

MEDICAL NEWS

News in Brief

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SPECIALIZED SKIN CANCER SURGERY AVAILABLE AGAIN

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. — The Keesler Hospital again offers Mohs surgery, a specialized technique for removing various types of skin cancer.

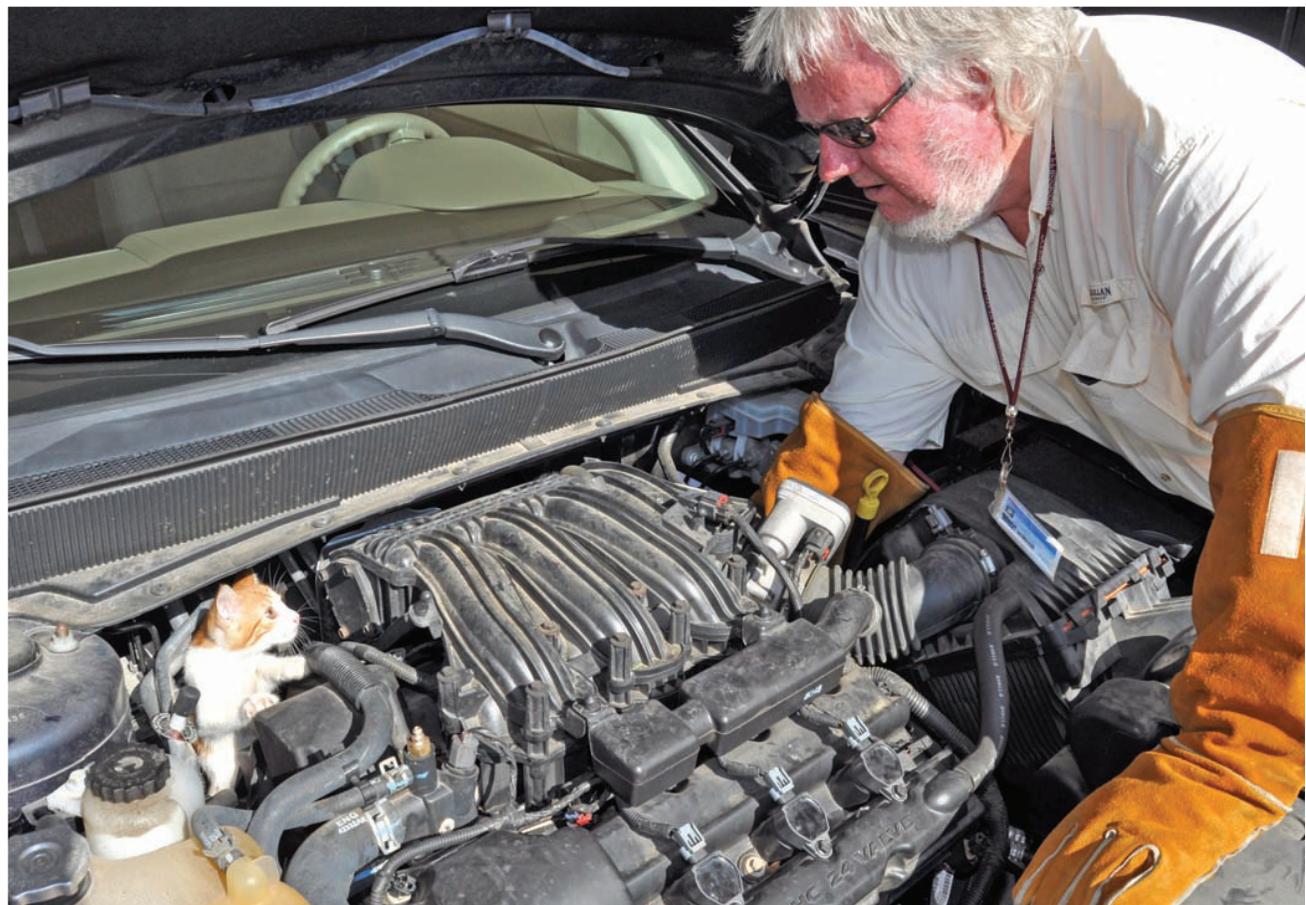
Maj. (Dr.) Oliver Wisco arrived in July to restart the treatment that hadn't been available here for a year.

Wisco, a member of the Air Force for 10 years, earned a bachelor of science in biochemistry from the University of Portland in 1997 as an ROTC member.

He received a doctor of osteopathy degree from the Philadelphia College of Osteopathic Medicine in 2002. He completed his internship in family practice at David Grant Medical Center, Travis Air Force Base, Calif., in 2003 and then served as a flight surgeon to U-2 reconnaissance aircraft pilots at Beale AFB, Calif., from 2003-2005.

