From your Medical Corps Chief, RADM Raquel Bono:

Last month, I had the opportunity to visit all of Navy Medicine’s teaching MTFs as part of the “Intern Roadshow”. The Intern Roadshow is an annual event in which the Medical Corps Chief’s office orients newly reported interns to their GME and operational options after internship. This year, CAPT Jamie Oberman, MC Career Plans Officer, and LCDR Deepak Devasthali from PERS-4415 accompanied me to NMCSD, NMCP, NH Jacksonville, NH Camp Lejeune, NH Camp Pendleton, and the joint MTF, WRNMMC. During those visits, we had several operational MC leaders who shared their personal career paths, while we introduced MC career planning and leadership development support from the Corps Chief’s office with Navy Medicine’s newest MC accessions, other GME trainees, other MC officers and the Commands’ staffs.

During these trips, I also took advantage of geographic proximity to visit NH Bremerton, NH Camp Pendleton, NH 29 Palms, BHC Cherry Point, Beaufort, Charleston, and NH Pensacola.

During each visit, I was reminded of what makes Navy Medicine so uniquely successful and relevant to the Military Health System (MHS) of the future. Each command demonstrated how they have aligned themselves with Navy Medicine’s Strategic Goals of Readiness, Jointness and Value. VADM Nathan, our SG, has positioned Navy Medicine to leverage the opportunities that the MHS Governance and Defense Health Agency (DHA) offer as the MHS shapes itself for the challenges ahead, which include more stringent fiscal accountability, robust force shaping and ongoing, as well as, evolving health services support missions.

The conversations I had during each visit were often spirited and interactive. We touched on a variety of issues that impact not only Medical Corps officers, but also all of Navy Medicine. The discussions highlighted the shared decision-making efforts between the Services’ (Army, Air Force and Navy) Medical Departments and DHA, which have resulted in the recent acquisition of the new EHR, the stand-up of the DHA’s Shared Services and the creation of the enhanced Multi-Service Markets (EMSMs). Aligning efforts across military medicine is a goal shared by all Services and is extremely important at the MTF level as our current fiscal environment challenges us to deliver care in a highly efficient manner to the greatest number of beneficiaries. This is not only an integral element of our stewardship responsibilities as public servants; it is vital to the maintenance of our clinical excellence.

The future of Navy Medicine includes more than just the Navy. The future is becoming increasingly tri-service and depends on Navy Medicine successfully working with the medical communities of our sister services, the Army and Air Force. More and more of our programs, MTFs and initiatives are staffed and executed with the other services. We are moving towards Jointness and our Surgeon General has set the goal that Navy Medicine will lead the efforts into Jointness. To do so, it is necessary that we acquire the skill sets needed to succeed in and shape the joint environment.

Continued on next page
From the Corps Chief (cont.)

The other elements of Navy Medicine’s strategic plan - Readiness and Value - are equally important. Our readiness depends on our ability to generate value within the MTFs – value to our patients and value to our staffs. When we see patients at the MTFs (direct care), we save the costs of care provided in the civilian network (purchased care) while maintaining a high level of clinical competency and proficiency. By maintaining those critical skills within the framework of a highly reliable organization (HRO), we remain consistently prepared for any type of operational or contingency event at a moment’s notice.

The Medical Corps is an extremely well trained and competitive cadre of clinical leaders. This is a distinct benefit as it allows Navy Medicine to select leaders from a broad pool of top performers. Now, more than ever, we need your clinical leadership. We need people who can help us move the dial on Readiness, Jointness and Value and create the conditions so that the work at the deckplate level has a direct impact on the strategic goals. Our Medical Corps officers need to help set the tone for this level of performance to help us get to where we need to go.

Regardless of whether you are interested in leadership positions, make sure that what you do counts and contributes to Navy Medicine’s goals of Readiness, Jointness and Value. Don’t overlook nor underestimate your ability to influence and create positive change in others’ behaviors, the environment and our system. In doing so, you are being a leader, contributing to our strategic goals and making a difference. Those who aspire to leadership roles, the Medical Corps Chief’s office is here to help you prepare and develop the additional competencies and skills needed for effective leadership. Drop me a line (raquel.c.bono.mil@mail.mil) or contact my deputy, CAPT Mae Pouget (mae.m.pouget.mil@mail.mil) to get started.

