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Remembering Charles Edward Mullins, MD

January 15, 1932 - November 17, 2024

Sandie Mullins Moger

Saving lives was the lifework of Dr. Charles E. Mullins. A pioneer and internationally recognized leader in diagnosing and treating congenital heart disease, his focus was the treatment and correction of pediatric and congenital heart defects in the cardiac catheterization laboratory—one that bears his name to this day. It was a dream he chose early in life—a life that came to an end with his passing on Sunday, November 17, 2024.

Charles Mullins was born on January 15, 1932, and raised in Northwest Washington, D.C., where he attended public schools. Throughout his childhood, he talked of nothing else but becoming a doctor. He realized that dream in 1954, graduating cum laude in Chemistry from Princeton University and then George Washington University School of Medicine With Honors in 1958.

Arlene Francis Sutherland and Chuck were married on June 19, 1954. Because he was so driven in his medical pursuits, it took their parents to bring them to each other's attention. They soon became an inseparable team, amazing dancers and world travelers—as a result of his professional advancements.

Upon leaving George Washington University, Dr. Mullins' next five years of formal medical training were spent in the U.S. Army at Walter Reed General Hospital in Washington, D.C., in an internship, pediatric and cardiology residencies, and a cardiology research fellowship. That resulted in his being the first and only Pediatric Cardiologist in the U.S. Army. His transfer to the Second General Hospital in Landstuhl, West Germany, made Dr. Mullins the only U.S. military Pediatric Cardiologist available to all U.S. and Canadian Armed Forces in Europe and the Middle East.

Four years later, Dr. Mullins returned to Walter Reed Hospital, became a lieutenant colonel and Assistant Chief of Cardiology,

and remained there for less than two years before he was drawn to the Houston medical community in 1969. Baylor College of Medicine's Pediatric Cardiology Department became his professional home until his retirement in 2006—after training over 150 fellows while contributing to the advancement of medicine and spending countless life-saving hours in what is now known as The Charles E. Mullins, MD Cardiac Catheterization Laboratories at Texas Children's Hospital.



As the principal investigator at Texas Children's Hospital in six investigational protocols for new devices in the treatment of congenital heart defects, Dr. Mullins championed the continued development and teaching of these techniques at TCH and in more than 100 medical centers in twenty-three countries, performing hands-on teaching of diagnostic and therapeutic cardiac catheterization procedures.

One of Dr. Mullins' most significant contributions to cardiac catheterization can be found in cath labs around the world. The Mullins Sheath is a specialized medical device used in cardiac catheterization. It



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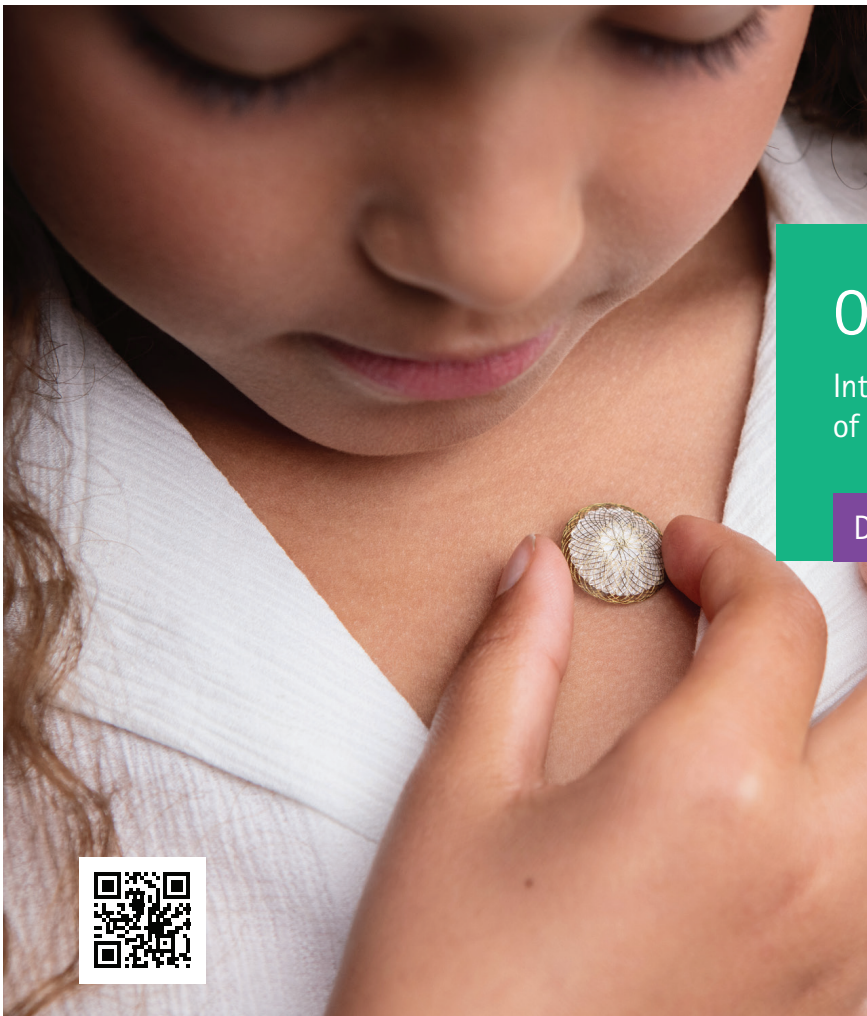
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has broad applications in interventional cardiology, including facilitating device delivery, providing vascular access for various catheters, and supporting structural heart interventions like mitral valve repair.

Commonly referred to as the Father of Modern Pediatric Interventional Cardiology, Dr. Mullins won numerous awards, including the Lifetime Achievement Award from PICS (Pediatric Interventional Cardiology Symposium), the Gifted Teacher Award from the American College of Cardiology, the Lifetime Achievement Award from the Society of Angiography and Intervention, and the Founder's Award from the American Academy of Pediatrics. Much of the experience gained across Dr. Mullins'

more than 30 years of experience lives on in over 165 peer-reviewed articles, eight book chapters, and an Atlas—a "picture book"—of 167 diagrams of congenital heart lesions.

Though Chuck was born in the DC, he lived a got-to-Texas-soon-as-he-could life. Forever in his boots, Chuck loved motorcycles, guns, beer, and Aggie Football.

In retirement, Dr. Mullins was especially thrilled and proud of his four grandchildren. Every chance they had, Arlene and Chuck would attend dance team events, T-ball, football, track, water polo, swim meets, percussion concerts, and Boy Scout activities.

Chuck is survived by his wife of 70 years, Arlene, sons Charles Jr. and Bob (wife, Julie), daughter Sandie (husband, Charles Moger), four grandchildren, Kristine Riggs (husband, Adam), Kelley Fluty (husband, Adam), Kyle Meyers (wife, Amy), and Grant Meyers (wife, Lizzy), three step-grandchildren, John, Kate, and Stella Moger, and five great-grandchildren—with one on the way.

In lieu of flowers, the family asks that you consider donating to The Pediatric Cardiology Department at Texas Children's Hospital or the U.S.O.



Tribute from Chuck's Fellows & Colleagues

Most were previously published in the January 2021 issue of CCT

I have known Chuck Mullins since I was three years old. My father, Galal El Said, came to the United States from Egypt to train under Chuck. He was Chuck's VERY FIRST cardiology fellow, back when Chuck had just moved to Houston and was starting to shape the future of our field. Years later, life came full circle, and I had the honor of being his LAST interventional fellow. Chuck wasn't just a mentor to my father and me—he was like a second father to me, and Sandy has always felt like the sister I never had. Over time, I realized Chuck wasn't just a second father to me; he was that for over 150 fellows. Each of us felt uniquely seen, valued, and supported by him.

One memory I will always treasure is watching Chuck walk into the cath lab before a particularly difficult case. He'd stroll in with his cowboy boots and a twinkle in his eye, literally dancing with excitement. He used to do this moonlight backward dance. He wasn't just ready to tackle a challenge—he was overjoyed by the opportunity to change the life of a tiny, vulnerable baby. His joy and passion for what he did were contagious, and he reminded us all why we chose this path.

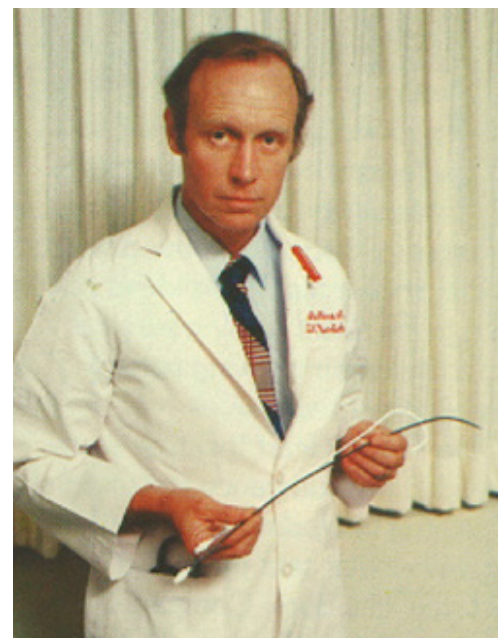
When I went to visit Chuck a few weeks before he left us, more than 80% of what he talked

about was still about the heart, the valves, and the stents. Even then, his mind was filled with his life's passion. Chuck didn't just love his work—he lived it. It wasn't just something he did; it was who he was, woven into every fiber of his being. His dedication to his craft and to helping others was unwavering, right up until the very end.

