 6. Exsanguination from Penetrating Injuries.
Sepsis in Critical Care.
Advances in Trauma Surgery: Vietnam.
Presented at the Trauma and Infections Symposium of the Universidad del Valle, Cali, Colombia, August 16, 1990.
 7. Exsanguination from Penetrating Injuries.
Sepsis in Critical Care.
Advances in Trauma Surgery: Vietnam.
Presented at the Trauma and Infections Symposium of the Universidad del Cauca in conjunction with Universidad del Valle, Cali. Popayan, Colombia, August 17, 1990.
 8. Exsanguination from Penetrating Injuries.
Presented at the Second International Trauma Symposium, Puerto Rico's Committee on Trauma of the American College of Surgeons and The University of Puerto Rico, San Juan, Puerto Rico, September 23, 1990.
 9. The Management of Thoracic Trauma.
The Management of Cardiovascular Trauma.
Diagnosis and Critical Care Management of Cardiothoracic Trauma - Chairman, Round Table Discussion. Presented at the First International Symposium on the Management of the Critically Injured Patient. Spanish Society of Critical Care

- Presented at Universidad de Oriente, Puerto La Cruz, Venezuela, June 5, 1991.
17. Sepsis in the Surgical Patient.
Advances in Trauma Surgery - Vietnam.
Presented at the Venezuelan Society of Critical Care Medicine Meeting, Caracas, Venezuela, June 6, 1991.
 18. The Management of Duodenal Injuries.
Advances in Trauma Surgery - Vietnam.
Presented at the Venezuelan Society of Surgery Meeting, Caracas, Venezuela, June 7, 1991.
 19. Controversies in The Management of Penetrating Neck Trauma. Presented at Hospital San Fernando, Panama City, Panama, July 1, 1991.
 20. Exsanguination from Penetrating Injuries and Advances in Trauma Surgery - Vietnam. Presented at Centro Medico Paitilla, Panama City, Panama, July 2, 1991.
 21. Soft Tissue Infections.
Presented at the founding meeting of The Panamanian Trauma Society Meeting. Panama City, Panama, July 4, 1991.
 22. The Management of Complex Hepatic Injuries and Exsanguination from Penetrating Injuries. Presented at The VII Congress of the Rioplatense Society of Emergency Surgery and at the XII Argentinean Congress of Emergency Medicine and Surgery, Buenos Aires, Argentina, November 26-27, 1991.
 23. The Management of Duodenal Injuries, Surgical Approaches to Neck and Mediastinal Trauma. Neck Trauma - Chairman Round Table. Presented at the Fourth International Symposium of The Pan American Trauma Society, Buenos Aires, Argentina, November 28-30, 1991.
 24. Sepsis in the Surgical Patient, Multiple Systems Organ Failure. Re-operations in Abdominal Trauma - Missed Injuries, the Trauma Surgeons' Nemesis presented at the International Surgical Congress. Hospital do Meixoeiro, Servicio Galego de Saude, Vigo, Spain. April 1-3, 1992.
 25. Controversies in the Management of Penetrating Neck Injuries presented at the Argentinean Society of Emergency Medicine and Surgery, Buenos Aires,

33. The Management of Pancreatic and Duodenal Injuries. Presented at the Bolivian Surgical Society, La Paz, Bolivia, March 8, 1994.
34. Exsanguination From Penetrating Injuries. The Management of Back Injuries. The Management of Penetrating Cardiovascular Trauma. reatic Injuries. Presented at the International Course of the Surgical Society of Santa Cruz, Santa Cruz, Bolivia. March 10-12, 1994.
35. Exsanguination From Penetrating Injuries. Current Controversies in the Management of Penetrating Neck Trauma. The Management of Cardiovascular Injuries. Pancreatico-duodenal Injuries. Round Table discussion on Problems with the Critically Ill Trauma Patient. Advances in Cardiothoracic Trauma Management. Advances in Abdominal Trauma Management. Presented at the II International Congress of the Ecuadorean Trauma Society, Quito, Ecuador, April 19-22, 1994.
36. The Management of Penetrating Cardiovascular Injuries. The Management of Duodenal Injuries. Round Table discussion on Cardiothoracic Injury Management. Presented at the International Congress of the Argentinean Association for the Medicine and Surgery of Trauma. Buenos Aires, Argentina, May 26-28, 1994.
37. Penetrating Cardiovascular Injuries. Difficult Vascular Injuries. Complex Duodenal Injuries. Complex Pancreatic Injuries. Animal Laboratory Demonstrations of Complex Surgical Techniques. Presented at the V Surgical Course of The Mexican Association for the Surgery of Trauma. Mexico City, Mexico, August 3-5, 1994.
38. Major Thoracic Injuries. Penetrating Cardiovascular Injuries. Advances in the Resuscitation and Management of the Critically Injured Patient. Presented at the XXI International Congress of the Mexican Society of Critical Care Medicine, Mazatlan, Mexico, November 10-12, 1994.
39. The Management of Pancreaticoduodenal Injuries. Therapeutic Options in Severe Hepatic Injuries. What's New in Trauma Surgery. Presented at the VI National Congress of the Brazilian College of Digestive Surgery, XXXIII Brazilian Congress of Gastroenterology and the IX Brazilian Congress of Endoscopy, Porto Alegre, Brazil, November 20-25, 1994.
40. Therapeutic Options in the Management of Severe Hepatic Injuries. The Management Complex Vascular Injuries. Penetrating Cardiac Injuries. The

- the XIX International Advances in Surgery Course, Department of Surgery “12 de Octubre” University Hospital, Madrid, Spain. May 27 - June 1, 1996.
49. Duodenopancreatic Injuries: What Choices. Vascular Injuries: Bypasses, Grafts, Shunts and Things That Do Not Flow in the Night. Cardiac Injuries. Controversies and Current Management. Penetrating Near Injuries: Are we beyond the Controversy of Observation versus Exploration? Presented at the IX International Symposium of the Pan American Trauma Society. Cartagena, Colombia. November 13-16, 1996.
 50. Therapeutic Options in the Management of Complex Hepatic Injuries. Pancreatico-duodenal Injuries - The Problem. Complex Problems of the Chest Wall and Pleura. Penetrating Cardiac Injuries. Complex Vascular Injuries. Presented at the VII Congress Panamerican Surgical Society. Coronado, Panama. March 21-23, 1997.
 51. Trauma Care from ATLS to? Complex Problems of the Chest Wall and Pleura. Penetrating Cardiac Injuries. Exsanguination. Presented at the I International Congress, Colombian Society of Critical Care Medicine. Bogota, Colombia. April 9-12, 1997.
 52. Resuscitative/Emergency Thoracotomy, Duodenopancreatic Injuries. How to Repair? Presented on the 37th World Congress of the International Surgical Society and the International Association for the Surgery of Trauma and Surgical Intensive Care. Acapulco, Mexico. August 28, 1997
 53. Complex Problems of the Chest Wall, Pleura and Lungs. Presented at the San Javier Hospital. Guadalajara, Mexico. September 10, 1997.
 54. Penetrating Cardiac Injuries - A Trip Through History. Open Pelvic Fractures. Non-Invasive Monitoring of the Trauma Patient. Presented at the 2nd European Congress of Trauma and Emergency Surgery. Athens, Greece. October 1-4, 1997.
 55. The Management of Complex Thoracic Injuries. Penetrating Cardiac Injuries. Presented at International Congress, Colombian Society of Critical Care Medicina - Atlantic Region Chapter, Barranquilla, Colombia, October 17-19, 1997.
 56. Penetrating Cardiac Injuries. Los Angeles Pre-Hospital System. - Implications for trauma care. Moderator Free paper session. Presented at the X International Symposium of the Panamerican Trauma Society. Miami, Fla.USA. November 19-22, 1997.

65. Penetrating Cardiac Injuries. Operative Exposure of Abdominal Vascular Injuries. Presented at the 49th Scandinavian Surgical Society Biennial Meeting. Turku, Finland. June 6-9, 1999.
66. Complex Problems of the Thorax, Chest Wall, Lungs and Pleura. Multidisciplinary Management of Complex Hepatic Injuries. Complex Duodenal injuries. Presented at the V Summer Congress of Surgery Dominican Republic College of Surgeons, Santo Domingo, Dominican Republic. July 22-25, 1999.
67. Emergency Department Thoracotomy in the Resuscitation of the Trauma Patient. Devastating Abdominal Injuries and Damage Control. Presented at the XII Meeting of the Spanish Surgical Society, Pamplona, Spain. September 28 - October 1, 1999.
68. Complex Surgical Techniques for the Management of Hepatic Trauma. Complex Pancreatic Injuries. Complex Duodenal Injuries. Presented at the IV International Congress of the Guatemalan Surgical Residents Society. Guatemala City. November 4-5, 1999.
69. Emergency Department Thoracotomy. Why When & What for. Penetrating Cardiac Injuries, Where the brave dare. Complex problems of the lung, chest wall and pleura. Presented at the World Congress of Trauma 2000 – Towards the Third Millennium. Society of Surgical Specialists of Jalisco and the University of Guadalajara. Guadalajara, Mexico. February 24-26, 2000. Symposium Director
70. Penetrating Cardiac Injuries. Complex problems of the lung, chest wall and pleura. The Multidisciplinary approach to the management of complex hepatic injuries. Presented at the XI International Course in Shock/Trauma. Society of Surgical Specialists of Monterrey and the University of Monterrey. Monterrey, Mexico. March 2-4, 2000.
71. Esophageal Injuries. Complicated Diaphragmatic Injuries. Abdominal Vascular Injuries. Pancreaticoduodenal Injuries. Complex problems of the chest wall, lungs and pleura. The Multidisciplinary Approach to the Management of Complex Hepatic Injuries. Presented at the XXVII Annual Congress of the Guatemalan Surgical Society, Guatemala City, Guatemala, April 5-7, 2000.
72. Symposium on Major problems in Thoracic Trauma – Chairman. Symposium on Major problems in Abdominal Trauma – Chairman. Devastating abdominal vascular injuries. Lung trauma surgical strategies. Presented at the 4th European Congress of

Spain. March 30, 2001.

80. Difficult Problems. Difficult Injuries. Presented at the XXXVI International Congress of the European Society for Surgical Research (ESSR). Santiago de Compostela, Galicia, Spain. June 8, 2001.
81. Laparoscopy in Penetrating Trauma – Complex Diaphragmatic Injuries. Presented at the IATSIC Symposium of the 39th World Congress of the International Surgical Society. Brussels, Belgium. August 27, 2001.
82. Operative Management and Outcome in 147 Duodenal Injuries. Trauma Surgical Procedure and AAST-OIS predict morbidity and mortality. Presented at the 39th World Congress of the International Surgical Society. Brussels, Belgium. August 28, 2001.
83. Penetrating Injuries to the Neck. Operative Management of Complex Liver Injuries. Presented at the 13 Biennial Congress of the Asian Surgical Society. Singapore City, Singapore. November 1-4, 2001.
84. Penetrating Cardiac Injuries. Pushing the final frontier. Complex problems of the chest wall, lung, pleura and their complications. Thoracic aortic injuries. Multidisciplinary approach to the management of complex hepatic injuries. Exsanguination. Damage control and the post-traumatic open abdomen. Presented at the XI International Congress of the Mexican Surgical Society—Tijuana Chapter. Tijuana, Baja California, Mexico, March 21-22, 2002.
85. Damage Control. Penetrating esophageal injuries. Complex injuries of the duodenum and pancreas. Diaphragmatic injuries and post-traumatic diaphragmatic hernias. Trauma to the spleen, splenectomy versus conservative management. Diaphragmatic injuries, surgical management thoracic versus abdominal. Presented at the XXV International Advances in Surgery Course. “12 de Octubre” University Hospital, Madrid, Spain. May 27-June 1, 2002.
86. Transmediastinal injury. Pulmonary hilar injury—how to proceed. Presented at the XV International Symposium of the Pan-American Trauma Society. Sao Paulo, Brazil, November 21-24, 2002.
87. The Academic Surgeon’s responsibilities in society. Difficult injuries/difficult problems—a trauma surgeon’s odyssey. Complex cardiac and pulmonary injuries where the brave fight. Exsanguination, damage control and the post-traumatic open abdomen. The scientific basis for their management. Presented at the XV Federation of Latin American Surgical Societies (FELAC) International meeting and the XI

Surgical Course of the Mexican Chapter of the American College of Surgeons. Mexico City Mexico, June 18-19, 2004.

