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My three sons

Army Medicine thanks an Army family for its service

By Ronald Wolf
U.S. Army Medical Command

Military service for many Families is a strong and patriotic tradition. Today, as we near Father's Day, Army Medicine wants to thank one of its great Families. Retired Lt. Col. Brett J. Kelly, wife Kathy, and their family are entitled to have an abundance of pride this weekend.

Brett and Kathy Kelly have three sons serving as physicians or entering medical school as part of the Army Medicine team.

Capt. Connor Kelly, the oldest son, is finishing his first-year emergency medicine residency at Madigan Army Medical Center.

Son number 2, 2nd Lt. Ethan Kelly is starting his 4th year of medical school at Medical College of Wisconsin under a scholarship with the Army Health Professions Scholarship Program.

Youngest son Grant Kelly has been awarded his first choice, which is Army, at the Uniformed Services University (USU) of the Health Science for the upcoming medical student class in the fall of 2021. He will be leaving for officer basic training during the summer of 2021.

The Kelly family takes great pride not only in having three future doctors but also for having three sons who will be serving their country as Army medical officers.

"It is a complete family event," said Brett Kelly, a retired Army pharmacist. He will have the honor of swearing in all three of his sons as Army officers. In addition, Kathy Kelly is a retired civilian Army pharmacist as well.

All three Kelly sons were born at military medical facilities. Connor at Landstuhl Army Medical Center, Germany; Ethan at Brooke Army Medical Center; and Grant at Luke Air Force Base.

In August, Brett, Kathy, Connor, and Ethan plan on attending the "white coat ceremony" at USU for Grant. The white coat ceremony is a tradition for most medical students. During the ceremony, a white coat, similar to that you have seen many medical professionals wear, is donned by each student entering medical school. The Hippocratic Oath is then recited, marking the beginning of the medical professional's career.

Service from multiple family members

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(U.S. Army photo by Spc. Chad Tramel)

Cpl. Michael Demercede (left) and Cpl. Desiree Demercede (center), 215th Area Support Medical Company, work on a patient during the Global Medic exercise June 12, 2021 at Fort Hunter Liggett, California. Global Medic is a multi-component exercise developed by Army Reserve Medical Command that simulates medical scenarios in a battlefield setting.

Married medics promoted into same National Guard unit on same day

Story by Spc. Chad Tramel
120th Public Affairs Detachment

Many people say that everything happens for a reason. The statement proved true for a married couple who happened to be promoted into the same Indiana Army National Guard unit on the same day.

Corporals Michael and Desiree Demercede are combat medic specialists with the 215th Area Support Medical Company, based in Franklin.

Desiree, originally from Switzerland, moved to Minnesota in 2011 to live with her dad. She stayed

and graduated from high school there, then joined the Minnesota Army National Guard after.

"The fact that I lived in a different country is what pushed me to do something like that," Desiree said. "The U.S. gave me a lot when I first came here, and I wanted to give back."

Michael, originally from Munster, took a gap year after his high school graduation to figure out what he wanted to do before deciding that he wanted to join the armed forces.

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USAMRDC, Secret Service test prolonged field care technology

By Ramin Khalili

Medical Research and Development Command

As the U.S. military continues efforts to identify and neutralize a number of evolving threats to the Warfighter, the deployment of advanced technology likewise continues to play an outsized role in that process. For the U.S. Army Medical Research and Development Command's Medical Simulation and Information Sciences Research Program, that effort extends far beyond the boundaries of the Command and into the larger federal footprint. On June 11, as part of a cooperative effort with the U.S. Secret Service, MSISRP completed delivery of the SUSTAIN prolonged field care device as part of an attempt to glean real-world insight into a potential life-saving technology.

"We need to find ways to better train for prolonged field care situations," says MSISRP Senior Program Manager Frank Karluk. "So in many

ways we're seeking to answer a basic question [with this technology] – when there's no evacuation, what do we do?"

From that perspective, the pairing with the Secret Service functions as a test drive of sorts, whereby new recruits can learn standard medical training and lifesaving skills via the SUSTAIN device – which is comprised of both a computer-activated manikin and an accompanying tablet-based software system – with Secret Service instructors then relaying those real-world results back to USAMRDC. MSISRP decided to partner with the USSS following a site visit to their Maryland-based training facility by MSISRP portfolio manager Dr. Darrin Frye earlier this year.