In 2005, Wisco began a three-year residency in dermatology at Wilford Hall Medical Center, Lackland AFB, Texas, where he served as an attending physician until he entered a one-year fellowship in Mohs surgery. The program was a joint skin cancer-surgical and melanoma fel-

★ See **Surgery** page 4



(U.S. Air Force photo by Steve Pivnick)

Phillip Remel, CSC pest management, attempts to encourage one of the kittens to exit the engine block, but the young feline had no intention of leaving, retreating behind the engine.

Clandestine kittens make home in general's car while he's away

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AIR FORCE BASE, Miss. -- "While the general's away, the cats will play."

Maybe that's what a couple of kittens were thinking when they decided to roost in the 81st Medical Group commander's staff car.

Bruce Dye, a member of the 81st Medical Support Squadron medical information management flight, was reporting to work Aug. 14 and happened to notice

at least one kitten peering at him from the grill of Brig. Gen. (Dr.) Kory Cornum's vehicle. The "Dragon Medic" commander was off station on a temporary duty assignment. Dye contacted another squadron member who alerted the commander's secretary. She called CSC pest management.

A CSC pest management team consisting of Phillip Remel and Michael Thomas arrived around 9 a.m. Aug. 15 to try to extricate the young felines -- and

★ See **Kittens** page 4



(U.S. Air Force photo by Steve Pivnick)

Dr. Wisco simulates removing skin cancer from "patient" Senior Airman Kayla Spiel, a dermatology clinic medical technician. In an actual procedure, the tissue would be frozen, placed on a slide and reviewed. If Wisco finds there's still cancer at the site, he would remove it as well.

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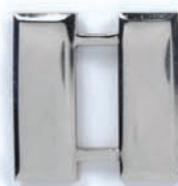


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P.O. Box 3234
Oak Brook, IL 60521

Phones: (630) 655-6099
(312) 368-4860
Fax: (630) 655-6076

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Health care win-win

Keesler medics maintain skills, Columbus gets specialized care

By Rick "Sonic" Johnson
14th Flying Training Wing Public Affairs

COLUMBUS AIR FORCE BASE, Miss. -- Flight surgeons from the 81st Medical Group, among them some who have completed additional specialty training, have brought specialty care, including orthopedics and dermatology, to the base population at Columbus Air Force Base, Miss.

In return, Columbus has provided a venue for Keesler flight surgeons to maintain their clinical and operational medicine currency in support of one of the busiest flight lines in the Air Force.

Col. Billye Hutchison, 14th Medical Group commander, stated, "This has been an opportunity for us to not only get robust flight medicine support, but specialty care as well. And with great support from the 14th Operations Group, we are getting our visiting physicians flying experience in our T-1, T-6, and T-38 aircraft."

This program maintains access in a high-tempo career field, and also builds deployment capacity. For example, Maj. (Dr.) Wendi Wohltmann, Keesler's dermatology chief, was an Air Force Special Operations Command flight surgeon prior to completing her dermatology residency. She'll deploy this fall to cover another Air Education and Training Command flight surgeon's office that would have otherwise been critically manned during this period.

At the request of Keesler line leaders, a team of physiologists from Columbus will visit Keesler's flight surgeons. They'll identify total force opportunities to leverage a team approach to human performance using the unique capabilities that physiologists and flight surgeons can bring to support both Keesler's training and operational missions.

Brig. Gen. (Dr.) Kory Cornum, 81st MDG commander, a practicing orthopedic surgeon and flight surgeon, thanked the 14th OG and 14th MDG for their support.

"We're all in the same Air Force," Cornum said. "Everybody wins when we identify total force opportunities to leverage a team approach and support the mission by caring for patients together."

Col. (Dr.) Paul Nelson, 81st Medical Group, contributed to this report.



(U.S. Air Force photo by Steve Pivnick)

From left, Maj. (Drs.) Tom Paynter and Wendi Wohltmann and Capt. (Dr.) Robert Henley, Keesler flight surgeons, have been rotating through the 14th Medical Group medical facility at Columbus as part of Air Education and Training Command's unique regional physician exchange program. Paynter is the 81st Surgical Operations Squadron's chief of orthopedic surgery, Wohltmann is the 81st Medical Operations Squadron chief of dermatology and Henley is an 81st Aerospace Medicine Squadron flight surgeon who plans to train in ophthalmology in his next assignment.

Studies seek combat vets with lung trouble

By Michelle Tan
Staff writer

SAN ANTONIO - If you are a combat veteran experiencing shortness of breath or other pulmonary problems, the Army wants to hear from you.

Recent reports about Iraq and Afghanistan veterans afflicted with constrictive bronchiolitis, a rare and severe lung disease caused by scarring and inflammation of the lungs' smallest airways, may be exaggerated, officials said, but work is underway to determine the impact of repeat deployments on troops.