96. ATLS in the USA—the USC experience. Abdominal vascular trauma—heroic measures. Multidisciplinary approach to the management of complex hepatic injuries. Penetrating cardiac injuries. Operative strategies for difficult situations in cardiothoracic injuries. Presented at the 29th Annual Meeting of the Royal College of Surgeons of Thailand. Pattaya, Thailand, July 31-August 1, 2004.
97. Exsanguination and damage control. Reliable variable predicting survival. Operative strategies for difficult situations in cardiothoracic trauma. The multidisciplinary approach to the management of complex hepatic injuries. Presented at the VI International Congress of the Argentinean Society of Trauma and Intensive Care. Buenos Aires, Argentina, August 27-29, 2004.
98. Operative strategies for bad cardiothoracic injuries. Exsanguination. Reliable variables predicting the institution of damage control. Operative management of hepatic injuries. The role of angioembolization. Pancreaticoduodenal injuries. Presented at the 6th European Congress of Trauma and Emergency Surgery. Rotterdam, Holland, September 9-12, 2004.
99. Exsanguination. Reliable variables predicting the institution of damage control. Do we really have a model? Operative strategies for bad situations in cardiothoracic and thoracoabdominal injuries. Presented at the VI International Congress of the Brazilian Society for the Surgery of Trauma. Belo Horizonte, Brazil, October 21-23, 2004.
100. Difficult injuries. Difficult problems. A trauma surgeon and his social conscience in America. Presented at the 75th Annual Meeting of the Mutua Foundation, Madrid, Spain, March 3, 2005.
101. Carotid artery injuries. Pulmonary injuries and their complications. Penetrating transmediastinal injuries. Difficult injuries. Difficult problems in trauma surgery. Presented at the XXVIII International Advances in Surgery Course. Course Co-director “12 de Octubre” University Hospital, Madrid, Spain. June 2-4, 2005
102. Operative Strategies in the Management of Difficult Cardiothoracic Injuries. Penetrating Carotid artery injuries. Exsanguination – Reliable indicators predicting outcome and indicating damage control. Presented at the XVI International Congress

110. Difficult Injuries and Difficult Problems in Trauma Surgery. Presented at the 5th International Surgical Course, University of Medellin and the San Vicente de Paul University Hospital, Medellin, Colombia. July 27-28, 2006.
111. Injuries to the Major Vessels of the Abdomen. Peripheral Vascular Injuries in High Energy Injuries. Repair of Mesenteric Vascular Injuries. Presented at the 7th European Congress of Trauma and Emergency Surgery. Malmo, Sweden. September 6-9, 2006.
112. Thoracic Trauma – Official Commentator on the yearly Congress theme. Perspectives from the Eyes of a Trauma Surgeon. Penetrating Injuries to the Heart and Great Vessels. Complex Hepatic Injuries – The Multidisciplinary approach. Penetrating Transmediastinal Injuries. Emergency Department Thoracotomy. The Current State of Affairs. Thoraco Abdominal injuries – The Trauma Surgeon’s Dilemma. Penetrating Pulmonary Injuries and the complications. Difficult Injuries and Difficult Problems – A Trauma Surgeon’s Personal Odyssey. Presented at the 77th Annual Argentinean Surgical Congress. Presented at the 50th Argentinean Congress of Thoracic Surgery and the 33rd Argentinean Cardiovascular Surgical Congress. Buenos Aires Argentina, November 15-18, 2006.
113. Difficult Injuries and Difficult Problems – A Trauma Surgeon’s Personal Odyssey. Exsanguination Reliable Predictors indicating Damage Control. Fluid Management in Shock – Where are we and Where are We going. Penetrating Carotid Artery Injuries. Penetrating Pulmonary Injuries – Surgical Management and the Management of their Complications. Penetrating Transmediastinal Injuries. Presented at the 62nd Annual Surgical Congress of the Philippine College of Surgeons. Presented as the Annual Congress of the Philippine Association of Thoracic and Cardiovascular Surgery and the Philippine Society for Vascular Surgery Annual Congress, December 3-6, 2006, Manila, The Philippines.
114. Difficult Injuries and Difficult Problems in Trauma Surgery. Selected Topics in Vascular Injury Management - How not to commit mistakes. Presented as the IV International Trauma Surgery Course Military Hospital of the Nueva Granada Military Medical School, Bogotá, Colombia, April 25-27, 2007.
115. Difficult Injuries and Difficult Problems in Trauma Surgery. A Trauma Surgeon’s Odyssey. The multidisciplinary approach to the Management of complex Hepatic Injuries AAST – Grades IV-V. The Management of Pancreaticoduodenal Injuries. Presentation at the 21st meeting Japanese Association for the Surgery of Trauma, Chiba, Japan May 23-25, 2007.

- the Pan American Trauma Society, Campinas, Brazil. November 20-21, 2008.
125. Pitfalls in the Management of Vascular Injuries. How to Avoid Problems in the Operating Room. Abdominal Vascular Injuries. Chairman Session on Selective Conservatism in Penetrating Trauma. Chairman Session on Damage Control Surgery. Presented at the 10th European Congress of Trauma and Emergency Surgery of the European Society of Trauma and Emergency Surgery (ESTES), Antalya, Turkey, May 13-17, 2009.
 126. Historical Perspective in the Evolution of Vascular Trauma. How to avoid Complications and Pitfalls in the Management of Vascular Trauma. Carotid Injuries. Subclavian Vessel Injuries or The Normandy Invasion for Trauma Surgeons. Popliteal Artery Injuries or The Battle of Bastogne for Trauma Surgeons. Presented at the IX International Course on Vascular Pathology. Spanish Vascular Surgical Society, Salamanca, Spain October 30th-31st 2009.
 127. Embolization in Visceral Trauma: The Solution for High Grade Injuries? Chairman Session on Vascular Injuries. Keynote Speaker: An Update on Abdominal Vascular Injuries. Chairman Session on Thoracic Trauma. Retained Hemothorax: What are the Options? Presented at the 11th European Congress of Trauma and Emergency Surgery of the European Society of Trauma and Emergency Surgery (ESTES), Brussels, Belgium, May 15-18, 2010.
 128. Difficult Injuries and Difficult Problems in Trauma Surgery- Keynote Address. Carotid Arterial Injuries. Subclavian Vessel Injuries or the Normandy Invasion for Trauma Surgeons. Popliteal Artery Injuries or The Battle of Bastogne for Trauma Surgeons. Presented at the XVIII International Congress of The Dominican Republic College of Surgeons, Punta Cana, Dominican Republic, July 14-17, 2010.
 129. Historical Perspective in the Evolution of Vascular Trauma Abdominal Vascular Injuries. Presented at the 37th Annual Meeting of the Argentinian Society of Angiology and Cardiovascular Surgery, Buenos Aires, Argentina November 1-4, 2010.
 130. Operative Strategies for the Management of Complex Cardiac and Thoracic Injuries. Presented at the 54th Annual Argentinian Congress of Thoracic Surgery, Buenos Aires, Argentina November 1-4, 2010.
 131. Multidisciplinary Approach for the Management of Complex Hepatic Injuries. The

139. Complex Cardiac and Thoracic Injuries. The Master! Tips and Tricks. Complex Hepatic Injuries. The Master! Tips and Tricks. Penetrating Carotid Injuries. Presented at the VIII International Trauma and War Surgery Course / Military University of Nueva Granada and the Military Hospital of Colombia. Bogota, Colombia. April 11-14, 2012.
140. Historic Perspective in the Evolution of Vascular Trauma. Penetrating Aorta and Thoracic Inlet and Mediastinal Vascular Injuries. Carotid Artery Injuries. Abdominal Vascular Injuries. Presented at World Trauma Congress and the X Brazilian Society of Trauma Congress. Rio de Janeiro, Brazil. August 22-25, 2012.
141. Abdominal Vascular Injuries. Iliac Vessel Injuries. Complex Hepatic Injuries. Interesting Vascular Injuries. Complex Thoracic Injuries Presented at Workshop on Trauma to Visceral and Gastrointestinal Organs. Medical University of Graz, Graz Austria. September 24-25, 2012.
141. Penetrating Thoracic Injuries. The Cases, The Pitfalls, The Challenges. Complex Pulmonary Injuries. The Multidisciplinary Approach to the Management of Complex Hepatic Injuries. AAST – OIS Grades IV – V. Thoracic Vascular Injuries. Current Realities and Challenges in the Training of Surgical Residents – The American Experience. Presented at the 83rd International Society of the Argentinean Surgical Society, The 56th Congress of the Argentinean Thoracic Surgical Society, The 39th Congress of the Argentinean Cardiovascular Surgical Society and the 20th Congress of the IBERO-American Society of Thoracic Surgery. Buenos Aires, Argentina November 5 – 8, 2012.
143. Exsanguination – The Syndrome. Reliable Variables That Predict Outcome and Indicate Damage Control. Presented at the 1st International Symposium on Massive Transfusion in Patients with Critical Bleeding – Argentina National Academy of Sciences. Buenos Aires, Argentina November 9, 2012.
144. Penetrating Thoracic Injuries. The Cases, The Pitfalls, The Challenges. Iraq, Afghanistan and Landstuhl War Wounds. The Senior Distinguished Visiting Professorship Program. Penetrating Carotid Arterial Injuries. The Multidisciplinary Approach to the Management of Complex Hepatic Injuries. AAST – OIS Grades IV – V. Presented at the 63rd International Congress of the Uruguayan Surgical Society, Montevideo Uruguay. November 21-24, 2012.
145. Penetrating Thoracic Injuries. The Cases, The Techniques, The Pitfalls. The Lessons. Presented at Chris Hani Baragwanath Academic Hospital of The University of

- 2015.
154. Carotid Injuries. Subclavian Vessel Injuries or the Normandy Invasion for Trauma Surgeons. Recent Changes in Combat Casualty Care as the Results of the Iraq and Afghanistan conflicts. Presented at the III International Vascular and Endovascular Surgery Symposium of the American British Cowdray Medical Center. Mexico City, Mexico. October 30-31, 2015.
 155. Recent Changes in Combat Casualty Care as the Results of the Iraq and Afghanistan Conflicts. Multidisciplinary Approach to the Management of Complex Hepatic Injuries AASR-OIS Grade IV-V. Operative Reconstruction of Complex Chest Wall Injuries. Subclavian Vessel Injuries. Presented at the 86th Congress of the Argentina Surgical Society. Buenos Aires, Argentina, November 9-12, 2015.
 156. Complex Thoracic Injuries, the Cases, the Techniques and the Pitfalls The Multidisciplinary Approach to the Management of Complex Hepatic Injuries. Where we have been and where we are now. Damage Control, Myths and Realities. Contemporary Wars and Their Contributions to Vascular Injury Management. Pancreaticoduodenal Injuries; A More Contemporary and Rational Approach. Presented at The Bi-Centennial Congress of Surgery, Argentinean Surgical Society. Tucuman, Argentina, April 28-30, 2016
 157. Contemporary Wars and Their Contributions to Vascular Injury Management. The Multidisciplinary Approach to the Management of Complex Hepatic Injuries. Presented at the Annual Nicaragua Surgical Society Meeting, Managua, Nicaragua June 22-24-2016
 158. What We Have Learned From the Recent American Conflicts in Iraq and Afghanistan. Penetrating Cardiac Injuries-The Surgical Techniques. What We have Learned From 2016 Penetrating Cardiac Injuries. A Review of the American College of Surgeons National Trauma Data Bank (ACS-NTDB). Presented at the XI International Trauma and War Surgery Course/Military University of Nueva Granada and the Military Hospital of Colombia. Bogota, Colombia. August 4-5, 2016.
 159. Contemporary Wars and Their Contributions to Vascular Injury Management. Presented at the Annual Meeting of the Argentinian Academy of Surgery. Buenos Aires, Argentina. August 17, 2016
 160. Challenges in the Management of Penetrating Cardiac Injuries. Great Vessel Injuries-Challenges and Pitfalls. Strategies and Pitfalls in the Management of Complex

Spain. November 20, 2018.