"[We] wanted to try and figure out how we could help other agencies – not just DOD agencies – do their training because their instructors are delivering almost identical training as the Soldiers, Sailors, Marines and Airmen are [receiving]," says Karluk.

"As our staff grows, we're trying to make an effort to basically bump-up the training – make it a little bit more hands-on, a little bit more tactile," says Barry Frasier, a USSS Emergency Services Specialist who will be charged with putting the device through its paces. "[We want] our people to perform the medical

skills instead of sitting in a classroom."

From MSISRP's perspective, the interagency deployment of the SUSTAIN aids in the teaching of core skills related to successful prolonged field care, and also furthers the military's goal of using medical simulation technology to help refine those same skills – both of which are key tenets of the military's medical infrastructure moving forward. The manikin itself is referred to as the Modular Healthcare Simulation Education System; which is, to be technically accurate, less a manikin and more an interchangeable system allowing compatible plug-and-play peripherals (or, life-like limbs) to communicate with a central computerized brain. The MoHSES is a self-standing effort previously funded by MSISRP (and in turn created at the University of Minnesota) that is then paired with the software system, which was developed by New Mexico-based Applied Research Associates to form the complete SUSTAIN system. While the software – which is essentially a video game – teaches users how to care for casualties over the course of several days in a virtual environment, the MoHSES teaches users how to apply those skills in the real, physical world. The life-like manikin then relays to a computer whether or not the user diagnosed (and then treated)

the casualty correctly – documenting everything from correct tourniquet application to proper treatment of a collapsed lung.

"We can let you learn the protocol, let you learn the steps you should take and then put you in front of a manikin and say, now do it for real," says Karluk.

For that reason, Frasier – a former Air Force medic – plans to use the system for his upcoming paramedic courses and a slew of Law Enforcement Responder courses; the latter of which is similar in tone and structure to the Army Combat Lifesaver Course. Just as the military envisions prolonged field care as long-term medical care to be deployed if evacuation from a given combat zone is not possible for several days, the USSS similarly plans to deploy such skills during shelter-in-place situations when (and if) agents encounter similar aggression during their duties. Indeed, those similarities were the driving force behind the effort in the first place.

"A lot of the training in the past has been done [via classroom learning] historically because the simulation tools just weren't there," says Frasier, noting the SUSTAIN offers a variety of training options. "But in the past couple years what we've been doing is moving more and more into that direction."

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(Photo by Ramin A. Khalili, USAMRDC Public Affairs)
MSISRP Senior Program Manager Frank Karluk explains the features of the SUSTAIN prolonged field care product in a classroom at the U.S. Secret Service training facility in Beltsville, Maryland, on June 11.

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Naval Submarine Medical Research Laboratory celebrates 75 years of undersea medical research excellence

Courtesy Story

Naval Medical Research Center

GROTON, Conn. (NNS) Naval Submarine Medical Research Laboratory (NSMRL) celebrated 75 years of service with a dedicated ceremony at the Submarine Force Library and Museum near Naval Submarine Base, New London on June 30.

NSMRL began as the medical research section of the Submarine Base Dispensary before it gained formal command status under the Bureau of Medicine and Surgery (BUMED) on June 25, 1946. Today, the lab has grown to a state-of-the-art facility focused on the protection and enhancement of force health and performance through focused submarine and diving research solutions.

Back-dropped by the historic USS Nautilus submarine and the Thames River the event featured a reading of the official proclamation signed by Governor Ned Lamont that declared June 25, 2021 Naval Submarine Medical Research Laboratory Day. In recognition of the 75th anniversary, a congressional record was delivered and addressed to the command.

The ceremony highlighted the command's history, accomplishments, and legacy of innovation in the field of undersea biomedical research and featured U.S. Navy Surgeon General and Chief, BUMED Rear Adm. Bruce Gillingham as a keynote speaker.

"It was an honor to be here in Groton to celebrate Naval Submarine Medical Research Laboratory's 75 years of medical research excellence conducted in support of Submariners and divers," said Gillingham. "The medical research conducted here both in the past and continuing to today is truly a demonstration of the projection of medical power in support of naval superiority."