The Army has launched studies that officials hope will help them better treat those who get sick with pulmonary illnesses. Officials also are looking at a case series, published in the New England Journal of Medicine, in which experts at Vanderbilt University

Medical Center diagnosed 38 soldiers from Fort Campbell, Ky., with constrictive bronchiolitis, which can be diagnosed only through open-lung biopsy surgery.

Army doctors say symptoms would have to be severe before they would perform this biopsy.

Of those soldiers identified by Vanderbilt, 28 had been exposed to a sulfur fire in Iraq in 2003.

"Because of deployment, there are going to be soldiers with pulmonary problems," said Col. (Dr.) Lisa Zacher, pulmonary consultant to the Army surgeon general and chief of the department of medicine at Brooke Army Medical Center in San Antonio. "We want to see them and evaluate them and better define what's going on."

Troops with shortness of breath usually are diagnosed with asthma or vocal cord dysfunction, said Dr. Michael

Morris, a pulmonologist here.

Reports of lung problems among returning troops led to the creation of a working group including representatives from each service, the Veterans Affairs Department and civilian counterparts, Morris said. The Army is leading several studies to determine the problem's extent and how best to prevent or treat pulmonary diseases, he said. Some of the key efforts:

The Army has launched a study to evaluate troops who have returned from a deployment within the last six months and are experiencing shortness of breath.

They undergo pulmonary function tests, a CT scan and a bronchoscopy, which allows doctors to visualize the patient's airway for abnormalities and extract specimens for further testing.

Thirty service members have enrolled; experts are seeking 50. To enroll, talk to

your health care provider or call the Brooke (Army Medical Center) pulmonary clinic at 210-916-1136.

The Army just received approval to determine the feasibility of doing baseline spirometry tests on all active-duty troops. Spirometry is a commonly used series of pulmonary function tests. Morris and his team will seek 1,200 volunteers from soldiers who are at Fort Sam Houston, Texas, for combat medic training.

Thousands of volunteers are needed for the Study of Active-Duty Military for Pulmonary Disease Related to Environmental Dust Exposure, also known as STAMPEDE, which monitors their symptoms for 10 years.

The study's registry will accept volunteers for the next five years. Most names being added are coming from pulmonologists at Army hospitals across the country, Morris said.



(U.S. Navy photo by Mass Communication Specialist Seaman Clay M. Whaley/Released)

Returning from Kandahar

Above left: Naval Medical Center San Diego staff arrive at San Diego International Airport after a seven month deployment to Kandahar, Afghanistan in support of the Expeditionary Medical Facility mission. NMCS currently has 207 Sailors deployed in support of missions around the globe.

Above right and right: Lt. Brent Davis hugs his daughters at San Diego International Airport for the first time after returning from a seven month deployment to Kandahar, Afghanistan in support of the Expeditionary Medical Facility mission. Brent was deployed as an individual augmentee.



★ Kittens

Continued from page 1

perhaps their mother -- from the car's engine compartment. (They later assumed "momma" had run off.) The two kittens -- one orange, the other grey tabbies -- eluded the erstwhile team that tried to capture them using a snare and net. One of the cats did run from the car and covered by a nearby wall. The pest management crew tried to capture it in the net only to find it had a hole in it through which the "young 'un" escaped and returned to the sanctuary of the engine block.

Remel and Thomas believe the cat family may be the same one that has been seen outside the 81st Medical Support Squadron's logistics warehouse.

After several more attempts to catch the elusive citters, Remel and Thomas eft, planning to check back after lunch and see if they might have better luck then. But, alas, the kittens were able to elude capture. Apparently, they realized they were "home free" because as Chief Master Sgt. Michael Anderson, 81st MDG superintendent, left for the day, he saw them "lounging" under the staff car. They were seen early the next morning relaxing on the steps leading to the hospital's A tower.

Staff Sgt. Tawnie Miller, 81st MDG, was concerned about the safety of the kittens and their mother and began ask-

ing around the group command area to see if she could find someone who might adopt them. One member stepped up and volunteered to take them home--Staff Sgt. Oscar Rodriguez, 81st Aerospace Medicine Squadron noncommissioned officer in charge.

He brought two pet carriers in the next day and that afternoon "popped the hood" trying to find the cat family.

Unfortunately, they had already vacated the premises. Rodriguez planned to look for them in the early evening, capture them and take them home. Regrettably, they weren't there, so he decided to try again Aug. 17. After learning the wayward kitties had been seen sleeping in the car's grill early on Aug. 17, the cat wrangler again went to the staff car to try to snare

them -- they weren't there. So, he moved the car to the hospital parking lot in the hope the kittens would return to the ramp area where he would -- once more -- attempt to entice them into the pet carriers. Sergeant Rodriguez deployed Aug. 18 for a week-long medical exercise and hoped to continue his efforts when he returned. As of Tuesday, the wayward kittens were still at large.