PRESENTATIONS - LOCAL, STATE, REGIONAL AND NATIONAL

1. Stress on a Surgical Emergency Center. The AMA/AWOL Patient Population presented as the winning trauma essay at the 1986 Annual American College of Surgeons Meeting, North Texas State Chapter, Dallas, TX, March 7, 1986.
2. The Treatment of Carbon Monoxide, Cyanide and Other Poisoning with Hyperbaric Oxygen Therapy. Presented at the Hyperbaric Oxygen Therapy Symposium, Medical College of Ohio, Toledo, OH, November 6 & 15, 1986.
3. The Management of the Critically Injured Victim. Presented at Grand Rounds, Department of Family Medicine, Medical College of Ohio, Toledo, OH, December 16, 1986.
4. Trauma in Pregnancy. Presented at Grand Rounds, Department of Obstetrics and Gynecology, Medical College of Ohio, Toledo, OH, April 23, 1987.
5. The Management of Multi systemic Trauma. Presented at the Medical College of Ohio's Orthopedic Injuries Seminar, Toledo, OH, May 2, 1987.
6. Hepatic Injuries. Presented at the Medical College of Ohio's First Annual Trauma Symposium, Toledo, OH, May 9 1987.
7. Fluids and Electrolytes. Presented at Grand Rounds Department of Surgery, Medical College of Ohio, Toledo, OH, August 29, 1987.
8. Trauma, The Neglected Killer in America, Trauma Surgery in Vietnam, The Management of Hepatic Injuries, The Management of Splenic Injuries. Presented at the American Trauma Society - Northwest Ohio Chapter Annual Symposium, Toledo, OH, October 7-8, 1987.
9. The Management of Pancreatic Injuries. Presented at Grand Rounds, Department of Surgery, Medical College of Ohio, Toledo, OH, October 17, 1987.
10. The Management of Abdominal Trauma. The Management of Thoracic Trauma. Presented at the College of Allied Health Sciences, Medical College of Ohio, Toledo, OH, Paramedic Training Program, October 28, 1987.

23. Inflammation, the Response to Acute Injury and the Multiple Organ Failure Syndrome. Presented at the Fifty-Ninth Annual Meeting of the Southern Society of Clinical Surgeons, Philadelphia, PA, April 5, 1989.
24. The Management of Hepatic Trauma. Presented at Grand Rounds, Department of Surgery, Germantown Hospital and Medical Center, Philadelphia, PA, June 23, 1989.
25. The Management of Hepatic Trauma. Presented at Grand Rounds, Department of Surgery, Temple University, Philadelphia, PA, July 15, 1989.
26. The Management of Traumatic Cardiac Injuries. Presented at Grand Rounds, Department of Surgery, Temple University, Philadelphia, PA, September 8, 1989.
27. Exsanguination from Penetrating Injuries. Presented at Grand Rounds, Department of Anesthesiology, Temple University, Philadelphia, PA, October 25, 1989.
28. Exsanguination from Penetrating Injuries. Presented at the Trauma Conference, Department of Surgery, Warminster General Hospital, Warminster, PA, November 3, 1989.
29. Primary Malignant Peritoneal Mesothelioma. Presented at the Philadelphia Academy of Surgery, Philadelphia, PA, November 6, 1989.
30. Complications of Colon Surgery in Cancer and Inflammatory Disease. Presented at Grand Rounds, Wilkes-Barre VA Hospital, Wilkes-Barre, PA, November 15, 1990.
31. The Management of Duodenal Injuries. Presented at Grand Rounds, Department of Surgery, St. Joseph's Hospital, Reading, PA, March 22, 1990.
32. The Management of Duodenal Injuries. Presented at The New Jersey Committee of Trauma of the American College of Surgeons Trauma Symposium, Princeton, New Jersey, April 4, 1990.
33. Trauma, The Neglected Killer in America. Presented at Grand Rounds, Department of Surgery, Frick Memorial Hospital, Mt. Pleasant, PA, April 19, 1990.
34. Pre-laparotomy Thoracotomy in Shock. Major Pancreatic Injury. Case Presentation. Presented at Temple University's Day of Trauma, May 5, 1990.

47. The Critical Care of the Blunt Thoracic Trauma Patient. Presented at the Surgical Critical Care Conference, Department of Surgery, Temple University, Philadelphia, PA, February 2, 1991.
48. Sepsis and Trauma. Presented at Temple University Trauma Nurses Course, Philadelphia, PA, March 4, 1991.
49. The Use of High Frequency Jet Ventilation in the Management of Right Heart Failure. Invited discussant at the Annual Conjoint Meeting of the New York Surgical Society and The Philadelphia Academy of Surgery, New York City, NY, March 13, 1991.
49. Drugs, "The Other War." Presented on Philadelphia's Town Meeting, a television program on WPVI Channel 5, (ABC), Philadelphia, PA, March 19, 1991.
51. The Initial Assessment and Resuscitation of the Trauma Patient. Presented at General Grand Rounds, Wilkes-Barre VA Hospital, Wilkes-Barre, PA, April 5, 1991.
52. Current Controversies in the Management of Penetrating Neck Trauma. Presented at Grand Rounds, Dept. of Surgery, Temple University, Philadelphia, PA, November 9, 1991.
53. Sepsis in the Trauma Patient. The Multiple Systems Organ Failure Syndrome. Presented at Temple University Trauma Nurses Course, Philadelphia, PA, November 11, 1991.
54. Immune Modulators and Selective Decontamination of the Gastrointestinal Tract. Presented at The Graduate Hospital VIII Annual Directors of Surgery Conference, Philadelphia, PA, November 14, 1991.
55. The Management of Gastric Ulcers. Presented at Grand Rounds, Wilkes-Barre VA Hospital, Wilkes-Barre, PA, December 20, 1991.
56. Trauma Advances. Presented at the Montgomery County EMS Symposium - Interaction at Homicide Scenes - Bridging the Gaps, King of Prussia, PA, January 24, 1992.

- discussant, Philadelphia Academy of Surgery, Philadelphia, PA, January 4, 1993.
69. The Management of Penetrating Cardiovascular Injuries. Presented at the Philadelphia Chapter of the Association of Operating Room Nurses (AORN), Philadelphia, PA, March 17, 1993.
 70. The Management of Penetrating Cardiovascular Injuries. Presented at the XII International Congress of the Cuban Medical Society, Miami Beach, FL, June 29, 1993.
 71. Pancreatic Injuries. Presented at the Northridge Hospital Trauma Conference. Northridge, California - May 10, 1994.
 72. The Trauma Center. Protocols and the Effect of Urban Violence. Presented to the Los Angeles Unified School District Board Members. Los Angeles, California-May 11, 1994.
 73. The Management of Penetrating Cardiovascular Injuries. Presented at Grand Rounds, Santa Marta Hospital, Los Angeles, California - May 12, 1994.
 74. Traumatic Lesions of the Supra-aortic Trunks. Traumatic Injuries of the Thoracic Aorta. Presented at the IV International Symposium of Advances and Controversies in Vascular Surgery - Hispanic/American Encounter, Bal Harbour, Florida - June 1-4, 1994.
 75. Penetrating Injuries of the Heart, Moderator of session on Trauma Scoring Systems. Presented at the Trauma and Critical Care Symposium (Co-Director) of the University of Southern California, Pasadena, California - June 16-17, 1994.
 76. Emergency Department Thoracotomy. An Analysis of Variables Influencing Outcome. Poster presentation at the 54th Annual Meeting of the American Association for the Surgery of Trauma, San Diego, CA September 29 - October 1, 1994.
 77. Double Jeopardy: Thoracoabdominal Injuries Requiring Surgery on Both Cavities. Invited Discussant at the 54th Annual Meeting of the American Association for the Surgery of Trauma, San Diego, CA, September 29, 1994.
 78. In Perineal and Extensive Pelvic Injury, Colon, and Bladder Diversion are Mandatory and Reduce Infection and Speed Rehabilitation - The Pro Point. Presented at the 80th Clinical Congress of the American College of Surgeons, Chicago, IL October 12,

89. Urban Trauma - The Impact on The Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Freemont High School, Los Angeles, CA. October 5, 1995.
90. Urban Trauma - The Impact on The Inner City Youth. Presented on "Ocurrio Asi", a Television Program on KVEA channel 52 (Telemundo Network), Los Angeles, CA. November 9, 1995.
91. Miraculous Saves - Surgical Science or Divine Intervention - A Series. Presented on KMEX channel 34 (Univision Network) Los Angeles, CA. November 17, 18, 19 & 20, 1995.
92. Urban Trauma - The Impact on The Inner City Youth. Trauma Outreach Program Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Freemont High School, Los Angeles, CA. December 20, 1995.
93. An aggressive approach to Penetrating Thoracic Injuries - What Do We Stand To Lose? Presented at the California Trauma Conference, Sacramento, CA. January 18, 1996.
94. Exsanguination - Penetrating Cardiac Injuries. Presented at the Annual USC Department of Anesthesia Science and Ski Meeting, Mammoth Lake, CA. March 3, 1996.
95. The Human Lifeline - A profile of Juan A. Asensio, MD, Senior Attending Surgeon LAC+USC Medical Center - A Documentary presented on KCET Channel 28 (Public Broadcast Television), Los Angeles, CA. April 3, 1996
96. The Trauma Outreach Program of The Division of Trauma & Critical Care. Department of Surgery of USC. Reaching out to our Community. Presented at a joint program of LAC/USC Department of Social Work, Physicians for Social Responsibility and a Coalition for a Non-Violent City. Los Angeles, CA., March 19, 1996.

- Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Eastlake Juvenile Hall, Los Angeles, CA. December 17, 1996.
107. Blunt and Penetrating Chest Trauma: Is the diaphragm Injured? Case based panel discussion. Presented at the California Trauma Conference, Los Angeles, CA. January 9, 1997.
 108. Urban Trauma - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Eastlake Juvenile Hall, Los Angeles, CA. February 27, 1997.
 109. Trauma Surgeons - Career Day Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Eastlake Juvenile Hall, Los Angeles, CA. April 24, 1997.
 110. Urban Trauma - The Impact on the Inner City Youth. Trauma Outreach Program Division Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at New Dimensions Youth Center. Van Nuys, California, May 9, 1997.
 111. Urban Trauma - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Bravo Magnet High School, Los Angeles, CA. May 13, 1997.
 112. Trauma at LAC/USC. A documentary presented on KCBS Channel 2, Los Angeles, CA. May 15, 1997.
 113. Gunshot Wounds and the Impact of Urban Youth. Presented at the Los Angeles Chapter/California Hispanic American Medical Association Annual Meeting. Los Angeles, CA. May 17, 1997.
 114. Experts discuss trauma cases. Moderator, Session on Trauma: Pre-Hospital Management/Early Resuscitation. Presented at the IV Trauma and Critical Care of Symposium (Co-Director) of the University of Southern California, Pasadena, CA. May 31 – June 1, 1998.
 115. Difficult Injuries. Difficult Problems. Presented at Grand Rounds. Dept. Of Surgery,

126. Urban Violence - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Centennial High School. Compton, CA. April 20, 1998.
127. Urban Violence - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at the Fred C. Neles, Juvenile Correctional Facility. Whittier, CA. April 20, 1998.
128. Urban Violence - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at the Victim's Week Conference. Eastlake Juvenile Hall, Los Angeles, CA. April 23, 1998.
129. Penetrating Cardiac Injuries. In Impact of the Trauma Outreach Program. Presented at Providence/Holy Cross Medical Center's Trauma Conference. San Fernando, CA. May 5, 1998.
130. The Impact of a Bullet. Presented on KNBC, Channel 4, Los Angeles, CA. May 5, 1998.
131. The Impact of the Trauma Outreach Program of USC's Division of Trauma. Presented at the Provost Conference on Violence Intervention and Prevention. USC's Main Campus, Los Angeles, CA. May 12, 1998.
132. Stop the Violence. Presented on KNBC Channel 4, Los Angeles, CA. May 12, 1998.
133. Emergency Department Thoracotomy. When to Start and When to give up. Moderator, Session on Other Trauma Issues. Presented at the V Trauma and Critical Care Symposium (Co-Director) of the University of Southern California, Pasadena, CA. May 15-16, 1998.
134. Urban Violence - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery University of Southern California. Presented at Eastlake Juvenile Hall, Los Angeles, CA. August 21, 1998.