Not many can say they changed the world. But Chuck certainly can. The coronary artery stents that now save millions of lives had their roots in Chuck's innovative work with Dr. Palmaz, placing stents in pulmonary arteries. His brilliance wasn't just confined to the lab or the operating room; it rippled out into the lives of every patient, every family, and every fellow fortunate enough to learn from him.

But what made Chuck truly unforgettable wasn't just his genius—it was his heart. He was kind, sensitive, and loving, always putting others before himself. To me, Chuck wasn't just a legend in medicine—he was a man who made everyone around him feel valued and cared for. His legacy is in countless lives he touched and the love he gave so freely. We are all better for having known Chuck!

This speech was given at Chuck's funeral



Dr. Mullins holding the Mullins Sheath.



Dr. Mullins with Dr. Helen Taussig.

HOWAIDA EL SAID, MD, PHD

Professor Pediatric Cardiology, University of California San Diego,
Director of Cardiac Cath Lab,
Rady Children's Hospital, San Diego, CA
Mullins Fellow: 1999-2000



REMEMBERING DR. MULLINS

My name is Frank Ing, and I represent those of us who were trained by Chuck Mullins, those whom he mentored and subsequently became colleagues and friends. I feel very honored to be here. Some of you who are not in the medical field may not know this, but Chuck is widely regarded as the father of modern Pediatric Interventional Cardiology. You've heard of his many inventions, his novel techniques and many things that he's accomplished in the academic arena. He really is a rockstar in our field. He's like the Taylor Swift pop music. You've heard of the "Swifties," well we are the "Chuckies!" We emulate him and even use some of his lingo. Those who've trained with him know what "echo schmecho" means. In the cath lab when we find a cardiac lesion that was missed by echocardiography, he would often say that, and we all laughed. But nowadays, I found myself using the same words. It's interesting that Chuck's grandchildren talk about him whistling through his teeth with fondness. To his trainees, that was an ominous sign. In the cath lab, when he started to whistle through his teeth, you knew that he was telling you that you're not working fast enough and that meant that he was about to take over the case. So, we all were always afraid of him when he whistled through his teeth.

Chuck is admired by many people, and I think the main reason is because he always had a way of relating to his peers, his trainees and staff around him. He was very committed to his trainees and invested much time with us. I can share a very early encounter with him. In fact, it was my first encounter with Chuck. I was a second-year fellow at Columbia at the time. I went to an ACC conference where he spoke and at the end of the session, I wanted to introduce myself to him. As always, there was a crowd gathered around him at the end of the session and people ask questions or socialized with him. I waited until the end and as the crowd thinned out, I finally got up there and I introduced myself. I told him I was interested in becoming a pediatric interventionist and he spent the next 20 minutes explaining why that was a great decision and we talked about the excitement of new procedures in the field. By the time we finished, I looked around and the entire room was empty. It was just me and him sitting there. I thought to myself, "here I was, a nobody and he was a famous cardiologist, but he spent those 20 minutes with me." I will forever, treasure the memory of that encounter.

If you ask him what his greatest achievement was, it would not be an invention of some new device, or some new cath technique. He would say, "YOU," meaning his trainees and students. He truly believed that his greatest achievement was his legacy with the people whom he trained.

Chuck may be famous in the medical community, but he was also a family man and a man of humility, and he had simple pleasures. I called them his "3 B's"- boots, beers and (dirt) bikes. He would talk about going to ride his dirt bikes with his family at the "Patch," a piece of property he had purchased because of the rolling hills where they can ride freely. He loved his beer at conferences. You can have the fanciest wine at some fancy dinners, but he will ask for a beer. My favorite story was about his boots. We would be in the cath lab doing cases all day, sometimes standing 8 to 10 hours and he would be totally comfortable in his boots. He swore by them, and he even tried to talk me into buying boots for the cath lab. When I was a junior faculty of Texas Children's Hospital, he invited me to go to a conference focused on stents. I didn't have a lot of funding at the time, so he offered to rent a room with two beds, and we can share the room. I took them up on the offer and I remember one afternoon, I went back to the room and found Chuck fast asleep in his bed and guess what... he had his boots on! How I wished I had a camera at that time. I would've shared that picture here. Anyway, he really did love his boots. *(This speech was given at Chuck's funeral)*

FRANK ING, MD, FACC, MSCAI

Professor of Pediatrics, UC Davis School of Medicine
Chief, Pediatric Cardiology, Co-director, Pediatric Heart Center,
UC Davis Children's Hospital, Davis, CA
Mullins Fellow: 1993

It is hard to know where to begin when paying a long overdue and heartfelt tribute to our mentor and dear friend, Chuck Mullins. Do you start with his impeccable reputation, incredible catheterization skills, comprehensive knowledge, complete dedication to the field of CHD? Or just simply state that he has trained pediatric cardiology fellows from near and far and has given his all to advancing the field of pediatric interventional catheterization. This photo represents his influence in the North, South, East, and West of the United States, but we know that Chuck has single-handedly trained someone in almost every part of the world. What a privilege it was to train under one of the pre-eminent specialists and pioneers in pediatric cardiac intervention, always leading the way and developing equipment, techniques, and devices. We feel honored to be part of the Chuck Mullins Legacy and we are all very thankful for every one of the skills and tricks of the trade that we have in our current cath lab toolbox. We owe it all to Dr. Mullins.

ALLISON K. CABALKA, MD, FSCAI, FACC

Professor of Pediatrics, Consultant Pediatric Cardiology
Director, Pediatric Cardiac Catheterization Laboratory
Rochester, MN
Mullins Fellow: 1989-1992

HOWAIDA EL SAID, MD, PHD

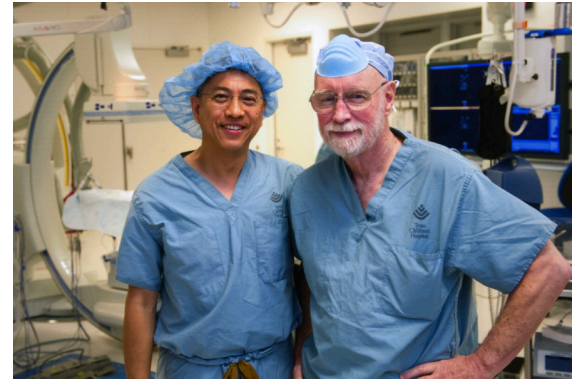
Professor Pediatric Cardiology, University of California San Diego,
Director of Cardiac Cath lab, Rady Children's Hospital San Diego, CA
Mullins Fellow: 1999-2000

V. VIVIAN DIMAS, MD, FSCAI

Director of Cardiac Catheterization
Associate Professor of Pediatrics/Cardiology
University of Texas Southwestern Medical Center
Dallas, TX
Mullins Fellow: 2002-2006

JULIE A. VINCENT, MD, FSCAI, FACC, FAAP

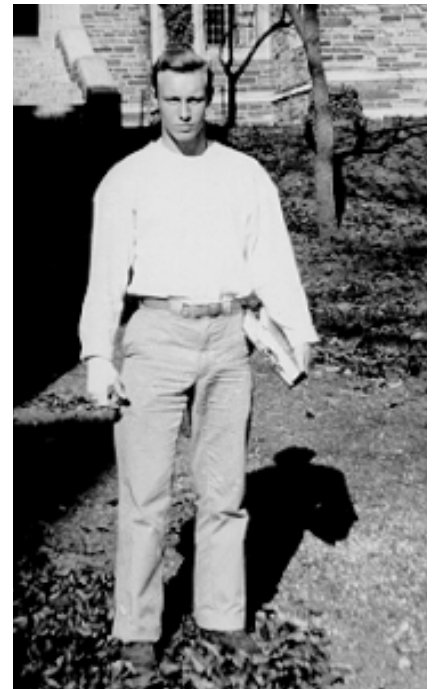
Welton M Gersony Professor of Pediatric Cardiology, Columbia University, Vagelos College of Physicians and Surgeons
Steven and Alexandra Cohen Division, Chief of Pediatric Cardiology, NewYork-Presbyterian, Morgan Stanley Children's Hospital, New York, NY. Mullins Fellow: 1995-1995



Frank Ing and Charles Mullins in the cath lab.



Pictured L to R: Representing the North, the South, the East and the West! Allison Cabalka, Mayo Clinic Rochester MN; Vivian Dimas, UT Southwestern Dallas TX; Charles Mullins; Julie Vincent, Columbia University NY NY; Howaida El-Said, Rady Children's Hospital San Diego CA.



Dr. Mullins as an undergrad at Princeton, Chemistry major.



Dear Dr. Chuck Mullins, This is to pay tribute to him as I spent, in the early 80's, six months with him at Texas Children's Hospital, as a part of my Sabbatical leave, from Royal Children Hospital, Melbourne, Australia.