Led by NSMRL Commanding Officer, Capt. Katherine Shobe, the event also welcomed the commanders of Naval Medical



(U.S. Navy photos by Mass Communication Specialist 2nd Class Tristan B. Lotz/Released)

Distinguished guests and participants in the 75th anniversary celebration of the Naval Submarine Medical Research Laboratory (NSMRL) cut a cake inside the Submarine Force Museum to mark the occasion. Connecticut Governor Ned Lamont proclaimed June 25 NSMRL Day to honor the laboratory's contributions to science, the U.S. Navy, and the nation. Pictured from right to left are: U.S. Navy Surgeon General and Chief, Bureau of Medicine and Surgery Rear Adm. Bruce Gillingham; District Director Ayanti Grant for U.S. Rep. Joe Courtney (2nd-Conn.); Brig. Gen. Katherine Simonson, Deputy Assistant Director for Research and Development, Defense Health Agency; NSMRL Commanding Officer Capt. Katharine Shobe; Commander, Naval Medical Research Center, Capt. William Deniston; Commander, Naval Medical Forces Pacific, Rear Adm. Timothy Weber; and, Executive Director Bob Ross of the State of Connecticut Office of Military Affairs.

Forces Pacific and Naval Medical Research Center, former commanding officers and staff and senior members from the submarine and medical research communities.

"NSMRL's 75th anniversary gave us the opportunity to reflect upon the lab's long and distinguished history conducting medical health research in support of our submarine and diving communities. It was a pleasure to welcome so many distinguished guests to celebrate with us—at the ceremony itself, and also back at the lab where our talented researchers demonstrated our

current programs and capabilities," said Shobe.

After the formal ceremony, NSMRL unveiled a new exhibit in the museum highlighting the history of the lab over its three quarters century existence. Guests also viewed a series of posters highlighting NSMRL's current research programs.

Located at the Naval Submarine Base New London, NSMRL's mission is to sustain the readiness and superiority of our undersea warriors through innovative health and performance research.



Navy Band Northeast performs at the celebration held on the pier for Historic Ship Nautilus (SSN 517) at Submarine Force Museum. NSMRL began in 1942 as the Medical Research Section of the Naval Submarine Base New London Dispensary, and in June 1946, it formally gained command status as the Medical Research Laboratory, under the management of the Bureau of Medicine and Surgery.

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Retinopathy of prematurity

Important focus for military eye doctors

By Thomas Walsh
Military Health System

Military medical professionals are often tasked with helping people who are in the physical prime of their lives: Otherwise fit young women and men who become injured or ill. But a small group of doctors and nurses tend to the most physically vulnerable of military family members - premature babies.

Among that group of infants, those born weighing under three pounds are at a significant risk of retinopathy of prematurity (ROP), a potentially blinding disease. Those at risk for ROP must be evaluated from a certain point in their development until the determined danger period passes.

ROP is an eye disorder caused by abnormal blood vessel growth in the light-sensitive part of the eyes (retina) of premature infants born before the 31st week of pregnancy (seven to 10 weeks early). In most cases, ROP resolves itself without treatment. But advanced ROP can cause permanent vision problems such as detached retinas, leading to blindness.

"We would call retinopathy of prematurity a high-risk, low-volume ophthalmology disease," said Navy Capt. (Dr.) Lisa Peterson, a pediatrician at the Naval Medical Center San Diego (NMCS) in California and neonatology specialty advisor for the Navy's Bureau of Medicine and Surgery. "Generally, we're looking at babies born before 30 or 31 weeks of gestation. That population nationwide is about 1.4 or 1.5 percent of all births. ROP is definitely low-volume, but because of the severity, without adequate tracking and detection and treatment, it could lead to blindness."

Military Health System pediatric ophthalmologists and vision care service coordinators are increasingly paying attention to the risk of ROP because of a marked decrease in troops with eye injuries compared to the height of the wars in Iraq and Afghanistan. But perhaps there's an even more practical reason to stay on top of diseases affecting premature babies, or preemies.

"Soldiers are having babies left and right," said Army Col. (Dr.) Frank Valentin, pediatric ophthalmology chief at the Brooke Army Medical Center at Fort Sam Houston, Texas.

Numbers have gone down since the COVID-19 pandemic began, but in 2018, there were 36,000 births across the Department of Defense (DOD), he said. In 2017, there were 39,000; 43,000 in 2016; and 45,000 in 2015.