144. Cardiac Injury and Emergency Thoracotomy. Damage Control Laparotomy. Presented at the 1999 Annual Kansas Trauma Conference. Wichita, Kansas. May 13-14, 1999.
145. Urban Violence - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Eastlake Juvenile Hall, Los Angeles, California. May 26, 1999.
146. The Role of Trauma Centers in Injury Prevention. Presented on the VI Annual Trauma and Critical Care Symposium (Co-Director) of the University of Southern California, Pasadena, California. June 11-12, 1999.
147. Penetrating Cardiac Injuries. Presented at the Dallas/Fort Worth Citywide Trauma Symposium. Fort Worth, Texas, June 18, 1999.
148. Penetrating Cardiac Injuries. What's new; where are we going? Presented at the Combined Trauma Conference of Santa Clara Trauma Centers, San Jose, California. July 21, 1999.
149. Association Penetrating Esophageal Injuries. Multicenter Study of the American Association for the Surgery of Trauma. Presented at the 59th Annual Meeting of the American for the Surgery Trauma. Boston, Mass. September 16, 1999.
150. Epidemiology of Vascular Trauma. Presented at the 3rd Annual Max Gaspar Vascular Symposium USC. Pasadena, California, September 24, 1999.
151. Urban Violence - The Impact on the Inner City Youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at Eastlake Juvenile Hall, Los Angeles, California. October 7, 1999.
152. The Management of Complex Diaphragmatic Injuries. Presented at the 85th Clinical Congress of the American College of Surgeons. San Francisco, California. October 12, 1999.
153. The Trauma Outreach Program of the Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented American Hospital Association Visiting Committee. Los Angeles, California. October 21, 1999.

- Einstein School of Medicine, New York City, New York. December 6, 2000.
166. Cardiac Injuries. Esophageal Injuries. Problem Case Panel. Presented at the 23rd Annual Advances in Trauma Program of the Region VII Committees on Trauma, American College of Surgeons. Kansas City, Missouri. December 8-9, 2000.
 167. Difficult Cases. Presented at the Annual Day of Trauma. A Trauma and Critical Care Symposium. Philadelphia, Pennsylvania, PA. December 16, 2000.
 168. Discovery Channel Special on the LAC/USC Emergency & Trauma Services. Discovery Channel. Los Angeles, California. November 17 & February 26, 2001.
 169. The Best of KCET – Profile on Dr. Juan A. Asensio. KCET Channel 28 (Public Broadcast Television). Los Angeles, California. March 12, 2001.
 170. What's New on Trauma Surgery. Difficult Injuries, Difficult Problems. Presented at the Los Angeles Surgical Society. Los Angeles, California. April 12, 2001.
 171. Controversies. Panel Moderator. Presented at the VIII Annual Trauma and Critical Care Symposium of the University of Southern California, Pasadena, California. April 16-17, 2001.
 172. Operative Management and Outcome in 214 Pancreatic Injuries. Trauma Surgical Procedure and AAST-OIS predict morbidity and mortality. Poster presentation at the 53rd Annual Meeting of the Southwestern Surgical Congress. Cancun, Mexico, April 30, 2001.
 173. Popliteal Artery Injuries. The Ongoing Challenge. Poster Presentation at the 53rd Annual Meeting of the Southwestern Surgical Congress. Cancun, Mexico, April 30, 2001.
 174. Exsanguination. Reliable variables indicating damage control and predicting outcome. Presented at the 53rd Annual Meeting of the Southwestern Surgical Congress. Cancun, Mexico, May 1, 2001.
 175. Management of blunt and penetrating complex lung injuries. Presented at the 61st Annual Meeting of the American Association for the Surgery of Trauma. Seattle, Washington, September 14, 2001.

186. Operative management and outcomes in 103 complex hepatic injuries AAST-OIS grades IV and V. Trauma surgeons still need to operate but angioembolization helps. Presented at the 62nd Annual Meeting of the American Association for the Surgery of Trauma. Orlando, Florida, September 28, 2002.
187. Trauma Video Session Panelist. 88th Annual Congress of the American College of Surgeons. San Francisco, California, October 9, 2002.
188. Do stricter guidelines for institution of damage control improve outcome in the management of the post-traumatic open abdomen? Presented at the 110th Annual Meeting of the Western Surgical Society. Vancouver, British Columbia, November 19, 2002.
189. Blunt cardiac trauma—the last 25 years. Penetrating cardiac trauma—the last 25 years. Town Meeting: Trauma—next 25 years. Presented at the 25th Annual Advances in Trauma Program of the Region VII Committees on Trauma, American College of Surgeons, Kansas City, Missouri, December 6-7, 2002.
190. Analysis of 185 iliac vessel injuries. Risk factors and predictors of outcome. Presented at the 74th annual meeting of the Pacific Coast Surgical Association. Monterey, California February 18, 2003.
191. Exsanguination and ways to prevent it. Post traumatic complications. Panel Moderator. Presented at the X Annual Trauma and Critical Care Symposium of the University of Southern California, Pasadena, California. May 12-13, 2003.
192. Urban Violence. The impact on the inner city youth. Trauma Outreach Program. Division of Trauma and Critical Care, Department of Surgery, University of Southern California. Presented at the West Covina Police Department and the Bureau of Alcohol, Tobacco and Firearms (ATF) “GREAT program” (Gang Resistance Education and Training), Faith Community Church, West Covina, California, July 30, 2003.
193. A prospective evaluation of ultrasonography for the diagnosis of penetrating torso injury. Invited Discussant at the 62nd Annual Meeting of the American Association for the Surgery of Trauma, Minneapolis, Minnesota, September 12, 2003.
194. The College International Travelers, 2003: International perspectives on surgery. International Relations Committee (IRC) of the American College of Surgeons.

- surgeon's challenge. Presented at the Annual Hawaiian Islands Trauma Symposium, July 8-10, 2004. Honolulu, Hawaii.
204. Damage control—when to use it and how to manage the open abdomen. Presented at the 63rd Annual Meeting of American Association for the Surgery of Trauma, Maui, Hawaii, September 29-October 2, 2004.
 205. Video-Based Educational Session. Subject oriented symposium—Trauma from the Committee on Video-Based Education. Symposium Coordinator. American College of Surgeons. 90th Clinical Congress, New Orleans, Louisiana, October 11, 2004.
 206. The College International Travelers 2004: International perspectives on surgery. International Relations Committee (IRC) of the American College of Surgeons. Moderator. 90th Clinical Congress American College of Surgeons, New Orleans, Louisiana, October 13, 2004.
 207. Operative exposure and management of carotid artery injuries. Presented at the American College of Surgeons 90th Clinical Congress, New Orleans, Louisiana, October 13, 2004.
 208. Transmediastinal penetrating injuries. Exsanguination. Operative strategies for the control of profuse hemorrhage. Presented at the XVII International Symposium of the Panamerican Trauma society. Miami Beach, Florida, November 17-20, 2004.
 209. Difficult injuries. Difficult problems. Presented at the Advocate Injury Institute Trauma Symposium. Chicago, Illinois, December 2, 2004.
 210. Urban Violence – The Impact in the Inner City Youth. Trauma Outreach Program. Division of Clinical Research in Trauma Surgery. Trauma Surgery and Surgical Critical Care, Department of Surgery, UMDNJ. Presented at the UMDNJ–New Jersey Medical School, Newark, New Jersey, April 8, 2005.
 211. Exsanguination: Reliable variables indicating damage control and predicting outcomes. Difficult injuries and difficult problems. Presented at the IX Annual Kansas Trauma Conference, Department of Surgery, University of Kansas/Via Christi Medical Center, Wichita, Kansas, May 13, 2005.
 212. Trauma Surgery and the Trauma Surgeon. Presented at the University of Medicine and Dentistry of New Jersey – The New Jersey Medical School, Careers in Medicine

- 23, 30, 2006.
223. Medical Maverick Episode 2– Juan A. Asensio, MD, Presented as a National Broadcast of the Discovery Health Channel, Silver Spring, Maryland, March 18, 19, 25 and April 23, 24 and 30, 2006.
 224. Penetrating Transmediastinal Injuries. Penetrating Carotid Injuries. Presented at the 10th Annual Kansas Trauma Conference, Department of Surgery, University of Kansas/Via Christi Medical Center, Wichita, Kansas. May 19, 2006.
 225. Difficult Injuries and Difficult Problems in Trauma Surgery. Presented as the Robert Zeppa MD Memorial Lecture. University of Miami, Miami, Florida. September 14, 2006.
 226. Professor's Rounds. Conducted at the 65th Annual Meeting of the American Association for the Surgery of Trauma. New Orleans, Louisiana. September 28, 2006.
 227. Errors Made in the Management of Peripheral Arterial Trauma. Presented at the Vascular Trauma Update: Civilian and Military Session, 92nd Annual Clinical Congress of the American College of Surgeons. Chicago, Illinois. October 9, 2006.
 228. Thoracic Trauma for the General Surgeon. Specialty Session Moderator, 92nd Annual Clinical Congress of the American College of Surgeons. Chicago, Illinois. October 10, 2006.
 229. Challenging cases in Clinical Trauma Care. Great Vessel Injuries – Exposure and Control. Exsanguination-Indicators and Interventions Presented as the XXVI Trauma, Critical Care and Acute Care Surgery 2007. Point/Counterpoint. Atlantic City, New Jersey. June 3-6, 2007.
 230. Protagonistas. A Biography of **Dr. Juan A. Asensio**. Presented on Protagonistas – Jorge Sotolongo, Host. Presented America TV, Channel 41, Miami, Florida, July 7, 2007.
 231. Urban Violence in Miami Presented at Ultima Palabra – Ninoska Castellon – Host. Presented GenTV, Channel 8, Miami, Florida, September 19 & 21, 2007.
 232. Professor's Rounds conducted at the 66th Annual Meeting of the American Association for the Surgery of Trauma. Las Vegas, Nevada September 27, 2007.

- Femoral Vessels. Discussion of Cases from Region VII Panel Discussion. Presented at 31st Annual American College of Surgeons Committee on Trauma Region VII Advances in Trauma Program, Kansas City, Missouri December 12-13, 2008.
243. Keynote Lecture – Difficult Injuries and Difficult Problems: A Trauma Surgeon’s Odyssey. Pitfalls in the Management of Vascular Injuries. Esophageal Injuries: Management Options for a Challenging Injury. Proactive not Reactive: Complications in the Operating Room. Presented at the 16th Annual Memorial Regional Trauma Center Trauma Symposium. Hollywood, Florida. February 12-14, 2009.
244. Errors Made in the Management of Vascular Trauma. Better Yet! How not to Commit Errors. Abdominal Vascular Injuries-Heroic Measures. Presented at the 17th Annual Refresher Course and Update in General Surgery Washington, University School of Medicine, St. Louis, Missouri. February 26-28, 2009.
245. Exsanguination. Presented at 10th Annual Trauma Symposium-Trauma Update 2009, Virginia Commonwealth University / Medical College of Virginia, Richmond, Virginia. April 29, 2009.
246. Professor’s Rounds. Conducted at the American Association for the Surgery of Trauma 68th Annual Meeting, Pittsburgh, Pennsylvania October 1st, 2009.
247. Femoral Vessel Injuries: Analysis of the National Trauma Data Bank. Presented at the 95th Annual Clinical Congress of the American College of Surgeons. Chicago, Illinois October 15th, 2009
248. Popliteal Artery Injuries or the Battle of the Bulge for trauma surgeons. Subclavian Vessel Injuries or the Normandy Invasion for Trauma Surgeons. Discussion of Cases from Region VII Panel Discussion. Presented at 31st Annual American College of Surgeons Committee on Trauma Region VII Advances in Trauma Program, Kansas City, Missouri, December 12-13, 2008.
249. Difficult Injuries and Difficult Problems in Trauma Surgery. A Trauma Surgeon’s Odyssey. Presented at the 5th. Annual National Congress of the Latin American Students Association LMSA Chicago Illinois, March 6-7, 2010.
250. Professor’s Rounds. Conducted at the American Association for the Surgery of Trauma. 69th Annual Meeting, Boston, Massachusetts, September 22, 2010.