Chuck was a very impressive and kind person and taught me Cardiac Catheterization, Angiography and fine-tuned me to prepare for Interventional Paediatric Cardiology. I returned to Melbourne and was involved in pioneering Paediatric Interventional Cardiology at Royal Children's Hospital, Melbourne in 1985. Subsequently, I was involved in ground-breaking ASD device closure (1994 with Dr. Kurt Amplatz and Dr. Jim Wilkinson) and other device interventions.

I have come to respect the mentoring and advice given to me in the earlier years by Dr. Chuck. Here is the tribute and appreciation from Paediatric Cardiologist Dr. TH Goh from down under.

DR. TH GOH

Paediatric Cardiologist
Melbourne, Australia



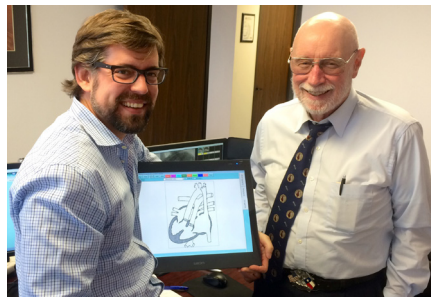
Charles Mullins and Deborah Schutte at Texas Children's Hospital's end of the year party in 1999.



Dr. Mullins and Tom Fagan in the cath lab



Boat trip up Rio Douro, northern Portugal, Arlene and Charles Mullins with Madalena and Fernando Maymone Martins, 2007.



James Devlin, Digisonics, and Dr. Mullins

Chuck Mullins is one of the most remarkable persons I met. What strikes me most in his character is the unusual combination of the highest standard of professional practice with the greatest simplicity in human contact. This is very exceptional. Chuck reached the top levels of fame and prestige, to which so many physicians aspire in their careers; still, he always kept clear in his mind that the priority in medicine is your patient. He combined intelligence with skill and creative imagination with deep research. The paramount quality of his scientific production did not prevent him from paying personal attention to each person and to teach those who did not match his level. We met often abroad, and he visited us in Portugal several times. He was your best friend in the cath lab. Able to understand where you stood and to take you from there to new steps. He explained what he had in mind clearly but gently, and kept highlighting what he had learned from you, without false modesty. He kept his willingness to help you like he kept his boots – at all times, as part of him. When Arlene and he gathered with our friends, colleagues and family he was the simplest and humblest around, enjoying talk, fun... and beer. A privilege to have met him!

FERNANDO A. MAYMONE MARTINS, MD, PHD, FACC, FESC

Head of Paediatric Cardiology Hospital de Santa Cruz,
Carnaxide - Lisbon, Portugal (retired)
Past President and Honorary member, the Association for European Paediatric and Congenital Cardiology (AEPC)



Charles Mullins and Galal El-Said

Chuck has been an incredible mentor for me. I'll never forget the first time we met. I did my categorical fellowship elsewhere but applied to do my 4th year fellowship at Texas Children's Hospital (TCH). I had planned to meet with him after a small group session at one of the academic meetings. He got caught talking with a colleague and so I figured he was too busy, and I would have to meet him another time. About two minutes after I left the room, I heard my name called, only to turn around to find him walking toward me. I was shocked. I couldn't believe that he would make the effort to track me down. Obviously, I'm very thankful that he did. My time at TCH was invaluable. Having the experience of learning from Dr. Mullins and the team was incredible, grueling at times, but so rewarding. Since then he has always welcomed me whenever we see each other at meetings. His hospitality and ability to make one feel part of the family, despite his celebrity status, is always something I will remember about him.

DEBORAH SCHUTTE, MD

Medical Director
Cook Children's Heart Center
Fort Worth, TX
Mullins Fellow: 1998-1999

A Heartfelt appreciation to my mentor and dear friend, Dr. Charles Mullins

Arriving at Texas Children's Hospital (TCH) in the seventies, I had no idea that the single biggest influence on my career was about to transpire. This breakthrough came in the form of my training with Dr. Dan McNamara and Dr. Charles 'Chuck' Mullins. I soon learned that Chuck Mullins is not only a wizard in the Cath Lab but that he was also an extraordinary educator and a beautiful human being. During my four memorable years in TCH, Chuck became my lifelong mentor, a friend and a father figure for me. On my return to Cairo University I set about transferring my knowledge and developing my department, indeed still to this day, when I have a difficult case I call Chuck to get his opinion and advise. Everyone in my department knows when a difficult case goes well it is because 'I was trained by Chuck'!

Not only was he very generous to train me but he also trained the second generation of El-Said cardiologists in the form of my daughter, Howaida. Howaida has become an eminent Pediatric Cardiologist in her own right. It is difficult to describe the impact Chuck Mullins has had on my life and career. Only those who have been fortunate to experience it truly understand my gratitude and heart felt thanks to him. I only ask that God grant him good health, happiness and peace as small reward for the unconditional giving, support and empathy he gives freely.

DR. GALAL EL SAID

Professor of Cardiology, Cairo University, Egypt



Dr. Mullins and former fellows at his retirement party, December 2006.



Chuck's surprise birthday party in Texas with former fellows, 2019.



Dr. Mullins being promoted.



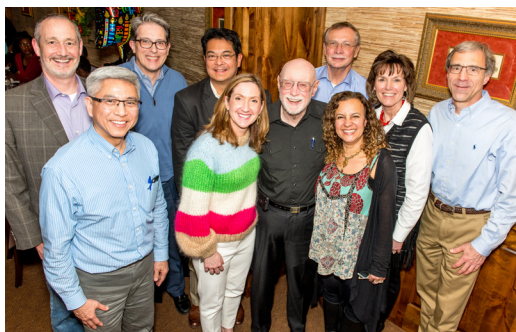
Dr. Charles Mullins

I started my training with Chuck as a 1st year Cardiology Fellow at TCH in 1978, before most of today's interventional procedures were performed. Larry Latson and I kind of got designated as Chuck and Howard Gutgesell's fellows, as combined cath/echo fellows. This meant that we had a great deal more independence in the cath lab compared to other fellows. We still had Gladys singing her gospel songs more loudly if she thought we were doing something wrong and Chuck was not in the room. However, I remember vividly how we had cardiologists from all over the world travel to TCH to learn how to perform a transseptal left heart cath. We pretty much performed transseptal technique in anyone we needed to get to the left side of the heart...regardless of the size of the patient. Remember, there was no balloon aortic valvuloplasty at that time and balloon angioplasty for CoA was a few years away. Heck, Jean Kan didn't even perform balloon pulmonary valvuloplasty on her pet bulldog Rumbo, until 1982! My fondest memory of being in the cath lab with Chuck, other than Gladys singing, was his saying if you were having trouble getting the catheter to go where it was supposed to go, "either change the catheter or change the catheter pusher!"

P.S. I think I got Raynaud's from burning my fingers in the steaming saline on the burner that we had to use to "shape" catheters before dipping them in the cold saline.

JOHN P. CHEATHAM, MD, MSCAI

Interventional Cardiology
The Heart Center, Nationwide Children's Hospital
Professor Emeritus, Dept of Pediatrics, Cardiology
The Ohio State University, Columbus, OH
Mullins Fellow: 1978-1981



From one of Chuck's Military Fellows:

Chuck's military background at Walter Reed made him the perfect mentor for me and for many other military fellows (Mark Duster, Pat Glasow, Mike Slack to name just a few). The sudden transition from a small military residency program and a few years practicing general pediatrics to the in-house intense and busy training experience at TCH was, to say the least, challenging. Chuck helped ease the pain with his deep understanding of our backgrounds, his supportive good humor, and his intense personal drive to develop the field of pediatric interventional cardiology.

During my time, fellowship itself was only two years (the third was optional). Fourth-year, focused interventional training, did not exist. I had only two years to soak up as much as possible and find my direction. Chuck made this simple for me. It took just a few sessions helping him implant the Rashkind PDA Occluder and ballooning some pulmonary valves and arteries, and I was hooked: The Cath Lab would be my focus. My procedural takeaways from Chuck were many, especially the trans-septal. But, the most important thing Chuck taught was what he calls "how to cath." I strive always to achieve the standards he set in those days, almost 40 years ago.

When my time at TCH was over, I was called back to the Army. Chuck stepped in and contacted some of his friends at Walter Reed. He told me very specifically that there was only one job in the Army for someone who wanted to focus on pediatric interventions. That job was at Walter Reed in Washington, DC. I thank Chuck to this day for giving me this guidance and assistance. Walter Reed turned out to be just the kind of medical environment I needed to develop.

Chuck didn't stop there. Within two years of my arrival at Walter Reed, Chuck came as a visiting professor. He gave some talks, but most importantly, he cathered with me for several days. I had collected a bunch of mostly diagnostic cases. As my "assistant," at the table he helped with some gentle guidance and suggestions. Within one week of his return to Houston, I received a three page, single-spaced typed letter with very detailed recommendations for improving my cath techniques and the pediatric catheterization protocols at Reed. Chuck's letter awakened me. It provided the inspiration to undertake my career long preoccupation with continuous technical improvement, patient risk reduction, and catheterization lab program improvement.