Why had Rodriguez decided to rescue the kittens? He explained, "Anyone who loves animals would hate to have something happen to them."



★ Surgery

Continued from page 1

lowship conducted by Boston's Massachusetts General Hospital, Harvard Medical School and Mystic Valley Dermatology.

Wisco said Mohs surgery "involves removal of skin cancer with the least amount of tissue in a specialized way, after which the tissue is frozen and placed on a slide. I look at the tissue to see if there is any cancer left. If there is, I take the cancer based on the way it's growing to leave the least amount of residual damage. Once the cancer is completely removed, I repair the tissue using techniques from simple closure to complex flaps."

He added, "The majority of the sur-

gery is done on the face and ears."

In addition to Wisco's Mohs surgery clinic, he also directs a skin cancer clinic every Wednesday.

"Focus is placed on patients with a high risk for skin cancer, but all patients requesting a full body-skin exam to look for skin cancer can be seen in this clinic by a referral from their primary care manager," he said.

Wisco's patients are referred by other clinics, but all military health system beneficiaries are eligible to be seen. Patients with TRICARE benefits diagnosed with cancer by civilian physicians also may be treated.

What A Deal:

Work 20 years, get lifetime pension pay; still, military career not for everyone

WASHINGTON — It sounds like a pretty good deal: Retire at age 38 after 20 years of work and get a monthly pension of half your salary for the rest of your life. All you have to do is join the military.

As the nation tightens its budget belt, the century-old military retirement system has come under attack as unaffordable, unfair to some who serve and overly generous compared with civilian benefits.

That very notion, laid out in a Pentagon-ordered study, sent a wave of fear and anger through the ranks of current and retired military members when it was reported in the news media this month.

If pensions are to be cut, Congress should go first, one person said on the Internet.

“Obviously, we’re concerned about it,” said retired Gen. Gordon Sullivan, an Army chief of staff in the 1990s who heads the nonprofit educational group Association of the United States Army.

The Defense Department put out a statement this week stressing that it was only a proposal and no changes will be made anytime soon.

“While the military retirement system, as with all other compensation, is a fair subject of review for effectiveness and efficiency, no changes to the current retirement system have been approved,” Eileen Lainez, a Pentagon spokeswoman, said. “And no changes will be made without careful consideration for both the current force and the future force.”

The upset was sparked by a nonbinding recommendation from the Defense Business Board, the Pentagon’s private sector advisory panel. A July 21 draft report that could be finalized this month recommended pensions be scrapped and replaced with a 401(k)-type defined contribution plan.

The board members are from big businesses - experts, the Pentagon says, in executive management, corporate governance, audit and finance, human resources, economics, technology and health care.

Their report was strictly about dollars and cents, part of a review of Pentagon spending started under Defense Secretary Leon Panetta’s predecessor, Robert Gates.

It didn’t mention intangibles: Would such a change make military jobs less desirable? Is it possible to compare military and civilian employment? How much does a grateful nation feel it owes to the less than 1 percent of the population that volunteers to fight America’s wars?

The report noted that military retirees start collecting pensions immediately upon leaving the service, rather than at age 65. That’s a benefit without peer in the private sector, although there’s a parallel in government. Some city police departments start retirement payments immediately, for instance.

The report also said:

- Members of the military who retire before 20 years get nothing. Those who work 20 years get pensions worth 50 percent of their pay. That amount ramps up to 87.5 percent for 35 years of service.

- That means 83 percent of service members don’t get a pension, even after serving for 10 or 15 years, while 17 percent do get one.

- Though the job’s risks are cited as a reason for keeping the 20-year system, most troops who see combat don’t stay that long.

- Low-cost health care premiums for retirees on top of pensions make total retirement benefits “significantly more generous than civilian programs” and more expensive.

- The program’s costs are “rising at an alarming rate” and “future liability will grow from \$1.3 trillion to \$2.7 trillion” by 2034.

The report recommended a new mandatory savings system for all personnel but with the government making contributions comparable to the highest level of civilian plans. There’d be an option for individuals to contribute too; payments wouldn’t start until age 60 to 65. Pentagon contributions would be larger for those who had family separations and other unusual duty and double for years spent in a combat zone. The report said there would be no impact on existing retirees or fully disabled vets.

The current system hasn’t been changed materially in more than 100 years. It was designed when people didn’t live as long, second careers were rare and military pay was not competitive with civilian pay, the report said. It said skills used by soldiers, sailors, airmen and Marines are now transferable to the civilian world and that many people find second careers after retiring in their 40s.

That means they collect the pension as well as income from second careers.