- 12, 2011.
262. Debate of Vascular Trauma and Hemorrhage Control Techniques: Tourniquets, Vascular Shunts and Endovascular Technologies: Panel Presentation at the American Association for the Surgery of Trauma. 70th Annual Meeting, Chicago, Illinois, Sept 16th, 2011.
 263. Management of Complex Liver Injuries. Lunch Session. Presented at the American Association for the Surgery of Trauma. 70th Annual Meeting, Chicago, Illinois, September 16th, 2011.
 264. Decision Making Criteria for Implementing Damage Control Resuscitation. Strategies in Patients with Abdominal Gunshot Wounds. Discussion. Presented at the American Association for the Surgery of Trauma. 70th Annual Meeting, Chicago, Illinois, September 17th, 2011.
 265. Carotid Injuries. Complex and Lethal. Presented at the Multidisciplinary Approach to Head and Neck Trauma Session. Presented at 97th Annual Clinical Congress of the American College of Surgeons. San Francisco, California. October 25th, 2011.
 266. Cardiac Injuries. Abdominal Vascular Injuries. Presented at the 59th Annual Detroit Trauma Symposium. Detroit, Michigan. November 3-4, 2011.
 267. Historical Evolution of Vascular Trauma-A Surgeon's Journey. Subclavian Vessel Injuries- The Normandy Invasion for Trauma Surgeons. Challenging Thoracic Injuries-Tricks and Techniques. Presented at the 19th Annual Symposium Memorial Regional Trauma Center. Hallandale Beach, Florida February 9-11, 2012.
 268. Cardiothoracic Injuries and Emergency Department Thoracotomy - New Frontiers. Carotid Artery Injuries: Complex and Lethal. Subclavian Vessel Injuries: The Normandy Invasion for Trauma Surgeons. Popliteal Vessel Injuries: The Battle of the Bulge for Trauma Surgeons. Presented at the II Masters of Trauma Surgery Intensive Course. Coral Gables, Florida April 11-14 2012.
 269. Challenging Penetrating Chest Trauma Cases. Lunch Session. Presented at the American Association For The Surgery of Trauma 71st Annual Meeting. Kauai, Hawaii, September 12, 2012.
 270. Penetrating Cardiac Injuries. An Exciting Trip Through History. Presented at the 87th Annual Halsted Surgical Society, Minneapolis, Minnesota, September 11, 2013.

- Time. Presented at Creighton University Department of Surgery Grand Rounds, Omaha, Nebraska, March 2, 2015
282. Recent Changes in Combat Casualty Care as the result of the Iraq and Afghanistan Conflicts. Presented at the 16th Annual Trauma Symposium, Creighton University, Omaha, NE, June 12, 2015
 283. Korea: The Forgotten War and the Surgical Mavericks that Challenged Injury Management. Presented at the 89th Annual Meeting of the Halsted Surgical Society. Philadelphia, PA, September 18, 2015.
 284. Recent Changes in Combat Casualty Care Management as the result of the Iraq and Afghanistan Wars. Presented at Creighton University Department of Surgery Grand Rounds, Omaha, Nebraska, December 21, 2015.
 285. The Meaning of Ignatian values, Justice in Health Care: Creating Agents of Change in Trauma as the Neglected Disease in America. Presented at Creighton University School of Pharmacy and Health and Professions Dinner. Omaha, Nebraska, January 21, 2016.
 286. Korea: The Forgotten War and the Surgical Mavericks that Challenged Injury Management. Presented at Creighton University Department of Surgery Grand Rounds, Omaha, Nebraska, March 28, 2016.
 287. Penetrating Cardiac Injuries in America- Predictors of Outcome in 2016 Patients From The National Trauma Data Bank. Presented at the 68th Annual Southwestern Surgical Congress, Coronado, California, April 6, 2016.
 288. Management Principles for Popliteal Artery Injuries. Presented at 102nd Annual Clinical Congress of the American College of Surgeons. Washington, DC, October 2016
 289. Penetrating Cardiac Injuries- The Last Frontier. Presented at Creighton University Department of Surgery Grand Grounds, December 16, 2016
 290. How to Avoid Errors in the Management of Vascular Injuries. Presented at St. Francis Hospital Dept. of Surgery Grand Rounds, Grand Island, NE. Jan. 5, 2017
 291. How to Avoid Errors in the Management of Vascular Injuries. Presented at Good Samaritan Hospital Dept. of Surgery Grand Rounds, Kearney, NE. Jan. 6, 2017

2018.

303. Vietnam: Our Most Painful War-Where Vascular Injury Management was Defined. Presented at the 92nd Annual Meeting of the Halsted Society. September 7, 2018. Palo Alto, CA

Trauma Surgery and Surgical Critical Care Fellows Trained

1.	Steven Glorsky, MD	7/1/93 - 6/30/94
2.	B. Montgomery Stewart, MD	7/1/94 - 6/30/95
3.	James A. Murray, MD	7/1/95 - 6/30/96
4.	John D. Berne, MD	7/1/96 - 6/30/97
5.	David Hanpeter, MD	7/1/97 - 6/30/99
6.	Jack Sava, MD	7/1/99 - 6/30/00
7.	Ali Salim, MD	7/1/00 - 6/30/01
8.	Areti Tillou, MD	7/1/01 - 6/30/02
9.	Eric Kuncir, MD	7/1/02 - 6/30/03
10.	Brian Kimbrell, MD	7/1/03 - 6/30/04
11.	David Pleurad, MD	7/1/03 - 6/30/04
12.	Matthew Martin, MD	7/1/04 - 12/31/04
13.	George Garcia, MD	7/1/06 - 6/30/07
14.	Antonio Pepe, MD	7/1/06 - 6/30/07
15.	Felicia Ivascu, MD	7/1/06 - 6/30/07
16.	Booker King, MD	7/1/06 - 6/30/07
17.	Edward Lineen, MD	7/1/06 - 6/30/08
18.	Tedla Tessema, MD	7/1/06 - 6/30/08
19.	Eduard Grass, MD	7/1/06 - 6/30/08
20.	Guy Lin, MD	7/1/06 - 6/30/08
21.	Alex Becker, MD	7/1/06 - 6/30/08
22.	David King, MD	7/1/07 - 6/30/08
23.	Amanda Morehouse	7/1/07 - 6/30/08
24.	Ricardo Castellon, MD	7/1/07 - 6/30/08
25.	Ara Feinstein, MD	7/1/07 - 6/30/09
26.	Scott Gmora, MD	7/1/07 - 6/30/09
27.	Dan Deckelbaum, MD	7/1/07 - 6/30/09
28.	Michael Ksycki, MD	7/1/07 - 6/30/08
29.	Kenneth Stahl, MD	7/1/07 - 6/30/08
30.	Gisella Sandy, MD	7/1/08 - 6/30/09
31.	Jennifer Casher, MD	7/1/08 - 6/30/09

- 3) Andres Falabella Colombia
- 4) Jer-Min Ling Taiwan
- 5) Demetre Theodoru Greece
- 6) Chun Che Lai Brazil
- 7) Alberto Rodriguez-Canete Spain
- 8) Alfonso Antequera Spain
- 9) Francisco de Asis Perez-Vicente Spain
- 10) Khalid El Tawil Egypt
- 11) Zhenkai Song China
- 12) Sebastian Orduna Argentina
- 13) Wu-Ling Lin China
- 14) Charlie Wo China
- 15) Hugo Gomez Paraguay
- 16) Param Deep Singh India
- 17) Juan Carlos Meneu Spain
- 18) Soledad Monton Spain
- 19) Santiago Chahwan Argentina
- 20) Emmanuel Kriticos Greece
- 21) Anita Rajan India
- 22) Agustin deJuan Lerma Spain
- 23) Eman Shoukri Kamel Egypt
- 24) David Chen China
- 25) Jose Ceballos Spain
- 26) Javier Torcal Spain
- 27) Jose Couselo Spain
- 28) Agustin Maschietto Argentina
- 29) Roya Rofougaran Iran
- 30) Matias Lejarraga Argentina
- 31) Diego Steinberg Argentina
- 32) Esteban J. Gambaro Argentina
- 33) Anurag Jindal India
- 34) Reza Nazemi Iran
- 35) Kuen-Jang Tsai Taiwan
- 36) Martin Lerner Argentina
- 37) Nicolas Nicolaou Cyprus
- 38) Madhurima Adula India
- 39) Salvador Navarro Spain
- 40) David Fernandez-Luengas Spain
- 41) Daniele Neri Italy
- 42) David Fernandez Spain

83)	Hanna Hernandez Oaknin	Spain
84)	Patrizio Petrone	Argentina
85)	Seyed M. Bathaie	Iran
86)	Tamer Karsidag	Turkey
87)	Sandra Lasurt Bachs	Spain
88)	Takashi Fujita	Japan
89)	Nasrollah Ahmadpour	Iran
90)	Shu Zhang	China
91)	Constantinos Constantinou	Cyprus
92)	George Kasotakis	Greece
93)	Burapat Sangthong	Thailand
94)	Michael Jamiana	Philippines
95)	Luis Garcia Nunez	Mexico
96)	Didem Oncel	Turkey
97)	Aytekin Unlu	Turkey
98)	Tamer Karsidag	Turkey
99)	Diego Peña	Colombia
100)	Juan Carlos Gomez	Colombia
101)	Bruno Pereira	Brazil
102)	Supparerk Prichayudh	Thailand
103)	Taichiro Tsunoyama	Japan
104)	Juan Manuel Sanchez Gonzalez	Spain
106)	Pablo Menendez Sanchez	Spain
107)	Fernando Herrerias Gonzalez	Spain
108)	Federico Mazzini	Argentina
109)	Ruben Gonzalo Gonzalez	Spain
110)	Eva Iglesias Porto	Spain
111)	Alejandro Gigena	Argentina
112)	Marina Garces Albir	Spain
113)	Laura Roldan	Spain
114)	Alejandro Perez Alonso	Spain
115)	Jorge Gutierrez	Colombia
116)	Lucia Carrion-Alvarez	Spain
117)	Juan Manuel Verde	Argentina
118)	Alejandro Perez Alonso	Spain
119)	Esther Garcia-Santos	Spain
120)	Ana Soto-Sanchez	Spain

- Annual Meeting, Honolulu, HI
- November 1986 Hyperbaric Oxygen Therapy: When, Why and How to Use It, Medical College of Ohio, Toledo, OH
- November 1986 Symposium on Nutritional Support of the Critically Ill Patient Medical College of Ohio, Toledo, OH
- March 1987 American College of Surgeons Western States Committees on Trauma Meeting, Las Vegas, NV
- May 1987 Trauma Symposium, Medical College of Ohio, Toledo, OH
- September 1987 American Association for the Surgery of Trauma, 47th Annual Meeting, and The Canadian Trauma Society Annual Meeting. Montreal, Canada
- January 1988 The Eastern Association for the Surgery of Trauma, 1st Annual Meeting, Long Boat Key, FL
- April 1988 Trauma Symposium, The Critical Care of Trauma Victims Medical College of Ohio, Toledo, OH
- May 1988 American College of Surgeons, Ohio Chapter, Akron, OH
- June 1989 Society of Critical Care Medicine's 18th Annual Educational and Scientific Symposium, New Orleans, LA
- August 1989 Aztreonam. Applications for the Surgeon, San Francisco, CA
- October 1989 American Association for the Surgery of Trauma, 49th Annual Meeting, Chicago, IL
- May 1990 2nd International Symposium, Mexican Association of Critical Care Medicine and Intensive Therapy, Monterrey, Mexico
- June 1990 3rd International Symposium, Pan American Trauma Society Sao Paulo, Brazil
- July 1990 1st International Symposium, Mexican Association for the

- Meeting, Philadelphia, PA
- November 1991 VII Congress of The Rioplatense Society of Emergency Surgery Buenos Aires, Argentina
- November 1991 XII Argentinean Congress of Emergency Medicine and Surgery Buenos Aires, Argentina
- November 1991 4th International Symposium, Pan American Trauma Society Buenos Aires, Argentina
- December 1991 1st International Symposium on The Care of the Trauma Patient, Ministries of the Interior, Public Health and Education of Uruguay Montevideo, Uruguay
- December 1991 Houston Laser Institute Laparoscopic Cholecystectomy Course, Houston, Texas
- January 1992 Eastern Association for the Surgery of Trauma, 5th Annual Meeting, Hamilton, Bermuda
- April 1992 International Surgical Congress; Re-operative Surgery Hospital do Meixoeiro, Vigo, Spain
- April 1992 XX International Surgical Symposium, Guatemalan Surgical Society, Guatemala City, Guatemala
- April 1992 I International Meeting Guatemalan Society of Critical Care Medicine Guatemala City, Guatemala
- May 1992 Jefferson University Laparoscopic Hernioplasty and Appendectomy Course, Philadelphia, PA
- May 1992 Society of Critical Care Medicine, 21st Annual and Scientific Symposium, San Antonio, Texas
- June 1992 VI Uruguayan Congress on Emergency Surgery, Montevideo, Uruguay
- June 1992 VIII Congress of the Rioplatense Society of Emergency

of Honduras, San Pedro Sula, Honduras

- August 1993 V International Congress of the Society of Critical Care Medicine of Cordoba, Cordoba, Argentina
- November 1993 VI International Symposium Pan American Trauma Society, San Jose, Costa Rica
- December 1993 International Meeting, Argentina, Society of Critical Care Medicine, Necochea, Argentina
- January 1994 USC Trauma Laparoscopy Course, Los Angeles, California
- February 1994 III International Meeting, Salvadorean and Medical Surgical Societies, San Miguel, El Salvador
- March 1994 I International Course on Trauma Surgery Bolivian Surgical Society, La Paz, and Santa Cruz, Bolivia
- April 1994 II International Congress, Ecuadorean Trauma Society, Quito, Ecuador
- May 1994 35th Annual Meeting, The Society of Surgery of the Alimentary Tract, New Orleans, LA
- May 1994 I International Congress Argentinean Association for the Medicine and Surgery of Trauma Buenos Aires, Argentina
- June 1994 IV International Symposium of Advances and Controversies in Vascular Surgery - Hispanic/American Encounter Bal-Harbour, Florida
- June 1994 I Trauma and Critical Care Symposium of the University of Southern California, Pasadena, California
- August 1994 V Surgical Course, Mexican Association for the Surgery of Trauma, Mexico City, Mexico
- September 1994 65th Argentinean Congress of Surgery, Buenos Aires, Argentina