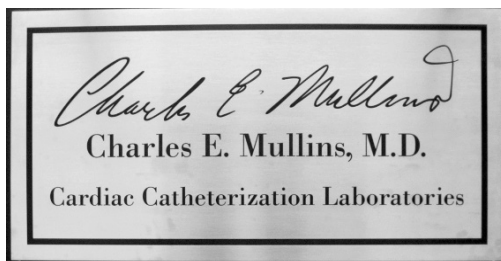
Throughout the intervening years, I have been fortunate to continue a close relationship with Chuck. It always helps in difficult procedures and in complex cath lab issues, to consider what Chuck would do.

JOHN MOORE, MD, MPH

Director, Division of Cardiology, Rady Children's Hospital—San Diego
Professor and Chief of Pediatric Cardiology, UC San Diego School of Medicine, San Diego, CA
Mullins Fellow: 1983-1985



Dr. Mullins receiving an award.



*Dedication
plaque for
the CE Mullins
Cardiac
Catheterization
Laboratories,
Texas Children's
Hospital,
Houston, TX.*



Dr. Mullins, honorary Texan, removes his cowboy boots to show how much leg hair has been lost cathing all those kids. The Doctors from left to right; Mark Hoyer, Tom Fagan, Chuck Mullins, Bill Hellenbrand, John Murphy, Larry Latson, John Cheatham and Bob Vincent.

I was fortunate to be one of the last fellows to work with Dr. Mullins in the catheterization lab at Texas Children's. I had the opportunity to travel with Chuck to San Antonio for research on multiple occasions which will always remain a highlight of my training career. We typically stopped on the way back home at his land he called "The Patch." This had a drought-stressed pond and, like everything else in Texas, the grandest tree house that he built for his grandchildren, elevated at least 20 feet in the air and a couple stories tall. The tree house is analogous of Chuck's career, larger than life. I have worked with, trained under, over, and alongside many people, and Chuck has the unique ability to combine education with excellent patient care, collegiality with friendship, and mentorship with career development. I still remember and quote a number of "Mullinsisms" that I continue to try to pass on to this day. One of my favorites to describe the right and left atrium is: "If I cut off your right ear and put it on the left side of the road, does it become a left ear?" I still hear his voice resonate from a chair at the end of the catheterization table. When unable to navigate a catheter or wire to the desired location I find myself saying, "You tried that three times, do you think the outcome will be any different the fourth? Why don't you do something different or just stop and take a picture?" I, as well as everyone else who had the opportunity to work with Chuck, know that he has contributed immensely to the field of cardiology, people's careers, and patient care in ways that go beyond the ability to express.

MARK LAW, MD

Associate Professor, Department of Pediatrics
Division of Pediatric Cardiology
Cardiology Fellowship Director
University of Alabama at Birmingham, Birmingham, AL
Mullins Fellow: 2004-2006

It's an honor to be able to say a few words in tribute to Dr. Mullins in this issue of Congenital Cardiology Today. I first met Chuck in February 1986, when he came to Toronto to proctor me on the transvenous long sheath technique to close the arterial duct with the Rashkind PDA device. After watching him do the procedure, I realized pretty quickly that I had a long way to go before I could (if ever) achieve the catheter techniques needed to be a successful Interventional Pediatric Cardiologist. During those few days Chuck taught me how to do a transseptal puncture...which we did to determine if there was any residual shunt after the implant. Pretty exciting for 1986! I also remember very clearly those ever-present cowboy boots he wore in the dead of winter north of the 49th parallel!

Chuck taught us...and he developed a subspecialty which has bettered the lives of all with CHD.

LEE BENSON, MD, MSCAI

Professor of Pediatrics (Cardiology)
Director, The Cardiac Diagnostic and Interventional Unit
The Hospital for Sick Children
University of Toronto School of Medicine
Toronto, Canada

It's hard to believe that I have been so lucky to know Dr. Chuck Mullins for over 40 years. It is truly an honor to have had Chuck as a teacher, mentor, and now, as a friend. Even in the 1970s, when I was a resident and fellow, no other physician commanded more respect and admiration at Texas Children's Hospital. His unrelenting insistence on absolute top quality and hard work shaped the character of a huge number of pediatric cardiologists, both in and out of the cardiac catheterization lab. His trademark was his "BELLOW", but these "corrections" only enhanced the sense of accomplishment from a word of praise. Many of us truly consider Chuck to be a model for how to be a firm, but fair and caring leader. The tales of Dr. Mullins' technical skills are legendary and well deserved. He would never abandon a patient/procedure in the cath lab until he got the information that was needed. He has constantly looked for better ways to understand and treat his patients. Transeptal catheterization, safe delivery of closure devices, pulmonary artery stenting, and many other techniques were all developed and/or refined by Chuck. His innovations have truly shaped the modern approach to cardiac catheterization for congenital and structural heart disease, and all accolades are richly deserved.

LARRY LATSON, MD

Director Pediatric Catheterization and ACHD
Joe DiMaggio Children's Hospital/Memorial Hospital System
Hollywood, FL
Mullins Fellow: 1978-1981



Arlene Mullins, Howaida El-Said, and Charles Mullins.



Graduation Night



Chuck Mullins was presented with his bronzed Cath boots at a ceremony for him at Texas Children's Hospital with John Cheatham and other former fellows in 2006.



As a retirement gift for Chuck, his fellows bronzed the boots he always wore in the cath lab.

I was the last interventional cardiology fellow to train under Dr. Mullins as he retired late in my 4th year of fellowship training. Of the many things I remember from my time with him, there are two things which will always stand out – his incredible dedication to interventional cardiology and his humility. Even in the late stage of his career during which I worked with him, he worked tirelessly as he continued to care for his patients and innovate. He had one dedicated day a week in the cath lab which we all affectionately called “The Mullins Day.” One knew if assigned to his lab that day they would see some fantastic cases, and that it would be a long day as he often had three complex interventions scheduled. He finished his book during my training, and I have one of the original signed copies. We were part of a team with the genetics group where we helped perform some procedures in the animal lab, and we needed to come up with a way to help deliver a viral vector for a gene therapy experiment. I remember him calling me to his office to show me a new balloon he created for these procedures which we called “The Mullins Monkey Balloon.” He was a patient teacher who always made time for people. He took such pride in teaching all of us and imparting his knowledge from his many years of experience. I can still hear his voice when thinking through procedures. He still comes by the cath lab at Texas Children's Hospital to see what we are up to and to watch a few procedures. I am truly honored to call him a mentor, colleague and friend.

GARY E. STAPLETON, MD

Associate Professor of Pediatrics, Baylor College of Medicine
CE Mullins Cardiac Catheterization Laboratories
Texas Children's Hospital
Mullins Fellow: 2003-2007

It was an honor for me to come to Texas Children's Hospital in 2003 to work in the cath lab of the legendary Dr. Mullins. I consider myself incredibly fortunate to have had the opportunity to observe, learn from, and work alongside Chuck for several years before he retired. His international reputation was beyond deserved: watching him work was like watching a master at his craft - getting into difficult places with a catheter seemed effortless to him, and he worked with a quiet confidence. I noticed that he was confident enough to allow his fellows a fair amount of freedom in the Cath Lab while under his supervision, something I still strive to do better myself. One of the qualities that I admire most about Chuck is his humility: despite his quasi-rockstar status among cardiologists around the world, he was never one to brag about his accomplishments. I also admire his strong marriage to Arlene, who has been his trusted companion all these years. Together they traveled the globe and made countless friendships, and impacted many lives: those who hosted them, and the many patients who benefited from Chuck's knowledge and skill. Chuck was a consummate clinician, academician, and most of all, innovator. His innovations have spanned many decades, and because of his contributions the field of interventional cardiology has been changed forever. He is a living testament to the fact that innovation is more than an occasional novel idea - it's an essential part of our profession, and it is the seed of tomorrow's life-giving treatments.

HENRI JUSTINO, MD, FRCPC, FACC, FSCAI, FAAP

Director, Cardiology Innovation
Co-Director, CE Mullins Cardiac Catheterization Laboratories, Texas Children's Hospital
Professor (Tenured) of Pediatrics
Baylor College of Medicine, Houston, TX



Pediatric Cardiologist

Springfield, Missouri

The Ward Family Heart Center at Children's Mercy Kansas City seeks a candidate to join our team as a pediatric cardiologist based at our CMKC owned practice in Springfield, MO. The successful candidate would join an existing group of 38 cardiologists (33 in Kansas City, 2 in Springfield, MO, 2 in Wichita, KS, 1 in Topeka, KS), 4 CV surgeons, and over 30 APNs. Experience and interest in outpatient cardiology and outreach is a must. Trainees in their final year are welcome to apply.

Candidates must be board-certified or board-eligible in Pediatric Cardiology. Strong communication skills are key. Salary and academic rank are commensurate with experience.

Springfield, Missouri is located in Southwest Missouri and has a rich and diverse history. It was founded in 1829 and is the third most populous city in the State of Missouri. The city has a plentiful and growing job market, great schools, world-class health care, and all the entertainment and cultural options of a big city—but with far less stress and an abundance of character and friendliness. The Springfield, MO based practice is the only pediatric cardiology practice in southwest Missouri, servicing 4 states. This practice sees over 4000 outpatient visits each year across 7 locations.