Sullivan dismissed the idea that the average military retiree becomes enriched by the system, saying few go to work for big defense contractors or find other high-paying jobs. More commonly, a retiree might

get about \$1,400 monthly in pension pay and a second career that earns \$50,000 or \$60,000 annually, he said.

But holding change at bay may not be possible. Officials have said that finding savings in personnel costs like health care and pensions is a possibility.

Everything is on the table as the department looks for some \$350 billion in savings called for in recent legislation to decrease the national debt.

“It’s the kind of thing you have to consider,” Panetta said this week, adding any change must be done in a way that doesn’t break faith with the men and women in uniform.

Such benefits were once sacrosanct - part of the bargain the nation makes with those who put their lives on the line to protect it. Many opposed to any change cite the profound sacrifices troops and their families have made over the past decade, with repeated tours of duty, a crisis of ballooning military suicides and hundreds of thousands of cases of mental health problems, just to mention a few effects of war.

“If we want an all-volunteer force, the bottom line is that we’re going to have to take care of these people who were willing to do what the bulk of people weren’t willing to do,” Sullivan said. “Going to war is dangerous - you can get killed doing it. And the question is, Are the American people willing to recognize the sacrifices of these young people?”

Money for troops has flown freely from Congress with the tacit support of taxpayers over the decade, when pay was raised, as the report notes, to “higher than that of average civilians with the same education.”

There was no public pushback against special recruiting bonuses, the GI Bill for college tuition and expenses for health care and other needs of troops and their families.

The question now is whether the depth of support widely expressed for the troops will be tested by the different times. U.S. financial woes are at center stage as the wars in Iraq and Afghanistan wind down. Pensions are becoming a thing of the past; more risky market-whipped 401(k) programs are the civilian norm.

Will taxpayers want to continue for troops the special and costly programs that they themselves are losing?

Says Sullivan: “Maybe. Maybe not.”



(U.S. Navy photo by Mass Communication Specialist Seaman Clay M. Whaley/HIPAA Complete)

Donation of TVs and blu-ray players

Left: Gas Turbine System Technician (Electrical) 2nd Class Jacob Eriksen (left), a Naval Medical Center San Diego (NMCS), Navy Medical Transition in-patient donated six TVs and blu-ray players to NMCS's wounded, ill or injured in-patient wards. Commander, NMCS, Rear Adm. C. Forrest Faison, III (right) accepted the donation on behalf of the patients who will benefit from their use. Eriksen donated the TVs in appreciation of the sacrifice active duty service members make and hopes these will assist in their recovery.

Timeline for the day of the September 11 attacks

Early on the morning of September 11, 2001, 19 hijackers took control of four commercial airliners en route to San Francisco and Los Angeles from Boston, Newark, and Washington, D.C.

Planes with long flights were intentionally selected for hijacking because they would be heavily fueled. At 8:46 a.m., American Airlines Flight 11 crashed into the World Trade Center's North Tower, followed by United Airlines Flight 175, which hit the South Tower at 9:03 a.m.

Another group of hijackers flew American Airlines Flight 77 into the Pentagon at 9:37 a.m. A fourth flight, United Airlines Flight 93, crashed near Shanksville, Pennsylvania at 10:03 a.m. local time after the passengers on board engaged in a fight with the hijackers. Its ultimate target is believed to have been either the Capitol or the White House.

Flight 93's cockpit voice recorder revealed that crew and passengers attempted to seize control of the plane from the hijackers after learning through phone calls that similarly hijacked planes had been crashed into buildings that morning.

One of the hijackers gave the order to roll the plane once it became evident that they would lose control of the plane to the passengers. Soon afterward, the aircraft crashed into a field near Shanksville.

Some passengers were able to make phone calls using the cabin airphone service and mobile phones, and provide details: the presence of several hijackers aboard each plane; that mace or other noxious chemical spray, such as tear gas or pepper spray was used; that some people aboard had been stabbed.

Reports indicated that during two of the flights, the hijackers stabbed and killed aircraft pilots, flight attendants and in at least one case, a passenger. The 9/11 Commission established that two of the hijackers had recently purchased Leatherman multi-function hand tools.

A flight attendant on Flight 11, a passenger on Flight 175, and passengers on Flight 93 mentioned that the hijackers had bombs, but one of the passengers also said he thought the bombs were fake. The FBI found no traces of explosives at the crash sites, and the 9/11 Commission concluded the bombs were probably fake.

Three buildings in the World Trade Center Complex collapsed due to structural failure. The south tower (2 WTC) fell at approximately 9:59 a.m., after burning for 56 minutes in a fire caused by the impact of United Airlines Flight 175.

The north tower (1 WTC) collapsed at 10:28 a.m., after burning for approximately 102 minutes. When the north tower collapsed, debris fell on the nearby 7 World Trade Center building (7 WTC) damaging it and starting fires.