- August 1995 36th World Congress of Surgery. International Surgical Society, Lisbon, Portugal
- September 1995 American Association for the Surgery of Trauma. 55th Annual Meeting and The Canadian Trauma Society. Halifax, Nova Scotia, Canada
- October 1995 81th Clinical Congress American College of Surgeons. New Orleans, Louisiana
- November 1995 VIII International Symposium Pan American Trauma Society. San Salvador de Bahia, Brazil
- January 1996 The California Trauma Conference. Sacramento, CA.
- January 1996 Annual Meeting Southern California Chapter, ACS. Santa Barbara, CA.
- March 1996 USC Department of Anesthesia Annual Ski and Science Meeting, Mammoth Lake, CA.
- April 1996 XVIII Bolivian Surgical Congress, La Paz, Bolivia.
- May 1996 4th Department of Surgery University of Athens XVIII International Pan-Hellenic Trauma Symposium. Athens, Greece
- May 1996 IX Paraguayan Surgical Congress. Asuncion, Paraguay.
- May 1996 XIX International Advances in Surgery Course. Department of Surgery '12 de Octubre' University Hospital, Madrid, Spain.
- June 1996 III Trauma and Critical Care Symposium of the University of Southern California, Pasadena, CA.
- August 1996 Multidisciplinary Critical Care Board Review Course - Society Of Critical Care Medicine. Minneapolis, MN.

- August 1997 37th World Congress of Surgery. International Surgical Society, Acapulco, Mexico
- September 1997 Third Annual Surgical Review: University of California-Davis. David Grant Medical Center/Travis Air Force Base John Muir Medical Center, Fairfield, California
- September 1997 American Association for the Surgery of Trauma 57th Annual Meeting and the Japanese Trauma Association. Waikoloa, Hawaii
- October 1997 2nd European Congress of Trauma and Emergency Surgery, Athens, Greece.
- October 1997 83rd Clinical Congress. American College of Surgeons. Chicago, Illinois.
- October 1997 I International Congress, Colombian Society of Critical Care Medicine-Atlantic Region Chapter. Barranquilla, Colombia.
- October 1997 The use of Oxandrolone in Surgical Patients. A Scientific Forum. Boston, MA.
- November 1997 X International Symposium. Pan-American Trauma Society. Miami, FLA.
- December 1997 I Trauma Symposium. Rovirosa Hospital. Villahermosa, Mexico
- February 1998 69th Annual Meeting Pacific Coast Surgical Association. Kaanapali Beach, HI
- March 1998 27th Annual Abdominal Surgery Symposium Helsinki University. Helsinki, Finland.
- April 1998 2nd Annual Conference on Emergency Care: Diversity in Practice. Loma Linda University, San Bernardino EMSA and Riverside General Hospital. Riverside, CA.

Tree. Hospital do Meixoiro. Vigo, Spain.

- May 1999 III Annual Kansas Trauma Conference. Department of Surgery, University of Kansas/Via Christi Medical Center, Wichita, Kansas.
- June 1999 12th Annual Meeting Surgical Infection Society-Europe. Oslo, Norway.
- June 1999 49th Scandinavian Surgical Society Biennial Congress, Turku, Finland.
- June 1999 Dallas-Fort Worth Citywide Trauma Symposium, Fort Worth, Texas.
- July 1999 V Summer Congress of Surgery. Dominican Republic College of Surgeons, Santo Domingo, Dominican Republic.
- September 1999 American Association for the Surgery of Trauma 59th Annual Meeting, Boston, Massachusetts.
- September 1999 3rd Annual Max Gaspar Vascular Symposium USC. Pasadena, California.
- September 1999 XII Annual Meeting Spanish Surgical Society, Pamplona, Spain.
- October 1999 85th Clinical Congress. American College of Surgeons, San Francisco, California.
- November 1999 IV International Congress of the Guatemalan Society of Surgical Residents, Guatemala City, Guatemala.
- December 1999 I International Trauma Symposium. Puebla, Mexico.
- February 2000 World Congress of Trauma 2000 – Towards a New Millennium – Society of Surgical Specialists of Jalisco and the University of Guadalajara. Guadalajara, Mexico.

- November 2000 Annual Meeting Toledo Surgical Society. Toledo, Ohio.
- December 2000 17th Annual Controversies, Problems and Techniques in Surgery of the Albert Einstein School of Medicine. New York City, New York.
- December 2000 23rd Annual Meeting of the Region VII Committees on Trauma, American College of Surgeons. Kansas City, Missouri.
- December 2000 Annual Day of Trauma. Philadelphia, Pennsylvania.
- February 2001 VII International Congress Peruvian Surgical Society. II International Congress Peruvian Trauma Society. Lima, Peru.
- March 2001 I International Symposium on Experimental Surgery of the College of Medicine and the General Hospital, Lugo, Galicia, Spain.
- March 2001 International Symposium on Accidents from Prevention to Intervention. Government of the state of Galicia, Santiago de Compostela, Galicia, Spain.
- April 2001 LA Surgical Society, Los Angeles, California.
- April–May 2001 53rd Annual Meeting of the Southwestern Surgical Congress, Cancun, Mexico.
- June 2001 XXXVI International Congress of the European Society for Surgical Research (ESSR) Santiago de Compostela, Galicia, Spain.
- August 2001 39th World Congress International Surgical Society, Brussels, Belgium.
- September 2001 American Association for the Surgery of Trauma 61st Annual Meeting. Seattle, Washington. (Canceled 9/11).
- October 2001 87th Clinical Congress American College of Surgeons. New Orleans, Louisiana.

- July 2003 XV International Meeting of the Federation of Latin American Surgical Societies (FELAC), Panama City, Panama.
- July 2003 XI International Meeting of the Panamanian Surgical Society, Panama City, Panama.
- September 2003 American Association for the Surgery of Trauma, 62nd Annual Meeting, Minneapolis, Minnesota.
- September 2003 International Meeting of the Salvadorian Surgical Society, San Salvador, El Salvador.
- September 2003 International Meeting of the Salvadoreoteran Surgical Society, San Miguel Chapter, San Miguel, El Salvador.
- September 2003 62nd Annual Meeting American Association for the Surgery of Trauma, Minneapolis, Minnesota.
- October 2003 89th Clinical Congress American College of Surgeons, Chicago Illinois.
- November 2003 XXVII International Congress of the Mexican Surgical Society, Veracruz, Mexico.
- November 2003 51st Annual Detroit Trauma Symposium, Detroit, Michigan.
- December 2003 20th Annual California Association of Public Hospitals, San Francisco, California.
- December 2003 University of Kyushu Symposium on Gun Violence, Fukuoka, Japan
- February 2004 Academy for Infection Management Educational Summit Meeting, Berlin, Germany.
- April 2004 II International Congress on Wartime Surgery. Central Military Hospital Republic of Colombia, Bogota, Colombia.
- May 2004 XII International Meeting. Estonian Surgical Society, Tallinn,

- May 2005 IX Annual Kansas Trauma Conference, Department of Surgery, University Of Kansas/Via Christi Medical Center, Wichita, Kansas.
- May – June, 2005 XXVIII International Advances in Surgery Course. Department of Surgery “12 de Octubre” Hospital, Madrid, Spain.
- August 2005 XVI International Congress of the Latin–American Federation of Surgery (FELAC), Cartagena, Colombia.
- August 2005 XXXI Congress of the Colombian Surgical Society, Cartagena, Colombia.
- August 2005 XIII South American Congress of Thoracic Surgery, Cartagena, Colombia.
- September 2005 46th Annual Convention of the Graduate Medical Society of the University of Puerto Rico, San Juan, Puerto Rico.
- September 2005 American Association for the Surgery of Trauma, 64th Annual Meeting, Atlanta, Georgia.
- October 2005 91st Clinical Congress American College of Surgeons, San Francisco, California.
- November 2005 XXIX Congress Mexican Surgical Association.
- November 2005 113th Meeting Western Surgical Association, Rancho Mirage, California.
- November 2005 76th Congress Argentinean Surgical Society, Buenos Aires, Argentina.
- November 2005 32nd Congress Argentinean Cardiovascular Society, Buenos Aires, Argentina.
- December 2005 56th Congress Uruguayan Surgical Society, Punta del Este, Uruguay.

- December 2006 Annual Congress of the Philippine Association of Thoracic and Cardiovascular Surgery, Manila, The Philippines.
- December 2006 Philippine Surgery for Vascular Surgery Annual Congress, Manila, The Philippines.
- April 2007 IV International Trauma Surgery Course Military Hospital of the Nueva Granada Medical School, Bogotá, Colombia.
- May 2007 21st International Meeting of the Japanese Association for the Surgery of Trauma, Chiba, Japan.
- June 2007 XXVI Trauma, Critical Care and Acute Care Surgery Point Counter Point, Atlantic City New Jersey.
- August 2007 42nd World Congress International Surgical Society, Montreal Canada.
- September 2007 66th Annual Meeting American Association for the Surgery of Trauma, Las Vegas, Nevada.
- October 2007 93rd Clinical Congress, American College of Surgeons, New Orleans, Louisiana.
- November 2007 Academy for Infection Management Global Summit, Athens, Greece.
- November 2007 4th Annual Advocate Injury Institute Symposium, Chicago, Illinois.
- December 2007 30th Annual Advances in Trauma Meeting, Kansas City, Missouri.
- March 2008 Academy for Infection Management Regional Summit, Cartagena, Colombia.
- April 2008 VI Annual Miami International Revascularization Summit, Miami Beach, Florida.

Solutions Virginia Commonwealth University / Medical College of Virginia, Richmond, Virginia.

- May 2009 10th European Congress of the European Society of Trauma and Emergency Surgery, Antalya, Turkey.
- October 2009 68th Annual Meeting, American Association for the Surgery of Trauma, Pittsburgh, Pennsylvania.
- October 2009 95th Clinical Congress , American College of Surgeons, Chicago, Illinois.
- October 2009 IX International Inter-University Congress of the Spanish Vascular Surgical Society, Salamanca, Spain.
- November 2009 XXII Pan American Trauma Society Congress, Caracas, Venezuela.
- November 2009 117th Meeting Western Surgical Society, San Antonio, Texas.
- November 2009 60th Uruguayan Congress of Surgery, Montevideo, Uruguay.
- November 2009 121th Meeting, Southern Surgical Association, Hot Springs, Virginia.
- December 2009 32nd Annual Advances in Trauma Meeting American College of Surgeons Committees on Trauma Meeting Region VII, Kansas, City, Missouri.
- January 2010 5th Annual Latin American Medical Student Association (LMSA) Chicago, Illinois.
- April 2010 130th Annual Meeting American Surgical Association, Chicago, Illinois.
- May 2010 XI Congress of the European Society of Trauma and Emergency Surgery, Brussels, Belgium.
- July 2010 XVIII International Congress Dominican Republic Surgical College.