The Children's Mercy Heart Center serves a population of over 5 million in the heart of the U.S.A. We perform over 500 cardiac operations, 600 cardiac catheterizations including over 200 invasive EP procedures, 18,000 outpatient visits, and more than 20,000 echocardiograms annually. Our two state-of-the-art catheterization labs are both hybrid labs and equipped with the latest 3D imaging and EP technology.

Our Kansas City-based super-specialty resources include Electrophysiology (which includes Clinical EP, pacing and Genetic Arrhythmia), Cardiac Transplantation / Heart Failure, Interventional Cardiology and Advanced Cardiac Imaging (fetal echo, 3D echo, trans-esophageal echo, CT, MRI and 3D printing). We also provide specialized, team-based care in Fetal Cardiology (with on-site delivery services for high-risk neonates in Kansas City), Interstage Monitoring (CHAMP), Preventive Cardiology, Cardiac Genetics, Cardio-oncology, Single Ventricle Survivorship, Pulmonary Hypertension, a dedicated POTS clinic and Cardiac Neurodevelopmental services.

For more information or to apply, submit CV and cover letter using link below, or send to: physicianjobs@cmh.edu
<https://faculty-childrensmerykc.icims.com/jobs/30486/physician/job>

Aliessa Barnes, MD
Co-Director, Ward Family Heart Center;
Chief, Section of Cardiology
816.983.6225, apbarnes@cmh.edu



There are no words adequate enough to describe the impact Dr. Mullins had on our field. While I have not had the honor of having directly worked with Dr. Mullins, I somewhat consider myself an "indirect" descendent from Dr. Mullins teachings, thanks to John Cheatham, my mentor during my early career at Nationwide Children's. Dr. Mullins' textbook on "Cardiac Catheterization in Congenital Heart Disease" had almost become a bible to me during that time. I finally personally met Dr. Mullins for the first time at the 2006 Skills Workshop of the *ISHAC Symposium* in Columbus, Ohio. What stuck with me was his interest for anything new (and I think the photo showing him with Kurt Amplatz at that time is a great example of this). On a personal level, Dr. Mullins always took time to talk to and advise young cardiologists such as me. Not just an incredible cardiologist, but a wonderful human being.



Dr. Mullins and Mitch Recto in Houston, Texas, 1996.



Ron Grifka, Michael R. Nihill and Charles Mullins.

RALF J. HOLZER, MD, MSc, FACC, FSCAI, FPICS

Professor of Clinical Pediatrics
University of California, Davis
Director, Pediatric & Congenital Cardiac Catheterization
UC Davis Children's Hospital

Chuck,

It is difficult to put into words what a profound impact that you made on my career and life - and the entire field of Pediatric Cardiology. You have always been the perfectionist, whether it be in physical exam, obtaining pressure waveforms, performing angiography or stent placement. And, your perfectionism was contagious! I can still hear your words ringing in my ears, "Every angiogram should be perfect, you should want to put in a book" (and on occasion, "Ron, that one's not going in any book!"). You were the quintessential mentor; patient yet exacting, always leading us to our greatest potential. It was an honor to train with you, be on faculty with you and take over your cath lab. You made us better Cardiologists, Interventionalists - and people, and for that I am eternally grateful. Even greater than these achievements, you are a humble soul and a dear friend. Many thanks for all that you have done for me, our colleagues, our profession - and the kids! Best wishes to you and Arlene.

With respect and admiration, Ron

RONALD G. GRIFKA, MD, FAAP, FACC, FSCAI

Chief Medical Officer
Metro Health-University of Michigan Health
Professor of Pediatrics
University of Michigan Medical School
Attending Cardiologist, C. S. Mott Children's Hospital
Fellow: 1988-1992

I was welcomed into the TCH (Texas Children's Hospital) cardiology family by Dr. Mullins in July of 1996. I consider this probably the third most important event in my life following my marriage to Carla and the birth of my three daughters (one of whom was born in Houston). I remember that fall morning in September 1995 very clearly, it was 6:30am and I had just gotten off my Continental Airlines flight from Houston and had taken a cab from Newark directly to Mt Sinai Hospital in NYC. My Chief of Pediatric Cardiology, Dr. Richard Golinko, who was at the hospital early that morning, was literally screaming at the top of his voice for me to come into his office where he proceeded to inform me that he had just spoken to Dr. Mullins and that I had been offered the position of Pediatric Interventional Fellow to start July 1, 1996 at TCH. I don't know if Dr. Mullins even remembers the fact that even without first asking me, Dr. Golinko accepted the position on my behalf, clearly the best decision that Dr. Golinko and I both made! It wasn't until later that morning that I called Dr. Mullins to thank him personally. This singular event has shaped the course of my life for the next 24 years (literally until today). Dr. Mullins also helped me get my first job as an Interventional Cardiologist when he recommended to Dr. Bob Solinger at the University of Louisville that he take an unproven newly graduated pediatric interventional cardiology fellow, one whose visa status mandated a return to one's native country (in my case the Philippines) for two years. Dr. Mullins wrote the immigration service (I still have his letter of support) and together with the university was able to obtain a special O-1 visa that enabled me to work in this country without having to first return to the Philippines for two years. Over the next 24 years Dr. Mullins (and he will always be Dr. Mullins as I have an extremely difficult time calling him Chuck) has helped me at various stops in Louisville, KY, New Orleans, LA and now Children's Hospital Orange County in Southern California. I know that I will never be able to thank him enough for all his support, but can only hope that he continues to take great pride in knowing that he has impacted the lives of his many fellows and trainees. I wish nothing but many more good years of continued good health for both Dr. and Mrs. Mullins and will forever be grateful for their support and wisdom.

MICHAEL R. RECTO, MD, FACC, FSCAI, FAAP

Chief Pediatric Cardiology, Children's Hospital Orange County (CHOC)
Professor Clinical Pediatrics, University of California Irvine
Mullins Fellow: 1996-1997



John P. Breinholt cathing with Dr. Mullins.

I had the unique opportunity of traveling from Houston to San Antonio with Dr. Mullins on a couple of road trips to participate in animal research. Those days were a highlight of fellowship where Chuck would discuss the history of our field that he lived, the lessons he learned, full of insight or humor, and counsel to carry with you the rest of your career. You then spent the day, side by side with him, cathing a monkey. What more could you want?! I will always have deep gratitude for Dr. Mullins. I was just one of his many fellows, but when he witnessed a challenge I faced, he spoke out in support; you could always count on him to do what he believed was right. That action influenced important decisions that have shaped my career.

JOHN P. BREINHOLT III, MD

Professor and Chief, Pediatric Cardiology
Director, Cardiac Catheterization Laboratories
Phoenix Children's Hospital
University of Arizona College of Medicine - Phoenix
Mullins Fellow: 2003-2007



REMEMBERING DR. MULLINS

Chuck continues to be an outstanding teacher, motivator and mentor. Though 25 years have passed since I left Texas Children's Hospital, hardly a week goes by that I don't reflect upon my great fortune to have trained with him. As technically skilled as he was, I learned more from Chuck in terms of his clinical judgment and situational awareness. If something was worth doing for the patient, Chuck spared no effort to accomplish what was needed. He was aggressive, but appropriately so, and not cavalier. If something was not worth doing, or of marginal benefit, he recognized this and had no difficulty letting it go. I appreciated his exceptional skill of risk-benefit analysis, and often ask myself in the midst of cases: What would Chuck say about this? As time has passed, as evidenced by the photo, now I even emulate his look! Thank you, Chuck -- I am forever grateful!!

STEPHEN F. KAINE, MD, FAAP, FACC, FSCAI

Medical Director, Cardiovascular Laboratories
Associate Director, Ward Family Heart Center
Children's Mercy Kansas City
Associate Professor of Pediatrics
University of Missouri - Kansas City School of Medicine
Kansas City, MO
Fellow: 1992-1995



Dr. Mullins and Kurt Amplatz at the 2006 Skills Workshop of the ISHAC Symposium in Columbus, Ohio.

I'm a young-un. I trained with Dave Balzer and Shabana Shahanavaz in St. Louis, and I remember reading the Mullins textbook in the early months of Cardiology training. It was my way of proving my interest in the interventional work that he helped pioneer. I'm still amazed at what he's accomplished and how his work has laid the foundation for such an exciting field of medicine. I first met Dr. Mullins on the dance floor at PICS 2014 in Chicago, and I'm pretty sure he was wearing cowboy boots. Even though I never cathed with Dr. Mullins, it's been a real privilege to learn from his experience through his published work and by the mentorship of the Interventional community that he helped create. Brian Boe snapped this picture at PICS 2019 with the caption, "Imitation is the sincerest form of flattery that mediocrity (me) can pay to greatness (Mullins)!" I think he was referring to our haircuts, but I'd be thrilled if my career's impact could imitate his!

TOBY A. ROCKEFELLER, MD

Interventional Pediatric Cardiology
Ward Family Heart Center
Children's Mercy Kansas City
Kansas City, MO



"Emulating my professional father figure," Chuck Mullins and Stephen F. Kaine.