"If we take care of our military families with the highest quality of care, with excellence, our warriors can focus on the mission and worry less for their



(U.S. Navy photo by Mass Communication Specialist Seaman Luke Cunningham)

Robyn Berryman, a neonatal nurse practitioner assigned to Naval Medical Center San Diego's (NMCS) Neonatal Intensive Care Unit (NICU), conducts a morning assessment on an infant in the hospital's NICU Sept. 15. NMCS's NICU specializes in the care of ill or premature newborn infants. The coronavirus (COVID-19) pandemic has changed the way many facets of healthcare are conducted, and NMCS's NICU has adapted some of their techniques and practices to keep both staff and patients safe while delivering the high-quality healthcare they've come to expect. NMCS's mission is to prepare service members to deploy in support of operational forces, deliver high quality healthcare services and shape the future of military medicine through education, training and research. NMCS employs more than 6,000 active duty military personnel, civilians and contractors in Southern California to provide patients with world-class care anytime, anywhere.

loved ones back home," he said.

Peterson agrees.

"For families, it's not simple," she said. "They not only have the stress of a new baby at home, but also a new baby who has multiple chronic conditions from being in the NICU and being extremely premature, and sometimes navigating a health system. And all of that can be difficult on its own."

But within MHS treatment facilities, the process works well, she added.

"As a multi-disciplinary process, it's really due to the dedicated professionals going above and beyond, tracking these patients, and ensuring that they meet their follow-up (appointment) every time," said Peterson. "Military hospitals are really in close proximity. Most of the time, the inpatient and outpatient locations are on the same base.

That, she added, leads to a continuity of care that makes it more seamless to determine if there is any cause to follow up. "In addition, we have social workers

and discharge planners who stay on top of the appointments, and our follow-up clinics are in close contact with the NICU (neonatal intensive care unit)."

When a patient sees a civilian doctor for outpatient treatment, or when a family moves across the country after just one follow-up visit, for example, continuity of care can be lost. Missing even one appointment for a baby at risk of ROP can lead to a heartbreaking outcome.

About 14,000 of the approximately 3.9 million babies born each year are affected by ROP, Valentin said, and 90 percent of those have a mild form of the condition and get better on their own. But about 1,000 to 1,500 develop severe ROP, and some 400 to 600 of those go legally blind.

The MHS is transitioning to MHS GENESIS, a new, modern electronic health record. As part of the consolidation process, a registry for ROP patients is in process.

"With the Defense Health Agency's Vision Center of Excellence and the vision care service coordinators, we're looking at coordinating care not just within the military system, but of all military beneficiaries and the medical care provided both by military hospitals as well as civilian hospitals," she said. "A registry that would include all of the beneficiaries (and) ID them based on risk. It's in the development stage, but we would use that data to ensure they are meeting the outpatient follow-up requirements."

She explained the registry would track ROP appointments and identify if an appointment is missed to ensure a follow-up appointment.

"Within (DHA), the clinical communities are already doing the programming for the registries," she said. "A couple have already kicked off."

It will be a matter of weeks before initial programming is done for all the registries, she said.

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



(U.S. Army photo by Spc. Chad Tramel)

Cpl. Desiree Demercede (center), 215th Area Support Medical Company, works on a patient during the Global Medic exercise June 12, 2021 at Fort Hunter Liggett, California. Global Medic is a multi-component exercise developed by Army Reserve Medical Command that simulates medical scenarios in a battle-field setting.

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

simultaneously comes from a deep family commitment to both service and medicine. The family is the strength of the Army. Our nation holds the fathers (and mothers) who have served the Nation with dignity and honor, putting the needs of their fellow Soldiers, Sailors, Airmen, Marines, and Coast Guardsmen ahead of their own. The Kelly family is very proud of their children who each serve with professionalism and distinction. Army Medicine wants to thank the Kelly family to its commitment to service and to Army Medicine. Happy Father's Day!



(Photo by Ronald Wolf, U.S. Army Medical Command)

The Kelly family tailgating at Iowa vs. Wisconsin Football Game. The three Kelly sons are all undergrad graduates of University of Wisconsin at Madison and either are or in training to be Army physicians. The back row (left to right) Connor Kelly, Ethan Kelly, Grant Kelly; front row (left to right) Hannah Kelly, Kathy Kelly, and Brett Kelly.

"I actually talked to an Army recruiter about joining the Marines, because I had no idea there was a difference," Michael said.

The two met during their advanced individual training at Fort Sam Houston, Texas in July 2018 after their respective basic individual trainings.

"I ended up having a wisdom tooth issue at reception," Michael said. "When I landed, I was good, and then I woke up with the worst pain in my mouth ever."