- June 2011 II International Complutense University and the Mutua Foundation Trauma Surgery Course. Madrid, Spain.
- August 2011 East Texas Medical Center. Annual Trauma Symposium. Tyler, Texas.
- September 2011 70th Annual Meeting American Association for the Surgery of Trauma, Chicago Illinois.
- September 2011 Medical University of Graz & European Society for the Trauma and Emergency Surgery. International Association for the Surgery of Trauma and Surgical Intensive Care. Annual Visceral Symposium and Workshop. Graz, Austria.
- October 2011 97th Clinical Congress American College of Surgeons. San Francisco California.
- November 2011 59th Annual Detroit Trauma Symposium. Wayne State University. Detroit, Michigan.
- November 2011 II International Congress on Trauma “Trauma Oggi”. Catholic University of Rome and the Augusto Gemelli University Hospital.
- November 2011 XXIV Theoretical and Practical Course on Trauma Surgery of the University of Bologna Rome, Italy.
- November 2011 Annual International Symposium on Trauma and Gun Violence Prevention. “Stop Gun Caravan National Police”. Tokyo, Japan.
- December 2011 122nd Annual Meeting Southern Surgical Association. Hot Springs, Virginia.
- February 2012 19th Annual Trauma Symposium Memorial Regional Trauma Center, Hallandale Beach, Florida.
- March 2012 American College of Surgeons Health Policy Advisory

Palm Beach, Florida.

- April 2013 American College of Surgeons Health Policy Advisory Council Meeting and the American College of Surgeons Leadership and Advocacy Summit.
- May 2013 XIV Congress of the European Society of Trauma and Emergency Surgery, Lyon, France.
- May 2013 Taif 1st International Trauma and Critical Care Conference. Taif King Abdulaziz University Hospital. Taif, Saudi Arabia.
- August, 2013 International Surgical Society (ISS), Helsinki, Finland.
- August, 2013 International Association for the Surgery of Trauma and Intensive Care (IATSIC), Helsinki, Finland.
- September, 2013 87th Annual Meeting Halsted Surgical Society, Minneapolis, Minnesota.
- September, 2013 72nd Annual Meeting American Association for the Surgery of Trauma, San Francisco, California.
- September, 2013 American College of Surgeons Chicago Committee on Trauma, Chicago, Illinois.
- October, 2013 99th Annual Clinical Congress American College of Surgeons Washington, DC.
- October, 2013 112th Annual Meeting Italian Surgical Society, Torino, Italy.
- October, 2013 4th Annual Dr. MY& Shaheeda A. Ahmed Trauma Symposium, Mercy Saint Vincent Hospital, Toledo, Ohio.
- November, 2013 121st Annual Meeting Western Surgical Society, Salt Lake City, Utah.
- December, 2013 125th Annual Meeting Southern Surgical Society The Homestead, Hot Springs, Virginia.

- July, 2015 Life Science Innovation Conference
Seattle, WA
- July, 2015 X International Trauma and War Symposium, Military
University of Nueva Granada and the Colombian Military
Hospital, Bogota, Colombia
- September 2015 74th Annual Meeting of the American Association for the
Surgery of Trauma. Las Vegas, NV
- September 2015 89th Annual Meeting of the Halsted Surgical Society,
Philadelphia, PA
- October 2015 101st Annual Clinical Congress of the American College of
Surgeons, Chicago, IL
- October 2015 1st Annual Meeting Excelsior Surgical Society, Chicago, IL
- November 2015 III International Vascular and Endovascular Surgery Symposium
of the American British Cowdray Hospital, Mexico City,
Mexico
- Novemer 2015 86th Congress of the Argentinean Surgical Society, Buenos
Aires, Argentina
- November 2015 2015 Trauma Quality Improvement (TQIP) Annual Scientific
Meeting of the American College of Surgeons, Nashville, TN
- December 2015 127th Annual Meeting of the Southern Surgical Association, Hot
Springs, VA
- March 2016 73rd Annual Meeting Central Surgical Association, Montreal,
Quebec, Canada
- April 2016 68th Southwestern Surgical Congress Annual Meeting,
Coronado, CA
- April 2016 136th American Surgical Association's Annual Meeting,
Chicago, IL

- the Surgery of University Surgeons and the Association of Academic Surgeons, Las Vegas, NV. February 7-9, 2017
- March 2017 XLII Annual International Congress of the Mexican Society of Colon and Rectal Surgeons. San Juan del Rio, Queretaro, Mexico, March 28-30, 2017
- April 2017 137th Annual Meeting American Surgical Association, Philadelphia, Pennsylvania, April 20-22, 2017.
- May 2017 XVIII European Congress of Trauma and Emergency Surgery, Bucharest, Romania, May 7-9, 2017.
- June 2017 18th Annual Creighton University Trauma Symposium, Omaha NE
- July 2017 2nd Clinical Congress of the American College of Academic International Medicine, Clearwater Beach, FL
- July 2017 Inaugural Meeting of the Central Surgical Association and Midwest Surgical Association, Chicago, IL
- October 2017 103rd Annual Clinical Congress of the American College of Surgeons, San Diego, CA
- October 2017 3rd Annual Meeting Excelsior Surgical Society, San Diego, CA
- November 2017 Annual Meeting Argentinean Surgical Society –Santiago del Estro Chapter. Santiago del Estero Argentina
- November 2017 14th Annual Advocate Injury Institute Trauma Symposium, Chicago, IL
- January 2018 13th Annual Academic Surgical Congress Combined Meeting of the Surgery of University Surgeons and the Association of Academic Surgeons, Jacksonville, FL. January 30th – February 1st
- March 2018 75th Annual Meeting Central Surgical Association. March 15,

SYNOPSIS OF CURRICULUM

**JUAN A. ASENSIO, MD, FACS, FCCM, FRCS (ENGLAND), KM
VICE-CHAIRMAN AND PROFESSOR OF SURGERY,
CHIEF, DIVISION OF TRAUMA SURGERY & SURGICAL CRITICAL CARE
DIRECTOR OF TRAUMA CENTER & TRAUMA PROGRAM
DIRECTOR, INTERNATIONAL VISITING SCHOLARS/RESEARCH
FELLOWSHIP PROGRAM
DEPARTMENT OF SURGERY CREIGHTON UNIVERSITY SCHOOL OF
MEDICINE
CREIGHTON UNIVERSITY MEDICAL CENTER
PROFESSOR OF CLINICAL & TRANSLATIONAL SCIENCE
DEPARTMENT OF TRANSLATIONAL SCIENCE CREIGHTON UNIVERSITY
SCHOOL OF MEDICINE
ADJUNCT PROFESSOR OF SURGERY, UNIFORM SERVICES
UNIVERSITY OF THE HEALTH SCIENCES, F. EDWARD HEBERT SCHOOL
OF MEDICINE**

BUSINESS ADDRESS

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Division of Trauma Surgery, Surgical Critical Care
and Acute Care Surgery
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Pager Number: (402) 978-0179
Cellular Number: (914) 844-9486 (New York)
(305) 336-5384 (Miami)
(402)676-3369 (Omaha)
E-mail: JuanAsensio@creighton.edu
E-mail: Juan.Asensio@alegent.org

BIOGRAPHIC INFORMATION

PLACE OF BIRTH Havana, Cuba

CITIZENSHIP American

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LICENSES

1. State of Illinois
2. State of Ohio
3. State of Texas
4. State of Pennsylvania
5. State of California
6. State of New Jersey
7. State of Florida
8. State of New York
9. State of Georgia
10. State of Nebraska
11. D.E.A.
12. State of California PA Supervisors License
13. State of New Jersey
Controlled Dangerous Substances
(CDS)

PUBLICATIONS

Peer Reviewed	174
Non-peer reviewed	90
Abstracts	114
Books and Monographs	21
Book Chapters	126
Editorials	3
Letters	4
Total Number of Publications	532

JOURNALS OF PUBLICATION (more notable)

Annals of Surgery
Journal of the American College of Surgeons
American Journal of Surgery
Archives of Surgery
Surgery
Journal of Trauma
American Surgeon
Journal of Gastrointestinal Surgery
World Journal of Surgery
British Journal of Surgery
Injury
Critical Care Medicine
International Journal of Surgery
Journal Royal College of Surgeons
Scandinavian Journal of Surgery
European Journal of Trauma & Emergency Surgery

Experts Publications In Multiple International Journals: 18 countries

England	New Zealand
Spain	Mexico
Finland	Dominican Republic
Norway	Guatemala
Sweden	Costa Rica
Denmark	Colombia
Turkey	Argentina
Japan	Chile
Philippines	Uruguay
Australia	

BOOKS & MONOGRAPHS: 20

1. **Asensio JA, Weigelt, JA.:** Issue editors. Contemporary Problems in Trauma Surgery. Surgical Clinics of North America, Vol. 71, No. 2. W.B. Saunders Co., Philadelphia, PA, April 1991.
2. **Asensio JA, Feliciano D.V., Britt L.D., Kerstein M.D.:** Issue Editors. Management of Duodenal Injuries. Current Problems in Surgery. Wells, SA Jr. Ed. Vol. XXX, No. 11, p1021-1100, Mosby-Yearbook. St. Louis, MO. Nov. 1993.

3. **Asensio JA**, Demetriades D, Berne TV: Issue Editors. Complex and Challenging Problems in Trauma Surgery, Surgical Clinics of North America. Vol.76, No. 4. W. B. Saunders Co., Philadelphia, PA. August 1996.
4. Rodriguez A, Ferrada R, **Asensio JA**, Feliciano DV, and Holguin F. Eds.: Pan American Trauma Society Textbook of Trauma Surgery. Feriva and Co. Cali, Colombia 1997.
5. **Asensio JA**, Demetriades D, Hanpeter D, Gambaro E, Chahwan S: Issue Editors. Management of Pancreatic Injuries. Current Problems in Surgery. Vol. XXXVI, No. 5, p325-420. Wells, SA Jr. Ed. Mosby-Yearbook. St. Louis, MO May 1999
6. Demetriades D, **Asensio JA**: Trauma Management. Landes Biosciences Co, Georgetown, TX 2000
7. **Asensio JA**, Demetriades D, Feliciano DV, Hoyt D: Issue Editors. Vascular Trauma: Complex and Challenging Injuries, Surgical Clinics of North America. Vol.81, No. 6, WB Saunders Co., Philadelphia, PA December 2001
8. **Asensio JA**, Demetriades D, Feliciano DV, Hoyt D: Issue Editors. Vascular Trauma: Complex and Challenging Injuries, Surgical Clinics of North America. Vol. 82, No. 1. W.B. Saunders Co., Philadelphia, PA, February 2002.
9. Khatri V, **Asensio JA**: Operative Surgery Manual. W.B. Saunders Co., Philadelphia, PA, 2003
10. Swadron S, Calder K, **Asensio JA**: Issue Editors. Surgical emergencies in the medical patient. Emergency Medical Clinics of North America. W.B. Saunders Co., Philadelphia, PA, November 2003.
11. **Asensio JA**, Meneu JC, Moreno-Gonzalez E: Trauma, Pathophysiology, Diagnosis and Treatment. Jarpyo Editors, Madrid, Spain, 2005.
12. **Asensio JA**, Demetriades D: Atlas and Textbook of Techniques in Complex Trauma Surgery. W.B. Saunders Co., Philadelphia, PA, 2005.
13. **Asensio JA**, Trunkey DD: Current Therapy of Trauma Surgery and Surgical Critical Care. W.B. Saunders Co./Elsevier, Philadelphia, PA, 2008.

14. **Asensio JA, Trunkey DD. Eds.:** Current Therapy of Trauma Surgery and Surgical Critical Care. 1st Edition (5th Edition). W.B. Saunders Co./Elsevier, Philadelphia, PA 2011
15. **Asensio JA, Feliciano DV, Leppaniemi A, Trunkey DD, Issue Editors:** Vascular Injuries of the Neck, Thoracic Inlet and Upper Extremities. European Journal of Trauma and Emergency Surgery. Springer Medizin/Springer Verlag, Heidelberg, Germany, 2012.
16. **Asensio JA, Feliciano DV, Leppaniemi A, Trunkey DD, Issue Editors:** Vascular Injuries of the Pelvic and Lower Extremity Vessels. European Journal of Trauma and Emergency Surgery. Springer Medizin/Springer Verlag, Heidelberg, Germany, 2012.
17. **Asensio JA, Feliciano DV, Leppaniemi A, Trunkey DD, Issue Editors.** European Journal of Trauma and Emergency Surgery: Newer Approaches, Techniques and Complications in Vascular Injuries. European Journal of Trauma and Emergency Surgery Springer Medizin/Springer Verlag, Heidelberg, Germany, 2013.
18. **Cioffi W, Asensio JA, Adams CA, Biffl W, Britt LD, Connolly MD, Jurkovich GJ. Eds.:** Current Therapy of Trauma Surgery and Surgical Critical Care. 2nd Edition (6th Edition). W.B. Saunders Co./Elsevier, Philadelphia, PA, 2015.
19. **Petrone P, Asensio JA, Marini CP: Issue Editors.** Current Problems in Surgery. Management of Accidental Hypothermia and Cold Injury Vol LI, No. 10, P 417-431, Mosby Yearbook. St. Louis, MO, October 2014
20. **Asensio JA, Trunkey DD:** Current Therapy of Trauma Surgery and Surgical Critical Care. 2nd Edition (6th Edition) W.B. Saunders Co/Elsevier, Philadelphia, PA, 2015.
21. **Petrone P, Asensio JA, Marini CP: Issue Editors.** Diaphragmatic Injuries and Post-Traumatic Hernias. Current Problems in Surgery. Vol. LIV, No. 1, p.1-32, Mosby Yearbook. St. Louis, MO, November 2016.
22. **Asensio JA, Trunkey DD:** Current Therapy of Trauma Surgery and Surgical

Critical Care. 3rd Edition (7th Edition) W.B. Saunders Co/Elsevier, Philadelphia, PA, 2020.