Our Military Health System is poised for significant change and Navy Medicine should be the lead for many of those efforts. I like our odds! As always, I’m proud to be your Corps Chief and proud of all that you do to make Navy Medicine great. Thank you!

A Special thank you to the operational leaders who participated in the Intern Roadshow:
- CAPT Richard Paver
- CAPT Kim Toone
- CAPT Jeff Timby
- CAPT Theron Toole
- CAPT Tara Zieber
- CAPT Sean Barbabellas
- CAPT Raymond Batz
- CAPT Edward Waters
- CDR Fred Harris
- CDR Rhonda Wallace
- LCDR Wade Zimmerman
- LCDR Deepak Devasthali
- LT Blair Townsend
- LT Joshua Major
- LT Ben Lehmann
- LT Angela Senese
- LT Sean McIntire
- LT Jared Heal
- LT Cesar Mojica-Vazquez

If you want to read more on the conversations I had during my visits, check these sites:
- Portsmouth Blog
- Jacksonville Air News
- NH Camp Lejeune Facebook
  https://www.facebook.com/NHCLejeune?ref=aymt_homepage_panel#!/NHCLejeune/posts/879250995463862

Want to continue the conversation that we started during my visits? Visit our milSuite page at:
Career Planner

There are some exciting initiatives underway to modernize the Navy's personnel system. The changes that physicians should be aware of are:

A proposal in the works that would significantly alter how the Navy issues our bonuses and special pays. However, this is several years away. Specialty leaders will receive specific guidance from Mr. Marin, Director, Navy Medicine Special Pays Program, during the December 2015 Specialty Leader Business meeting.

Information on special pays: http://www.med.navy.mil/bumed/Special_Pay

Changes to the physical fitness assessment/body composition assessment (PFA/BCA), and expanded fitness hours are detailed in NAVADMIN 178/15.

Changes to the maternity leave policy and expanded child development center hours, detailed in NAVADMIN 182/15.

Career Intermission Program

The Career Intermission Program, as authorized by the FY09 National Defense Authorization Act (NDAA), allowed 20 officers and 20 enlisted per year for four years (2009-2012) the ability to transfer out of the AC and into the Individual Ready Reserve for up to 3 years while retaining full health care coverage. NAVADMIN 089/12 announced the extension of the CIP program as authorized by the FY 12 NDAA.

Interested participants should submit an electronic package to N134 Program Managers for consideration. Packages will be reviewed for eligibility and routed to the member's Detailer (PERS-4) and Community Managers BUPERS-3) before final approval by Commander, Navy Personnel Command (NPC). Individuals in training are not eligible.

Participants leave Active Duty and electronically "muster" for accountability purposes during their time in the program (up to 3 years). Upon returning to Active Duty, the Navy will adjust the date of rank for participants so they compete in promotion boards with those people at the same experience level.

Participants retain their full medical/dental benefits for themselves and their dependents, as well as NEX/Commissary benefits. Participants will also receive a small reserve stipend equal to 2 times 1/30th of their basic pay.

Obligated Service (OBLISERVE) is required, participants will serve 2 months for every month in the program. Service members are eligible for GI Bill while participating in the program, but not for Tuition Assistance. Questions? Please contact the N134 Program Manager: LT Ashley Morrison at ashley.c.morrison@navy.mil

USUHS Faculty Appointment Process

Were you aware that you could become appointed as USUHS faculty? If you have ever participated in the teaching process of USUHS students, you may be eligible.

Interested MC officers will have to send an updated CV (that shows a history of teaching USUHS students), a letter from your DH or PD attesting to involvement, and USU Form 107. This is outlined in further detail, including the forms needed on our MilSuite site.

For questions involving this process, please contact: LMctigue@usuhs.mil or CAPT Oberman.

ADDITIONAL QUALIFICATION DESIGNATOR (AQD)

AQDs can be found in their entirety in Appendix D of NAVPERS 15839I, Volume II (NOOCS manual), contact your detailer (via email/phone) or the career planner for guidance or questions on required documentation, qualifications and the overall process. AQDs will only be assigned/awarded after a record review, or after the appropriate documentation is submitted, to determine that eligibility requirements have been met.