Michael had to have the tooth removed and then recover from the surgery before starting basic training, ultimately not training with the original group he arrived with.

The two graduated from their advanced training in November 2018 and traveled back to their respective Midwestern homes, initially planning to meet up again during the holidays.

"About two weeks later, she sends me a text saying that she's about to buy a bus ticket to come see me for a couple days," Michael said. "I pick her up and instead of staying for a couple days, she ends up staying for a whole week."

These back-and-forth bus trips lasted until March 2019 when they decided to marry and Desiree moved in with Michael.

During this time, Michael learned that his unit, the 113th Engineer Battalion based in Gary, would be deploying that year. During one drill, Michael's first sergeant asked him what he could do to convince him to join the deployment.

"I was like, 'let me bring my wife with me,'" Michael said. "Because I thought it wasn't going to happen."

Michael's first sergeant agreed, and Desiree conducted an interstate transfer to Indiana to join the 113th's deployment to the Middle East.

After the deployment and using up their accrued leave, the two were activated for more military orders.

Desiree assisted at a long-term care facility amid the COVID-19 pandemic, while Michael worked at the Hoosier Youth Challenge Academy assisting at-risk youth between the ages of 16 and 18.

Around the start of 2021, the two each received calls from the 215th, informing them that they were both being promoted into their unit.

"We've been told that we were like the unicorn around here," Michael said.

Shortly after joining the 215th, the two traveled with the unit to Fort Hunter Liggett, California to participate in the annual Global Medic training event.

"I've learned so much," Desiree said. "It's been great getting to know these noncommissioned officers and getting advice from them has been really helpful in building me as a noncommissioned officer."

Michael agreed. "This is my first time working with a team of medics and doctors," Michael said. "It's a new area for me, so I'm getting used to it, and I appreciate the opportunity to explore more of my field."



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(US Air National Guard Photo by Senior Airman Dan Farrell)

New York Air National Guard Lt. Col. Steven "Doc" Rush, commander of the 106th Medical Group, administers the oath to Dr. David M. Feldman, age 62, who was commissioned as a lieutenant colonel in the 106th Rescue Wing at Gabreski Air National Guard Base on May 25, 2021. The wing worked to get a waiver for Feldman's ago to allow the experienced doctor to become a flight surgeon.

62-year old MD realizes dream of being military doctor in NY Air Guard

By Airman 1st Class Daniel Farrell
New York National Guard

F.S. GABRESKI AIR NATIONAL GUARD BASE, WESTHAMPTON BEACH, N.Y. — Dr. David Feldman, a 62-year old New York City gastroenterologist and private pilot, is now also Air National Guard Lt. Col. David Feldman.

"Joining the military was a lifelong dream," Feldman said. "But it was something I never had time for."

Feldman took the oath during a ceremony on May 25, but getting to that point took some doing.

Feldman said he decided he had time to become a military doctor when he was 59. He applied to join, but his application process met some challenges.

About a year later, Feldman reached out to the c and Lt. Col. Stephen "Doc" Rush, the 106th Medical Group commander.

"I met Col. Rush and it seemed like a great fit," Feldman said. "The comradery was there. And the mission of the group really appealed to me."

But because Feldman was 62, Air Force rules stood between him and a uniform. Rush didn't want that to stand in the way.

"Here is an American that wants to raise

his hand, wear the uniform and we don't get doctors left and right," Rush said. "He's a civilian flight surgeon, he's a pilot, he's a good doctor."

So Rush turned to 106th Rescue Wing Director of Staff Col. Charles Killian to find a way to make Dr. Feldman, Lt. Col. Feldman.

Killian started combing through Air Force instructions on age waivers and working with experts at National Guard Bureau.

The accession "was a herculean effort of superb collaboration from start to finish," Killian said.

The 106th requested an exception to policy.

Killian said after four months of coordination with Lt Col. Jennifer Norwood at the National Guard Bureau Officer Branch, the accession of Feldman was complete.

Feldman is slated to complete two to three months of officer training and flight surgeon training. "We are grateful to have someone with his immense wealth of experience join the Air National Guard to make a difference with the 106th Rescue Wing," according to Rush.

Military dental team brings a smile to Morocco

By Tech. Sgt. Annie Edwards
Southern European Task Force Africa

Six U.S. military dentists and seven technicians are working along side Moroccan military dentists to provide dental care to the local community at the Military Medical Surgical Hospital in Tafraoute, Morocco June 7-17 during African Lion 2021.