TEXTBOOKS

Contributor to Major Textbooks in Surgery

- Current Therapy of Trauma and Surgical Critical Care
- Shackelford's Textbook of Surgery
- Cameron Current Surgical Therapy
- Trauma
- Textbook of Penetrating Trauma
- Complications in Trauma and Critical Care
- Advances in Trauma and Critical Care
- Surgical Clinics of North America-4
- Emergency Medicine Clinics of North America-1
- Critical Care Medicine
- Critical Care Clinics of North America
- Trauma: Contemporary Principles and Therapy
- Trauma
- Emergency Surgery Textbook
- Emergency Surgery Manual. A Guide for the Acute Care Surgeon
- Issue Editor Surgical Clinics of North America – 4
- Issue Editor Emergency Medicine Clinics of North America – 1
- Current Problem's in Surgery-4
- Surgical Decision Making

VISITING PROFESSORSHIPS

Europe, North, Central and South America, Asia, Australia, New Zealand and Africa

International	85
National	83
Visiting Lectureships International	159
National Presentations	283
Total Number of Presentations	> 1,500

SURGICAL SOCIETY MEMBERSHIPS: 81

Multiple Honorary Memberships and International corresponding memberships throughout the world.

CONSULTANTSHIPS, EDITORIAL BOARDS AND JOURNAL REVIEWS

National and International 42

GRANTS: 13

Total Grant Funding Including NIH -\$3,901,139.99

Grants Submitted

1. SBIR Grant NIH -\$1,500,000.00
2. An Active Hemostatic Clamping
Device for Bloodless Surgery in Trauma
Letter with intent to fund received -\$1,500,000.00

HONORS (See CV)

- Alpha Omega Alpha (AOA) Honorary Medical Society
- Recipient Multiple Teaching Awards from
 - Surgery Residents
 - Entire 3rd and 4th year classes of Medical Schools
- Recipient Multiple Humanitarian for the Year Awards
- Recipient Gold Medal of the Mutua Foundation for Academic Achievement from the King & Queen of Spain
- Recipient Order of Merit of Colombia for Meritorious Services Rendered to the Colombian Military and The Country of Colombia
- Sovereign Military Hospitaller Order of St. John of Jerusalem of Rhodes and of Malta (Knights of Malta) Knights of Magistral Grace.
 - Admitted into the order June 25, 2014
 - Knighted Saint Patrick's Cathedral, New York City, New York November 13, 2014

Trauma Surgery Fellows Trained: 67

International Visiting Scholars/Trauma Research Fellows Trained: 120
55 different
countries

Director and creator of the International Visiting Scholars/Trauma Research Fellows Program at the University of Southern California Keck School of Medicine and University of Medicine and Dentistry of New Jersey at Newark and the University of Miami Miller School of Medicine, Miami, Florida.

TRAUMA OUTREACH PROGRAM

Trauma Prevention

- Director and creator of the Trauma Outreach Program
- Presented to over 18,000 students, teachers, physicians, executives, community and political leaders
- Over 70 documentaries in National and International TV, Newspaper Articles and Radio interviews

Navy Trauma Training Center

Instrumental in bringing the Navy Trauma Training Program to the University of Southern California. Keck School of Medicine. Leadership role and the training of medical teams deployed to the Iraq and Afghanistan as well as other low intensity conflicts.

Army Trauma Training Center

Leadership role and the training of medical teams deployed to the Iraq and Afghanistan as well as other low intensity conflicts. Army Training Trauma Center Program of the University of Miami Miller School of Medicine.

International Medicine Institute University of Miami Miller School of Medicine

Distinguished Senior Visiting Surgeons Program-Joint Program of the United States Armed Forces and the American Association for the Surgery of Trauma-AAST. Landstuhl, Germany.

Masters of Trauma Surgery Annual Course-Creator and Director

Updated: November 7, 2018

BIOGRAPHICAL SKETCH

JUAN A. ASENSIO, MD, FACS, FCCM, FRCS (ENGLAND), KM

Dr. Asensio is a native of Havana, Cuba. At the age of 13, he immigrated to Chicago, Illinois, where he completed his undergraduate education with a double major at the University of Illinois, and subsequently went on to Rush Medical College of Rush University where he completed the requirements for his medical degree. He completed his surgical residency at Northwestern University in Chicago and undertook further post-graduate surgical training at the Medical College of Ohio. He then completed a fellowship in Trauma Surgery, and Surgical Critical Care at the University of Texas Health Sciences Center/Southwestern Medical School-Parkland Memorial Hospital in Dallas Texas. His specialty is Surgery and his sub-specialties are Trauma Surgery and Surgical Critical Care. He is double board certified in Surgery and Surgical Critical Care and is a fellow of the American College of Surgeons.

Dr. Asensio currently serves as Professor and Vice-Chairman of the Department of Surgery of Creighton University (With Tenure). He has been tenured at four other universities. He is also the Chief of the Division of Trauma Surgery and Surgical Care. He is also the Director of the Trauma Center and Trauma Program at Creighton University Hospital. He is the Professor of Clinical & Translational Science Creighton University Medical School. He is also appointed as Professor of Surgery Adjunct, Uniform Services University of the Health Sciences (USUHS), F. Edward Hebert School of Medicine, Bethesda, Maryland.

Dr. Asensio is a member of the Alpha Omega Alpha (AOA) Honorary Medical Fraternity. He served as Vice-Chairman of the Committee on Trauma of the Southern California Chapter of the American College of Surgeons and as such, he has participated in the National Committee on Trauma of the American College of Surgeons. He was a member of the International Relations Committee of the American College of Surgeons where he held the position of Chairman of the International Scholars Selection Committee for two years. He holds membership in more than 81 professional Societies and is currently a Fellow of the American College of Surgeons (FACS) and a Fellow of the American College of Clinical Care Medicine (ACCM), a Fellow of the American Association for the Surgery of Trauma (AAST), where he has participated in multiple committees and Chaired the International Relations Committee of this Society. He is a Charter Member of both, the Eastern Association for the Surgery of Trauma (EAST) and the Panamerican Trauma Society (PTS). He is a member of the International Association for the Surgery of Trauma and Intensive Care (IATSIC), the American Burn Association (ABA), the Association for Academic Surgeons (AAS), the Society of University Surgeons (SUS), the Society of Critical Care Medicine (SCCM), International Surgical Society (ISS), Western Surgical Association (WSA), Southern Surgical Association (SSA), Central Surgical Association (CSA), Pacific Coast Surgical Association (PCSA), Association for Surgical Education (ASE) as well as the Society for Surgery of the Alimentary Tract (SSAT), Southwestern Surgical Congress (SWSC), Southeastern Surgical Congress (SESC), International Society for Digestive Surgery (ISDS), Surgical Infection Society (SIS), the American Association for Vascular Surgery (AAVS), Society for Vascular Surgery (SVS), the Society for Clinical Vascular Surgery, the International Society for Cardiovascular Surgery (ISCVS), the Eastern Vascular Society (EVS), New England Vascular Society (NEVS),

Updated: November 7, 2018

Biographical Sketch

Juan A. Asensio, MD, FACS, FCCM, FRCS (ENGLAND), KM

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Shock Society, the Ambrose Pare and the Excelsior Surgical Societies, and many other prestigious surgical societies. He is also an Honorary Member of many International Surgical, Trauma Surgical and Critical Care Societies from Europe, North, Central South America and Asia. He has received Honorary Fellowship from The Royal College of Surgeons of England. He is an honorary member of the Royal Spanish Academy of Medicine as well as the Argentinean and Mexican Academies of Surgery.

Dr. Asensio is both, a national and an internationally recognized expert in the field of Trauma Surgery. His area of focused study and expertise is surgical techniques and outcomes for Difficult Injuries and Difficult Problems in Trauma Surgery. His main interests are cardiovascular, thoracic, and complex abdominal and peripheral vascular injuries. He has published extensively in these areas. He has a total of 532 publications including peer-reviewed articles, book chapters and 22 books and monographs including 4 issues of the Surgical Clinics of North America and one issue of the Emergency Medicine Clinics of North America. His h-Index is 57. He has lectured extensively nationally and internationally in Europe, North, Central and South America, Asia, Africa and Australia and New Zealand and has been an invited Visiting Professor at many prestigious institutions. He has received multiple teaching awards from medical students, residents, fellows and surgical societies nationally and internationally. His expertise and operative skills have been the subject of many documentaries and programs including a 60 Minutes program with Dan Rather, a two hour documentary about his life on the Discovery Health Channel titled "Medical Maverick" as well as another Discovery Special titled "Surgery Saved My Life - Battlefield Miami".

Dr. Asensio's social conscience led him to be involved and concerned with the impact of violence in youth, and frequently addresses audiences nationally and internationally regarding urban violence prevention and education. His efforts in Trauma prevention have been recognized widely in many national and international documentaries, films and newspaper articles. He has received multiple Humanitarian of the year awards and commendations including commendations from the Governor and Lieutenant Governor of the State of California, the District Attorney of Los Angeles, the Los Angeles Board of Supervisors and the Los Angeles City Council. Recently he was awarded the Gold Medal of the Mutua Scientific and Philanthropic foundation of The Kings of Spain for his scientific work in difficult injuries and difficult problems in Trauma Surgery, shock and exsanguination, for his defense of human rights and Trauma Prevention efforts by both the King and Queen of Spain. In 2011, he was awarded the Order of Merit of Colombia for Meritorious Services Rendered to The Colombian Military and The Country of Colombia. As well as, in 2015, The Military Order of Merit of Columbia for Bravery and Services rendered to the Colombian Military, The Colombian Military Hospital and the Country of Colombia.

Dr. Asensio's initiatives played a strong role in the American College of Surgeons Committee on Trauma/Prevention subcommittee in the developing of a trauma prevention program and the future of Trauma Prevention post-graduate course. The Trauma Outreach Program is one of

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the few recognized and listed by the American Association for the Surgery of Trauma (AAST). He was named to serve in the University of Southern California Multidisciplinary Trauma Prevention Initiative.

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The Trauma Outreach Program has been requested to serve as a model by many Divisions of Trauma and Department's of Surgery in the US, Spain, Finland, Australia, Mexico, Colombia, Argentina and Panama. It serves as the model for the Pan American Trauma Society. Dr. Asensio's special interests are Korean Martial Arts: Tae Kwon Do, Hap Ki Do, Kung Jung Mu Sool and Scuba Diving–Wall Diving, Deep Diving and Wreck Penetration. He has been named as one of the hundred most influential Hispanics in the USA, as well as, a Lifetime Member of Who is Who in America.

Dr. Asensio has also served in the Distinguished Visiting's Surgeons Program, a joint program of the United States Armed Forces the American College of surgeons and the American Association for the Surgery of Trauma-AAST operating on wounded casualties from both the Afghanistan and Iraq wars in Landstuhl Army Regional Medical Center, Germany. He is the Creator and Director of the Annual Masters of Trauma Surgery Course. He has received millions of dollars in NHI, DOD, DOT and multiple other grants. He is a nationally and internationally renowned surgeon and holds Knighthood in the Sovereign Military Hospitaller Order of Saint John of Jerusalem Rhodes and Malta- "The Knights of Malta" for his contributions to Humanity, Science and Human Rights.

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