These fires burned for hours and compromised the building's structural integrity, which led to the crumbling of the east penthouse at 5:20 p.m. and complete collapse at 5:21 p.m.

All aircraft within the continental U.S. were grounded, and aircraft already in flight were told to land immediately. All international civilian aircraft were either turned back or redirected to airports in Canada or Mexico, and all international flights were banned from landing on U.S. soil for three days.

The attacks created widespread confusion among news organizations and air traffic controllers across the United States. Among the unconfirmed and often contradictory reports aired throughout the day by news sources, one of the most prevalent was the report that a car bomb had been detonated at the U.S. State Department's headquarters in Washington, D.C.

Another jet—Flight 1989—was suspected of having been hijacked, but this too turned out to be false after it responded to controllers and landed safely in Cleveland, Ohio.

In a September 2002 interview, Khalid Sheikh Mohammed and Ramzi bin al-Shibh, who are believed to have organized the attacks, said the fourth hijacked plane was heading for the United States Capitol, not for the White House. They also said al-Qaeda initially planned to target nuclear installations rather than the World Trade Center and the Pentagon, but decided against it, fearing it could "get out of control."

Casualties

There were a total of 2,996 deaths, including the 19 hijackers and 2,977 victims. The victims were distributed as follows: 246 on the four planes (from which there were no survivors), 2,606 in New York City in the towers and on the ground, and 125 at the Pentagon. All the deaths in the attacks were civilians except for 55 military personnel killed in the attack on the Pentagon.

Deaths (excluding hijackers)

New York City World Trade Center - 2,606

American 11 - 87

United 175 - 60



Arlington Pentagon - 125

American 77 - 59

Shanksville United 93 - 40

Total 2,977

According to the 9/11 Commission, hundreds were killed instantly by the impacts, while the rest were trapped and died when the towers collapsed. Of the people who were at or above the floors of impact in the North and South Towers, at least 1,366 of those died in the North Tower, and at least 618 died in the South Tower in which evacuation had begun before the second impact.

Thus over 90% of the workers and visitors who died in the towers had been at or above the points of impact.

A total of 411 emergency workers who responded to the scene died as they attempted to rescue people and fight fires. The New York City Fire Department (FDNY) lost 341 firefighters and 2 paramedics.

The New York City Police Department lost 23 officers. The Port Authority Police Department lost 37 officers,[48] and 8 additional emergency medical technicians (EMTs) and paramedics from private EMS units were killed.

At least 200 people jumped to their deaths from the burning towers, landing on the streets and rooftops of adjacent buildings hundreds of feet below.

Some of the occupants of each tower above its point of impact made their way upward toward the roof in hope of helicopter rescue, but the roof access doors were locked. No plan existed for helicopter rescues, and the thick smoke and intense heat would have prevented helicopters from conducting such rescues.

Cantor Fitzgerald L.P., an investment bank on the 101st–105th floors of One World Trade Center, lost 658 employees, considerably more than any other employer. Marsh Inc., located immediately below Cantor Fitzgerald on floors 93–100, lost 355 employees, and 175 employees of Aon Corporation were killed.

NIST estimated that about 17,400 civilians were in the World Trade Center complex at the time of the attacks, while turnstile counts from the Port Authority suggest that 14,154 people were typically in the Twin Towers by 8:45 a.m.

The vast majority of people below the impact zone safely evacuated the buildings, along with 18 people who were in the impact zone in the south tower and a number above the impact zone who used the one intact stairwell in the south tower.

After New York, New Jersey was the hardest hit state, with the city of Hoboken sustaining the most deaths. More than 70 countries lost citizens in the attacks on the World Trade Center. Two people were later added to the official death toll after dying from health conditions linked to exposure to dust from the collapse of the World Trade Center.

Weeks after the attack, the death toll was estimated to be over 6,000, more than twice the number of deaths that was confirmed later. The city was only able to identify remains for about 1,600 of the World Trade Center victims.

The medical examiner's office also collected "about 10,000 unidentified bone and tissue fragments that cannot be matched to the list of the dead." Bone fragments were still being found in 2006 as workers were preparing to demolish the damaged Deutsche Bank Building. In 2010, a team of anthropologists and archaeologists searched for human remains and personal items at the Fresh Kills Landfill, where seventy-two more human remains were recovered, bringing the total found to 1,845. DNA profiling continues in an attempt to identify additional victims.

As of May 2011, 1,630 victims have been identified, while 1,123 (41%) of the victims remained unidentified. The remains are being held in storage in Memorial Park, outside the New York City Medical Examiner's facilities.

It is expected that the remains will be moved in 2013 to a repository located behind a wall at the 9/11 museum. A medical examiner, who will have a workspace at the site, will continue to try to identify remains, based on the theory that improved technology will allow them to identify other victims.