During clinic operations, the dental team extracts teeth and performs restorative work, as well as some cleanings. The dentists treat approximately 150 patients each day, pull 150-200 teeth, fill 75-100 cavities and provide approximately 15 cleanings.

"Participating in this humanitarian mission is a great opportunity to collaborate with the country of Morocco, while providing treatment," said Lt. Col. Paul Anderson, a dentist with the 151st Medical Group.

For past African Lion exercises, the dental team only performed extractions, but this year they have been able to provide additional care.

"We're doing a little bit of everything here, including providing education and preventative care, as well as addressing immediate concerns," said Master Sgt. Bethany Blevins, a dental technician with the 173rd Medical Group, Oregon Air National Guard.

During past exercises, Anderson said dental has relied on equipment brought by the U.S. military. This year, a Moroccan company, donated dental supplies and provided equipment, including portable dental units, chairs, and lights for use during AL21. The company also supplied two repair technicians to maintain the equipment.

In addition to providing real world care during AL21, Anderson said he has also focused on training for the dental team. This gives the dental technicians the chance to improve their skills and learn new techniques.

"This is a great training experience because we get to use all our skills," said Blevins. "We don't do any treatment on our drill weekends, so this allows us to use all of our training to its maximum potential and reinforce what we originally learned."

The U.S. military dental section includes Army National Guard soldiers from Utah, Georgia, and New Jersey, as well as Airmen from the Air Force Reserve and the Utah and Oregon Air National Guard.

U.S. Army Lt. Col. Marcus Wisner, a dentist with the Utah National Guard, said that not only does the exercise provide humanitarian service to the people of Morocco and strengthen the partnership between the the two countries, it gives the Army and Air Force the opportunity to work more closely together. Additionally, he hopes this will allow for continued cooperation



(U.S. Air National Guard photo by Tech. Sgt. Annie Edwards)

U.S. Army Lt. Col. Marc Wisner, a dentist with the Utah Army National Guard, performs dental work on a patient on June 8, 2021 during African Lion 2021. African Lion 2021 is U.S. Africa Command's largest, premier, joint, annual exercise hosted by Morocco, Tunisia, and Senegal, 7-18 June. More than 7,000 participants from nine nations and NATO train together with a focus on enhancing readiness for U.S. and partner nation forces. AL21 is multi-domain, null-component, and multinational exercise, which employs a full array of mission capabilities with the goal to strengthen interoperability among participants.

and more opportunities for collaboration in the future with his Air Force counterparts.

Building relationships with the Moroccan care providers and serving the Moroccan community has been a great experience for Wisner.

"The most rewarding part is knowing that you are doing good in the world and for each person you have made a huge improvement in their ability to function," said Wisner.

African Lion 2021 is U.S. Africa Command's largest, premier, joint, annual exercise hosted by Morocco, Tunisia, and Senegal, 7-18 June. More than 7,000 participants from nine nations and NATO train together with a focus on enhancing readiness for U.S. and partner nation forces. AL21 is multi-domain, null-component, and multinational exercise, which employs a full array of mission capabilities with the goal to strengthen interoperability among participants.

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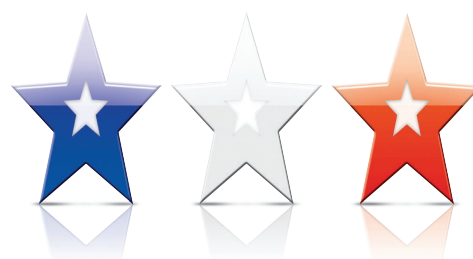



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Unique opportunity for a Psychiatrist to open and rapidly grow a successful practice in Southern California, South Bay area. I am a psychiatrist who has maintained a busy practice in Torrance for 50 years. I have a private office to rent in my suite which includes a large, shared waiting room and access to an office manager, billing service, referral sources and help in contracting with insurance companies. Office is located in an attractive building with several psychologists, marriage and family therapists, and licensed social workers. Great opportunity to quickly ramp up a practice with the guidance of a seasoned psychiatrist nearing retirement who can also refer new and current patients. Rent is negotiable. Interested Psychiatrists can contact office manager GiGi Flores at:
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Physicians



Vista Community Clinic

PHYSICIAN – FM/IM

Vista Community Clinic is a nonprofit organization located in San Diego, Riverside and Orange Counties working to advance community health and hope by providing access to premier health services and education for those who need it most.