Dr. Rockefeller and Dr. Mullins at PICS 2019. Photo credit: Brian Boe



Dr. Mullins with Dr. Helen Taussig.

Interventional cardiology was barely "a thing" when I completed my general pediatric cardiology training. We were taught pulmonary and aortic valvuloplasty but coarctation angioplasty was "new". When I came to Dallas, there was minimal intervention; we needed to get into the game and so I reached out to several "interventionalists" to teach me some of the new things like PDA closures, coarctation and PA stenting. Chuck responded without hesitation, first, by letting me come down to Houston to observe cases I referred to him, then by coming up to proctor me on some procedures, and then by allowing me to train as a fellow in his lab (which by the way was against the better judgement of his chief who thought training me would lead to some competition in the state*). This is where I met so many wonderful people in interventional cardiology, people who would become life-long friends and colleagues. This is an incredibly important gift I received (not to mention the great training). My knowing Chuck led to being introduced to another person who knew Chuck, and then led to meeting others in this tight community, like an enzymatic cascade of introductions. This allowed me to meet people, PIs involved in clinical trials who were looking for new contributors. This led to meeting representatives in industry who were looking for large volume centers and then to participation in Phase I and II trials of every device we currently use. And finally, Chuck introduced me to and helped me recruit the second interventionalist in our group, someone who has become an innovative force herself in the interventional cath community, a gift to our program that keeps on giving. None of this would have happened for our center, or for me, if not for Chuck Mullins. These things represent the true generosity of this man and his legacy of giving to individuals, to the community of interventional cardiology and to the hundreds of thousands of patients who have benefitted from his actions. Thank you, Chuck. I am a much better person and doctor for having met you and I am extremely proud to call you my friend and colleague.

*Let's face it, everyone knows that few represent true competition to Chuck Mullins; he's a titan.

THOMAS M. ZELLERS, MD

Professor of Pediatrics, Division of Cardiology
UT Southwestern Medical School
Dallas, TX
Fellow: 1997





Children's Hospital Colorado

Affiliated with
University of Colorado
Anschutz Medical Campus

Follow Your Heart at Children's Hospital Colorado

The Children's Hospital Colorado Heart Institute's goal is simple: to improve the quality of life for all patients with congenital and childhood heart conditions. We do this by bringing together multidisciplinary experts, innovative research and advanced procedures. Join us in this work to help us make a meaningful difference for children and families through expert and compassionate care.

700+

Heart surgeries performed annually

90+

Cardiologists and advanced practice providers

20+

Outreach locations, spanning four states and 1000+ miles

OPEN POSITIONS

Medical Director, Cardiovascular Imaging

The Medical Director of Cardiovascular Imaging will provide overarching leadership for all noninvasive cardiovascular imaging activities. This position will be empowered to promote advancements in cardiac imaging techniques, provide mentorship and career development for faculty, and promote the education and training of fellows.

About our program:

- Imaging team that includes 14 faculty and 28 sonographers and technicians
- Advanced fellowship in cardiac imaging and cardiac echo research with core laboratory capability
- High-volume, multimodality imaging program (25,000+ echos, 1,700+ fetal echos and 600+ cardiac MRIs performed annually)
- Robust telehealth capabilities across referral region
- Faculty with expertise and research interests in 3D echo, strain imaging, cross-sectional imaging (including fetal cardiac MRI) and intracardiac echo

Medical Director, Single Ventricle Program

The inaugural Medical Director of the Single Ventricle Program will provide leadership of established single ventricle outpatient clinics and will be encouraged to develop a vision for how to optimize and advance the inpatient transition of single ventricle patients across all surgical stages.

About our program:

- Team includes six physicians, two advanced practice providers and a dedicated nurse coordinator
- Tied for the most Norwood procedures in the country in 2023
- Home to Complex Congenital Heart Disease Clinic for interstage patients with a home-monitoring program and Single Ventricle Continuity Clinic for patients stage 2 and beyond
- Fontan Multidisciplinary Clinic that includes expertise in pediatric and adult congenital heart disease cardiology, hepatology, pulmonology, neuropsychology and nutrition
- 96.6% Norwood survival

Medical Director, Fetal Cardiology

The Medical Director of Fetal Cardiology will provide critical leadership of strategic planning efforts and advancing medical education, research and quality improvement initiatives in both the Heart Institute and the Colorado Fetal Care Center.

About our program:

- Fetal cardiology team includes four cardiologists, two sonographers and a dedicated nurse coordinator
- 240+ deliveries with 105 attributed to cardiac abnormalities
- High-volume fetal echo telehealth program
- Membership in the Fetal Heart Society
- Regional referral center for fetoscopic laser photocoagulation treatment in twin-twin transfusion syndrome, fetal arrhythmias, heart block, cardiomyopathies, complex congenital heart disease and more

Medical Director, Heart Institute Quality And Safety

The Medical Director of Quality and Patient Safety will provide overall leadership of quality improvement and patient safety initiatives in the Heart Institute. This strategic leadership role will collaborate with the Chief of Cardiology, Cardiovascular Surgery and hospital and quality/safety nursing leadership to create sustainable plans for inpatient and outpatient teams in clinical effectiveness and patient and team member safety.

About our program:

- Robust partnerships with the cardiothoracic surgical team
- Monthly, multidisciplinary morbidity and mortality conferences
- ELSO Platinum Center of Excellence and only ECMO program in the region
- Core site for the Pediatric Heart Network, together with Washington University

To apply, please contact:

SHELLEY MIYAMOTO, MD

Co-Director, Heart Institute, Children's Hospital Colorado
Chair, Pediatric Cardiology, University of Colorado School of Medicine



Shelley.Miyamoto@childrenscolorado.org



CAREER OPPORTUNITIES

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Adult Congenital Heart Disease (ACHD) Cardiologist

Phoenix Children's
Phoenix, Arizona



Pediatric Cardiologist Heart Transplant and Advanced Heart Failure

Phoenix Children's
Phoenix, Arizona



Pediatric Cardiologist

Loma Linda University
Children's Hospital
Loma Linda, California



Paediatric Interventional Cardiologist

Hospital for Sick Children
The Labatt Family Heart Center
Toronto, Ontario, Canada



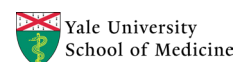
Medical Directors

Children's Hospital Colorado
Aurora, Colorado



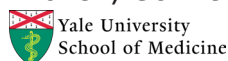
Assist / Assoc Professor of ACHD

Yale University
School of Medicine
New Haven, Connecticut



Assist / Assoc Professor Pediatric Cardiology, Non-Invasive Imaging

Yale University
School of Medicine
New Haven, Connecticut



Director of Fetal Cardiology & Pediatric Cardiologist, Fetal Specialist

Nicklaus Children's Hospital
Miami, Florida



Pediatric Cardiology, Advanced Imaging

Peyton Manning
Children's Hospital
Indianapolis, Indiana



ACHD and Non-Invasive Cardiologist Opportunity in Kansas City

The University of Kansas
Kansas City, Kansas



ACHD Cardiologist

Louisiana State University
Children's Hospital of New Orleans (CHNOLA)
New Orleans, Louisiana



Pediatric Cardiologist

Tulane University
Children's Hospital of New Orleans (CHNOLA)
New Orleans, Louisiana



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Advanced Imaging with
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MaineHealth Maine
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**Assoc / Assist Congenital
Interventional Cardiologist**

University of Maryland
Children's Hospital
Baltimore, Maryland



Pediatric Cardiologist

Children's Mercy
Springfield, Missouri



Pediatric Cardiologist

Columbia University
Vagelos College of Physicians
and Surgeons
New York, New York



**Adult Congenital
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My Visit to Havana

Robert Detrano, MD, PhD

An Idea

In the spring of this year, a young friend asked if I would like to accompany him to Cuba.

A travel agent had planned my young friend's trip to Cuba's factories, farms, and tourist sights. Cuba fascinates me—Fidel, Che Guevara, the Venceremos Brigades, and the 1962 missile crisis! How beguiling to see the upshot.

I am 81-years-old, and my remaining time is much less than my friend's. If I visit such an exciting place, it must involve some meaningful interaction with its people. I worked most of my life as a doctor and lived the most exciting part, caring for poor rural kids in Yunnan Province, China. Would it not be awesome to compare rural China's situation with that of other developing countries?

I had lived and worked in rural China between 2005 and 2020. I saw enormous development in rural pediatric heart health care during that period. Both statistics and my observations showed a rural personnel infrastructure that experienced increased quality and quantity of doctors and nurses. For example, in 2015, rural county hospitals did not have personnel, training, or equipment to perform pulse oximetry exams on newborns. By 2020, almost all large rural hospitals had these. How about Cuba, whose per capita GDP is much lower than China's?¹

I researched Google Scholar and found an article by the famous American Journal of Cardiology editor, William Roberts.² Roberts visited Cuba in February 2015 with fellow medical journal editors. He published a narrative of his journey in the December 2017 Baylor University Medical Center Proceedings. Roberts' visit happened a few months after the Obama administration lifted travel restrictions for American citizens. His article concludes with the sentence: "I am glad that the USA and Cuba have reestablished diplomatic relations."