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Below: Naval Medical Center San Diego's (NMCS D) Lt. Cmdr. (Dr.) Donald Kineston (left), dermatology resident, Lt. Cmdr. (Dr.) Johannah Valentine (center), and Hospital Corpsman 3rd Class Ricardo Garcia (right) remove tissue containing cancer cells in the dermatology clinic at NMCS D. NMCS D's dermatology clinic performs approximately eight to 10 surgical procedures daily.



(U.S. Navy photos by Mass Communication Specialist Seaman Clay M. Whaley/HIPAA Complete)
Naval Medical Center San Diego's (NMCS D) Dr. Bruce D. Feldman (background), and dermatology resident Lt. Cmdr. (Dr.) Kristina De la Rosa (right), perform a Mohs Micrographic Surgery on a patient in the dermatology clinic. Mohs Micrographic Surgery is an advanced treatment process for skin cancer that offers the highest possible cure rate for the various types of skin cancers and simultaneously minimizes the sacrifice of normal tissue. NMCS D's dermatology clinic performs approximately eight to 10 surgical procedures daily.

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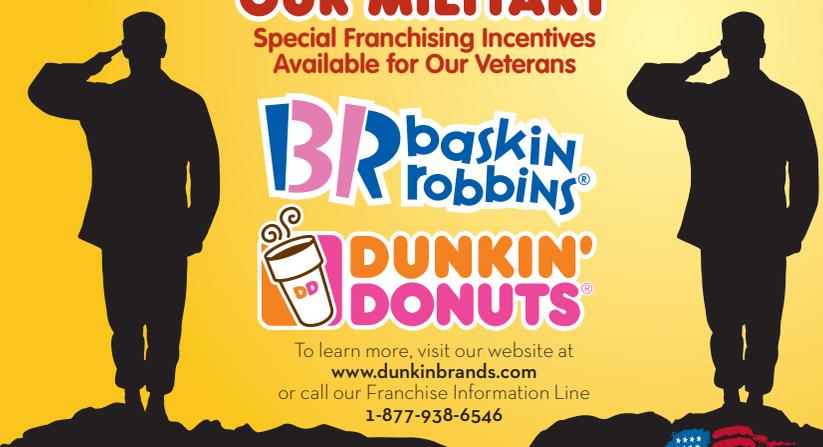


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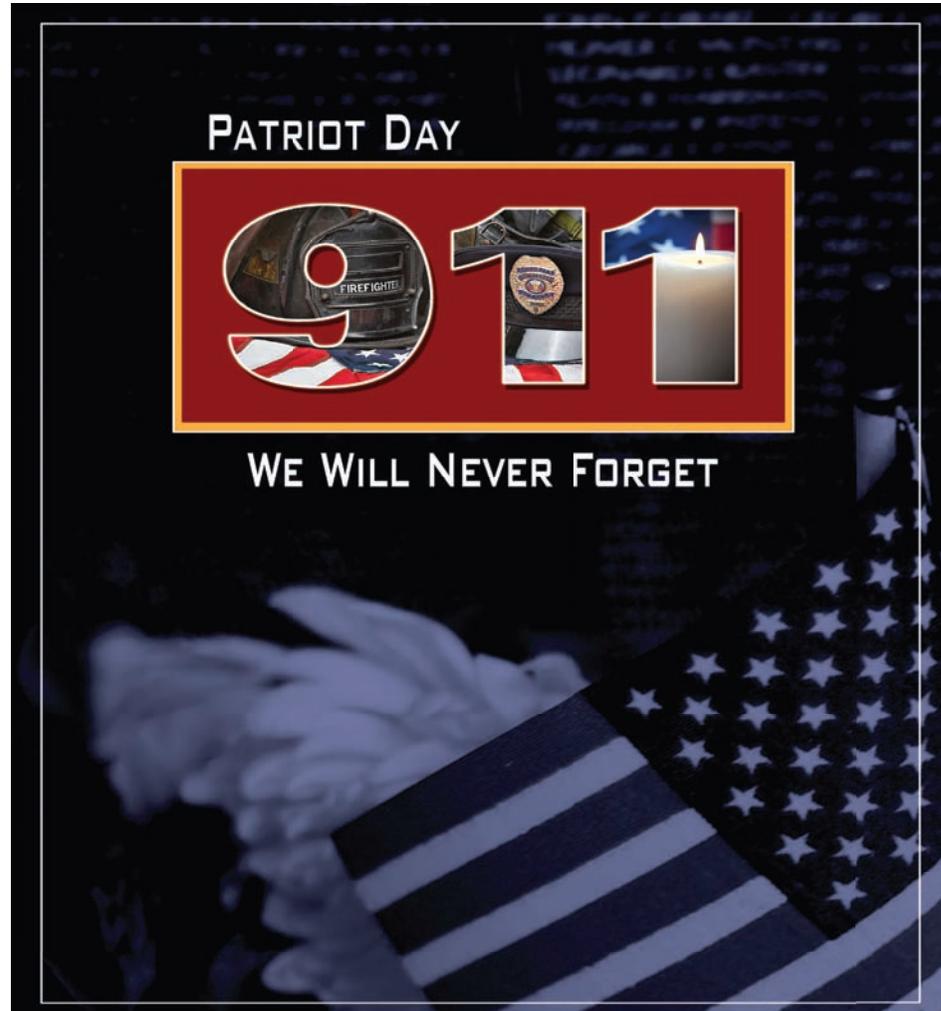
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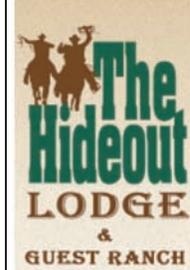