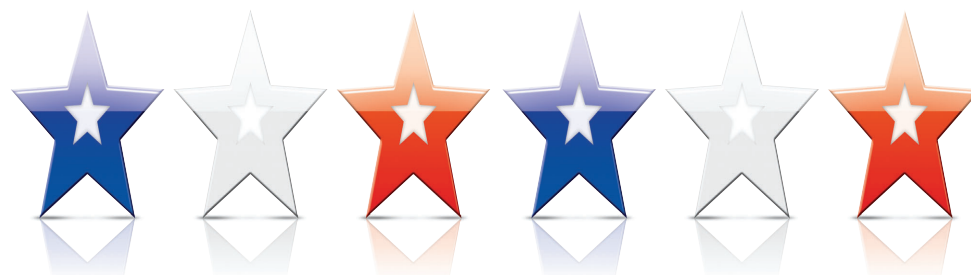
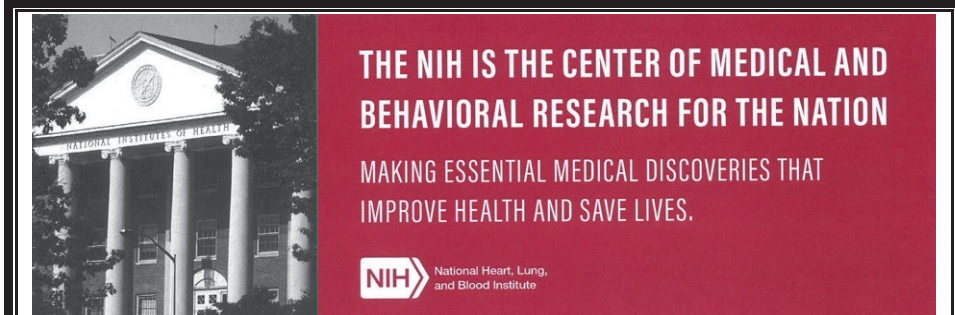
Position: Full-Time & Part-Time Family Medicine Physicians.

Responsibilities: Provide outpatient care to clinic patients and ensures quality assurance. Malpractice coverage is provided by the clinic.

Requirements: California License, DEA License, CPR and board certification.

Contact: Visit www.vcc.org for more information. Forward CV to hr@vcc.org or fax to 760-414-3702.

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NIH National Heart, Lung, and Blood Institute

**Department of Health and Human Services
National Institutes of Health
Deputy Director, Division of Lung Diseases
National Heart, Lung, and Blood Institute**

THE POSITION: The National Heart, Lung, and Blood Institute (NHLBI), a component of the National Institutes of Health (NIH) and the Department of Health and Human Services (DHHS) is seeking exceptional candidates for the position of Deputy Director, Division of Lung Diseases (DLD). NHLBI is a national and international leader in heart, lung, blood, and sleep disorders. The DLD Deputy Director position offers an exciting opportunity for scientific and managerial leadership in supporting the overwhelming majority of scientific and clinical pulmonary, critical care, and sleep research nationwide, from basic, to translational, to clinical, to epidemiological studies.

The Deputy Director position offers an extraordinary opportunity for physician-scientists with excellent knowledge of the advanced principles, theories and practices applicable to medical and scientific areas of major and rare pulmonary, critical care and sleep diseases and/or their associated clinical manifestations, ensuring that the public investment in the future of medical research and education will be well used, serving the public health, the profession and society. Working with the Director of DLD, the Deputy Director will assume a policy-making role in senior leadership at NHLBI, sharing the future of pulmonary, critical care, and sleep research and leading internationally renowned programs that integrate basic science and clinical research.

HOW TO APPLY:
Applicants must submit the following documents:

- a current Curriculum Vitae & copy of advanced degree
- bibliography & full contact details for three references
- a vision statement (not to exceed two pages)
- a statement that addresses the specific qualification requirements (not to exceed two pages)
- a statement indicating how you have promoted equity, diversity & inclusion, and describing your mentoring & outreach activities, especially those involving women and persons from racial/ethnic or other groups that are underrepresented in biomedical research (not to exceed two pages)

Applications can be sent to nhlbicareers@mail.nih.gov. Applications will be accepted beginning on **June 21, 2021**. The closing date is **August 20, 2021**.

You may contact Lynn Hellinger with questions and for more information about this vacancy at lhellinger@nhlbi.nih.gov or **301-802-0168**.

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