LAX

On June 16, 2017, President Donald Trump issued a memorandum reversing many aspects of the Obama administration's actions regarding US relations with Cuba. In 2019, the Trump administration announced a total ban on tourist travel to Cuba. Professional visits were still allowed.

I communicated with doctors at the William Soler Pediatric Heart Hospital in Havana in August of this year. I told them about my experience in China diagnosing and referring kids with Congenital Heart Disease and that I wished to share these experiences with the staff at Soler during a potential trip to

Havana in September. Dr. Eugenio Selman, Director of the Hospital, liked the idea and said the 29th Cuban Congress of Pediatrics in the National Hotel in Havana would be an excellent opportunity. I sent the Congress organizers an abstract of my work on Eisenmenger's Syndrome in rural China. They liked the abstract, and Dr. Herminia Palenzuela, also of William Soler Hospital, agreed to do a round table discussion with me on the first day of the congress.

I needed to be more attentive to preparing the paperwork for my late September trip to Havana. I obtained the required visa and completed the Cuban customs form. Still, I was surprised that the US Treasury Department required an itinerary detailing all the hotels I would stay at, all the restaurants I would eat at, and everything I would do every hour in Havana. I discovered this strange rule when I checked in at the American Airlines airport counter.

Since there was no time to create the required itinerary, I missed my flight on September 20th and had to rebook for the next day when I returned with a beautiful explanation of hotels, restaurants, toilets, and sidewalks.

Hotel

I arrived at the Vedado Hotel in Havana on the afternoon of September 21st. The Vedado is a lower-priced Cuban government hotel. I only realized once I reached Havana that lower-priced government hotels are off-limits according to US Treasury Department rules. Family Air B&Bs and higher-priced hotels like the Havana National Hotel are okay, but not the



FIGURE 1 Dr. Palenzuela rounding with residents and medical students at William Soler Pediatric Heart Hospital



cheaper government hotels that I could afford. This transgression escaped the airport check-in clerk, who had approved my itinerary with the forbidden hotel.

The hotel front desk employee told me there were two rooms available. The first required climbing ten floors since the hotel could not find embargoed parts to fix the American-made elevator. The second available room had a great elevator, but no hot water because of the embargo-induced fuel shortage. Cuban weather is hot, so I chose the cold water.

William Soler Children's Heart Hospital

The following morning, a taxi took me to the William Soler Pediatric Heart Hospital. Dr. Eugenio Selman met me at the hospital door and led me to his office. We chatted for an hour about pediatric health care in Cuba. All Cuban mothers get free prenatal care at maternity centers, and all mothers deliver their babies in hospitals. All working mothers receive paid antenatal leave from 34 weeks of gestation, continued through the child's first year, to facilitate breastfeeding and childcare.

Prenatal care includes blood tests and fetal ultrasound. Women at risk for difficult deliveries, low birth weight babies, or higher-than-normal weight gain spend the last weeks of their pregnancies in maternity homes. When severe fetal abnormalities are found, usually of the heart, mothers are informed and given the choice to carry their pregnancy to term or undergo an abortion. Suppose the mother decides to go to term. In that case, when she is near delivery, the health system transfers her to a Havana hospital that is near a specialty hospital like William Soler in case her baby needs emergency surgery for critical congenital heart disease. These provisions have led to an infant mortality rate of 5 per thousand live births before the COVID-19 epidemic, similar to that in the United States.

Newborn Screening and Infant Care

Newborn heart screening includes a pediatrician's stethoscope exam and often pulse oximetry to screen for critical heart disease. All newborns undergo heel stick blood tests to screen for hypothyroidism, sickle cell disease, PKU, etc. Breastfeeding for up to one year is encouraged. All children undergo regular well-baby visits to the primary care doctor, including a cardiac stethoscope examination and a referral to a cardiologist for suspicious heart sounds or murmurs.

Providers deliver nutritional education for children up to two years of age. They monitor children for both dietary deficiencies and abnormal weight gain. Nurses and doctors counsel all children and adults regarding exercise and diet. I was surprised to see the fit appearance of Havana residents. There were fewer overweight or obese residents than I observed in the United States or Mexico.

Dr. Selman told me that there was a disturbing trend in infant and child mortality statistics over the past three years. The numbers were creeping upward. He attributed this to the effects of the reinstatement of the strict Cuba embargo and the COVID-19 pandemic. Regarding the latter, he noted that the blockade had prevented Cuba from acquiring United States COVID-19 vaccines and that the high cost had impaired their ability to purchase vaccines from other countries. Cuba successfully produced its vaccines, like ABDALA and SOBERANA, with about 93% efficacy.³

After our long conversation, Dr. Selman introduced his pediatric medical and nursing staff, including Dr. Herminia Palenzuela. Drs. Selman and Palenzuela gave me a full tour of the wards, PICU, and operating rooms. Patients are in rooms with one, two, or three beds. Mothers stay with infants and toddlers. William Soler Hospital is a teaching hospital. Medical and nursing students and pediatric residents regularly round with the medical staff. There are three operating rooms. Due to the embargo, the hospital has been unable to replace a broken oxygenator in one room and



FIGURE 2 Dr. Palenzuela receives award for excellence

needed equipment in another. The result is that the one working operating room is almost continuously used, and there is a long backup of patients who need surgery. Similarly, catheter procedures had to be suspended because the hospital could not acquire embargoed devices. See **Figure 1**.

My preparatory reading familiarized me with Dr. Palenzuela. She is 78-years-old. As a child, her ambition was to be a pediatrician. Large fund allocations for medical care had helped her realize her dream. She works full-time as a diagnostic pediatric cardiologist and takes care of her ailing husband at home. She does not think of retiring (4). She is dedicated to teaching young doctors and is active in professional organizations. Four days after my visit to Soler, the Cuban Society of Pediatrics presented her with an award for her dedicated and excellent care for Cuba's children.

The Streets and Hemingway

My wife, Shan Shan, and I spent that afternoon and most of the next two days touring Havana and its suburbs. Old Havana's streets are crumbling but still beautiful. They are safe from violent and petty crimes. They are crowded in the daytime and some also at night. Remarkable sights include the Revolutionary Square monuments to the heroes of the Cuban Revolution, the Prado, a long walking street from the Malecon sea wall to Central Park, the Plaza Vieja, and especially the multitude of 1950's classic American cars.



I love Ernest Hemingway. Who does not? Hemingway wrote his best works in Cuba, including *The Old Man and the Sea* and *For Whom the Bell Tolls*. He was an ardent fisherman and docked his boat at Cojimar in the eastern suburbs of Havana. We visited the Cojimar Terraza Bar and Restaurant, where Hemingway drank mojitos and wrote novels. Hurricane Helene prevented us from visiting his home in the southern suburbs.

Some have criticized Cuban food as bland and uninteresting. William Roberts called it mediocre. Shan Shan and I love lobster. Almost every tourist restaurant in Havana serves spiny lobster tails. Some are better because they are fresh. We would give Cuban food a score of 8.5 out of 10. The Lorenzo Paladar in central Havana and the Ajiaco restaurant in Cojimar were especially good.

During our street wanderings, visits to restaurants, and taxi rides, I chatted with Cuban pedestrians, waiters, diners, and drivers. Despite the travel guide's warnings about discussing politics, I found Cubans open and uninhibited. They suffer from medicine, fuel, food, and even water shortages. Most attribute their suffering to the American blockade and the economic downturn from the COVID-19 pandemic. A smaller percentage blame the Cuban government.

We met or saw tourists from diverse countries, including Germany, France, Canada, Italy, China, Vietnam, Russia, Mexico, Colombia, Japan, and Haiti. The absence of tourists from the United States added to the intrigue of our journey.

Pediatric Congress at National Hotel

The National Hotel is a relic from the 1950s when the American mafia controlled a large percentage of the Cuban economy. The hotel lobby has a photo collage of famous visitors. These include Winston Churchill, Frank Sinatra, John Wayne, and the mafia godfather, Lucky Luciano. In 1960, the Mafiosi and other criminals fled with the sugar barons to Miami. The National Hotel rooms were too expensive for my budget, but the lobby and garden sofas are comfortable. Dr. Palenzuela and I had a two-hour conversation on one of those comfy leather chairs.

I attended the congress's opening ceremony and most presentations on the first day. Though my spoken and listening comprehension of Spanish is abysmal, I can understand 90 percent of the text on the presentation slides because of my knowledge of the Italian language.

I presented Eisenmenger Syndrome in rural China using Spanish-translated slides and spoken English.⁴ I reported that 19 (1.5%) of 1301 congenital heart cases in my clinic population under 18-years-old in rural Yunnan, China, had Eisenmenger. My message to the audience of pediatricians was that their stethoscopes were the first line of defense to prevent Eisenmenger Syndrome in Cuba.

After my presentation, Dr. Palenzuela gave an informative talk about Eisenmenger Syndrome in Cuba. She reported the

prevalence of cases under 18 to be only 25 cases in the entire country, far less than what I had found in rural China.

The congress's closing ceremony included performances by professional Cuban dancers and young students of the dance academy. The ceremony also included awards for excellence in pediatrics, one of which Dr. Palenzuela received. See **Figure 2**.