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Miscellaneous

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Miscellaneous

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 National Institutes of Health (NIH)
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 Research Triangle Park, North Carolina



NIEHS
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 Environmental Health Sciences

DIRECTOR, CLINICAL RESEARCH PROGRAM

The National Institute of Environmental Health Sciences of the National Institutes of Health is searching for a senior investigator qualified for tenured appointment to direct its Clinical Research Program, which includes an on-site Clinical Research Unit in Research Triangle Park and components at the Clinical Research Center in Bethesda, Maryland. The primary duty station is Research Triangle Park, NC, with 2-3 days per month (typically day trips) spent in Bethesda, MD. NIEHS supports and conducts research that contributes to the basic understanding of biological and chemical processes, the contributions of environmental agents to human disease and dysfunction, and the underlying mechanisms of environmentally associated diseases. The Director, Clinical Research Program, is responsible for the development, administration, coordination and oversight of investigator-initiated clinical research; provides general advice to the Director and Scientific Director, NIEHS, on matters relating to human and clinical studies; supervises the Office of Research Compliance; and develops policies and programs for the execution of clinical research at NIEHS. The Clinical Director is responsible for creating and maintaining a research environment in which clinical findings influence the direction of laboratory studies and laboratory findings are applied back to the clinical and clinical research communities. The incumbent will facilitate intramural clinical research by identifying opportunities for translating basic science into clinical studies. The Clinical Director will ensure that Institute research reflects the highest standards of scientific excellence and ethical conduct for the protection of human subjects. The incumbent will review matters pertaining to the provision of patient care in research protocols and oversee resource allocation, scientific review, and recruitment of staff. The Clinical Director will provide advice and training on the conduct of clinical studies, facilitate clinical research collaborations between intramural and extramural investigators, and develop long-range clinical research goals and objectives relevant to the mission of NIEHS.

The Director, Clinical Research Program, position is administratively located in the Office of the Scientific Director, and it is expected that the successful candidate will oversee a personal clinical research program that will involve some combination of outpatient oriented studies within the Clinical Research Unit, epidemiological studies, basic laboratory studies, or inpatient studies at the Clinical Research Center in Bethesda. Emphasis will be placed upon investigators with a primary research interest in clinical research; however, the selected candidate may have a modest independent basic laboratory research program, particularly if the basic research intersects with the candidate's clinical studies.

Candidates must have an established and nationally or internationally recognized record in the conduct and supervision of clinical research in a discipline relevant to the environmental health sciences. Candidates should also have an established record of experience with clinical training, institutional review boards, and compliance with current clinical safety and regulatory issues. Candidates must have a Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME) in the year of the applicant's graduation. Candidates with a Doctor of Medicine or equivalent degree from a non-LCME accredited medical school must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) or hold a Fifth Pathway certificate issued prior to December 31, 2009. Candidates must be board certified or board-eligible in a medical specialty approved by the American Board of Medical Specialties (ABMS), and have the ability to obtain medical licensure in the U.S. To apply, submit a cover letter with plans for directing and conducting a clinical and translational research program, Curriculum Vitae and bibliography and the names and addresses (including e-mail addresses and phone numbers) of three references to the following address by October 31, 2011. Salary is commensurate with level of experience.

Ms. Stephanie Jones (Vacancy Number DIR 11-03)
 National Institutes of Health
 Office of Human Resources
 National Institute of Environmental Health Sciences
 P.O. Box 12233, Maildrop K1-01
 Research Triangle Park, NC 27709
 Email: collinsonj@mail.nih.gov



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Physicians

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jholsclaw@glenfalls Hosp.org
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Physicians

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Marin Hospitalist Medical Group

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Cooper University Hospital

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Physicians

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Physicians

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- UROLOGY



For more information, please contact: **Mary Margaret Pratt**,
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AA/EOE

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Miscellaneous



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