Based on my visit to Havana and the William Soler Pediatric Heart Hospital and my conversations with Drs. Selman and Palenzuela, the Cuban people have done so much with few resources. Their health statistics are remarkable, with life expectancies similar to those of developed industrial countries. Their healthcare personnel infrastructure is exemplary. If you have questions, please get in touch with me.

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ROBERT DETRANO, MD, PhD

Retired Professor of Medicine, Radiological Sciences and Public Health University of California Silverado, CA, USA



Associate / Assistant Level Congenital Interventional Cardiologist - Pediatric Cardiology

Join the University of Maryland School of Medicine, Department of Pediatrics, Division of Pediatric Cardiology. As we grow our signature pediatric heart program, we are seeking Assistant and Associate level candidates to join a senior established Congenital Interventional Cardiologist as a second interventional cardiologist. Newly graduated fellows as well as early to mid-career I.C.s are welcome to apply.

The successful applicant must have a MD or MD and PhD degrees, or their equivalent. Candidates should have clinical training in Pediatrics and Pediatric Cardiology (completed fellowship and be board eligible or board certified). Preference will be given to candidates who have expertise in interventional cardiology and either fetal imaging or general cardiology.

Position Highlights:

- Superb working environment including 10 physicians and a commensurate group of NPs
- Collaborate with experts, including a world renowned pediatric cardiac surgeon, genetics, behavioral pediatrics and pediatric neurology and board certified adult congenital cardiologists
- Excellent collaborative research and leadership opportunities
- Strong inpatient and outpatient cardiology practice to include nine practice sites across the State of Maryland

Features:

- Full spectrum of care from prenatal and birth to childhood and adulthood, all in one hospital
- **BRAND NEW!** State of the art Bi-Plane Philips Cath Lab configured for a full spectrum of procedures in pediatric congenital and adult congenital cardiac diagnostic and interventional procedures
- **Full Pediatric Cardiac Anesthesia support**
- State of the art 52-bed Level IV NICU- currently a **U.S. News & World Report top 50 ranked Neonatal ICU**
- 19 bed PICU
- 6 bed IMC
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- 20 bed Pediatric Emergency Department

Benefits/Perks:

- Very generous leave package
- Dependent tuition remission for any school within the University of Maryland system
- Excellent pension/retirement plans
- Very competitive salary with bonus opportunity
- Call schedule not more than 1 in 8
- Cath

The University of Maryland Children's Hospital (UMCH) has a renowned Children's Heart Program with dedicated cardiac PICU beds. We have recently expanded our critical care, neurology, and neonatology services providing opportunities for career development. We are also home to a pioneering artificial blood clinical research program.

We are located near the downtown Inner Harbor area, just one of Baltimore's many outstanding attractions. From fine arts and orchestras to professional sports teams, first-class dining and shopping to a wealth of historical sites, our city offers a full range of recreational and cultural opportunities. Washington, D.C., Philadelphia and New York City are within easy reach, as well as beaches to the east and mountains to the west. Educational excellence abounds, as do family-friendly neighborhoods and urban living options. Visit us online at www.ummsphysician.jobs to learn more.

Applicants should apply online:

<https://umb.taleo.net/careersection/jobdetail.ftl?job=210001JO&lang=en>
(Position Number: 03-314-498)

UMB is an equal opportunity/affirmative action employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected Veteran status, age, or any other characteristic protected by law or policy.



**Nicklaus
Children's
Hospital**

Where Your Child Matters Most

Director of Fetal Cardiology & Pediatric Cardiologist, Fetal Specialty

As the **Director of Fetal Cardiology** in Miami, FL, you will lead a dedicated team in providing exceptional care to expectant mothers and their unborn babies facing complex cardiac conditions. This role offers a unique opportunity to make a difference in the lives of families by providing advanced diagnostic and therapeutic interventions for fetal heart abnormalities. The candidate is expected to have demonstrated clinical excellence and leadership success in their career. Additionally, this leader will uphold unwavering integrity and adherence to ethical standards. [Click to apply.](#)

We are also hiring a passionate **BC/BE Pediatric and Fetal Cardiologist** to join our team in Palm Beach County, FL. The ideal candidate will have a strong desire to develop a community-based general pediatric cardiology practice with an emphasis on fetal cardiology. The candidate would collaborate with local hospitals and neonatology practices and provide personalized services to pediatricians, family practice providers, and maternal-fetal medicine specialists in these communities, with a focus on growing the practice within the region. [Click to apply.](#)

Nicklaus Children's Hospital Heart Institute is a renowned center of excellence dedicated to providing world-class cardiac care to pediatric patients. With state-of-the-art facilities and a multidisciplinary team of experts, we deliver comprehensive, compassionate, and cutting-edge care to children with congenital and acquired heart conditions. The Heart Institute offers a wide range of services including the management of patients requiring complex congenital heart surgery, interventional catheterization, invasive electrophysiology, non-invasive imaging (fetal and cardiac MR/CT) and preventive cardiology. Our pediatric cardiology and cardiovascular surgery services are ranked among the nation's best for pediatric cardiology and heart surgery by U.S. News & World Report.

Competitive compensation and benefits package.

Qualified candidates please contact:

Joyce Berger

Physician Recruiter

Joyce.Berger@nicklaushealth.org

786.624.3510

Danyal Khan, MD

Interim Chief, Cardiology

Nicklaus Children's Hospital Heart Institute

Danyal.Khan@nicklaushealth.org

NicklausChildrens.org/NCPS DFW



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29TH-31ST

Cardiology Forum 2025

Chicago, IL, USA

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COLUMBIA UNIVERSITY

Pediatric Cardiologist

THE OPPORTUNITY

This opportunity to join the Department of Pediatrics at the Vagelos College of Physicians and Surgeons at the rank of Assistant Professor is an exciting one. Columbia University Irving Medical Center, one of the nation's foremost academic health science centers working together with one of the nation's premier health systems, New York-Presbyterian Hospital.

The Division of Pediatric Cardiology at the Columbia University Irving Medical Center and Morgan Stanley Children's Hospital of New York-Presbyterian seeks a full-time pediatric general cardiologist to join our newest facility at the Center of Excellence in Westchester. The successful applicant will become a full-time faculty in the Department of Pediatrics at the academic rank of Assistant Professor. Proposed academic rank will be commensurate with training and experience. The desired candidate will have a passion to providing exceptional patient care and innovation alongside of our current General and Preventative Cardiologist. Candidates must be board certified or eligible in Pediatric Cardiology.

The New York Presbyterian Pediatric Heart Program (joint with Cornell University) is ranked among the nation's top cardiology & heart surgery programs by US News & World Report. Our training program includes 15 general cardiology fellows and 4 advanced training fellows. Our combined surgical program treats patients with the highest disease complexity.

The Pediatric General and Preventative Cardiology Program Columbia University Irving Medical center is one of the largest programs for children with congenital heart disease in the United States. We have 5 full-time pediatric general cardiologists. Activities include performing inpatient pediatric cardiology evaluation and testing at CHONY and outpatient pediatric cardiology evaluation and testing at our newest offsite location.

KEY RESPONSIBILITIES

Maintain timely and complete EPIC chart notes, reports, and communication with primary care/referring physicians and other relevant subspecialty physicians. Participate in multidisciplinary clinical management initiatives with other subsections within Pediatric Cardiology. Participate in division and department quality improvement initiatives, including within the department. Maintains varied hours on a rotated schedule with other physicians to ensure that there is always a physician on-call during non-business hours. Comply with all billing, coding, documentation, and regulatory requirements. Participate in divisional conferences, Department of Pediatrics grand rounds, morbidity and mortality conferences, and faculty development education.

Additional clinical responsibilities will include outpatient and inpatient pediatric cardiology subspecialty care as well as conference preparation and on-call duties. Academic advancement along an investigator, educational and/or applied health care track is expected and supported depending on present rank.

PROFESSIONAL EXPERIENCE/QUALIFICATIONS

- Must have a MD or DO degree and an active NYS Medical License
- Must be Board certification in Pediatric Cardiology.
- The ability to serve on our Inpatient and Outpatient Offsite services.

COMPENSATION

Compensation arrangements are competitive and commensurate with both experience and achievement.

To apply, please visit: <http://apply.interfolio.com/159317>

COMMITMENT OF DIVERSITY

Columbia University is an Equal Opportunity/Affirmative Action Employer and Educator. The University is dedicated to the goal of building a culturally diverse and pluralistic faculty and staff committed to teaching and working in a diverse environment, and strongly encourages applications from women, minorities, individuals with disabilities, and veterans.

Columbia University welcomes applications from individuals who may have had nontraditional career paths, or who may have taken time off for family reasons (e.g. children, caring for disabled or elderly family), or who have achieved excellence in careers outside of academia (e.g., in professional or industry service). The University is responsive to the needs of dual career couples and is committed to supporting the work-life balance of its faculty. We are interested in candidates who have a record of success advising and mentoring individuals from groups underrepresented in higher education and is particularly interested in candidates who have research interests in subjects that will contribute to the understanding of diversity and equal opportunity.

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