AQDs can impact leadership/billet/job opportunities and can affect promotion. Make sure yours are accurate.
Conference Travel Update

Think you are frustrated with the conference approval process? Try working with it every day for the last year. That is what the Medical Corps Chief’s Office Fellow, LCDR Jami Peterson has been doing - and doing well. Fortunately for us, she now has it down to a science. Below are tips and techniques provided by the good LCDR to ease your own pain - just like a good internist does.

HELPFUL CONFERENCE PACKET PREP TIPS:

- A complete packet consists of 5 attachments: The conference brief sheet, the attendee data sheet, the request memo, the roster and the conference agenda. These forms (and other important information) can be found at http://www.med.navy.mil/Pages/Conference-Info-2.aspx
- A complete packet must be received 90 DAYS prior to the start date of the conference. This deadline is FIRM. A packet >$90K in cost must be submitted 120 days prior to the start date.
- Download the conference approval forms directly off the BUMED website. They are frequently updated and if old forms are used, the request packet will be returned.
- Be very aware of the first day of the conference. This has become one of the biggest reasons packets are delayed or miss internal deadlines. If there are pre-courses, workshops or board review courses that precede the actual conference, be sure the additional cost is included AND that the travel dates on the ADS reflect the attendees’ actual travel. Travel dates should be one day prior to their actual participation in the conference (unless they are local) and if the conference ENDS early in the day (before 1500) travelers should leave on the listed last day of the conference. This has been a recent area of heavy scrutiny and multiple packet errors. Conferences are becoming complex entities with multiple pre and post conference activities. Also, some conferences list the first day as "optional pre-registration and poster set up."

Thus, if the first day of the conference doesn't really have any substantive activities make sure the travel date is NOT one day before a non-substantive/non-participation day. Travel dates should be accurately reflected for every traveler.

- Individual criteria for attendance: presenting (INCLUDE TITLE), committee member (NAME COMMITTEE), panel discussionist (NAME PANEL), CME (how many CMEs does their state license require, how many do they have and when does their gathering cycle end ie "CA requires 30 specialty specific category I CME every 2 years, attendee has 15 category 1 CMEs for gathering cycle ending in 2015, this is the last conference to get required CMEs", skills enhancement ie "ortho surgeon stationed OCONUS in a low acuity, low volume setting for 2 years and will be returning to a MEDCEN, this conference allows critical updates and surgical technique labs important for skills enhancement." "Attendee has not been to a funded CME conference in over 2 years."

- DO NOT CUT AND PASTE IDENTICAL REASONS FOR ATTENDANCE, that is an automatic no-go. For example repeating "this is the premier conference for my specialty. My attendance is beneficial to my practice and will benefit the Navy" is not accepted.

If you have any questions please reach out at any time. The better the quality of the submitted packet, the faster it moves through the approval layers. I am here to help! Good luck and Godspeed!

LCDR Jami Peterson
Transgender issues in the military have taken on a front-of-the-line status with regards to policy and procedures. On July 28th, The Secretary of Defense (SECDEF) released a memo to the service secretaries effectively stopping all involuntary separations based solely on gender identity issues without further approval of the Under Secretary of Defense for Personnel and Readiness. A working group was tasked to develop policy options. Which are due to SECDEF by the end of January.

At this time, the only transgender related medical care that Navy Medicine (and the other services) are authorized to provide is mental health care. Medications and Surgeries are not authorized nor are they TriCare approved. The bottom line is standard care rules applies.

We strongly recommend that caring, compassion, and respect for an individual’s personhood be followed and adhered to at all levels of care. If you may have the opportunity to care for this population, please be cognizant to honor the patient’s preferred gender identity and use the pronouns and terminology that the patient prefers. A good rule of thumb in general prevention and screening is to provide care for the anatomy present, regardless of the patient’s self-description or identification while being respectful and honors the patient’s self-description or self-identification.

As anticipated policy changes come out we will ensure your specialty leaders and communities receive them.

**New EHR announced**

At the end of July, the MHS Electronic Health Record contract award was awarded to Leidos, Inc, a Reston, VA based company was the winner of a long process. From the Assistant Secretary of Defense (Health Affairs): "This EHR will produce a significant improvement in usability for our clinicians and our entire medical workforce, advance our ability to share information across our systems of care, and further enhance our ability to monitor and improve that care delivered. And, our patients will be better able to monitor their own health, communicate with providers, therefore becoming more informed and engaged in their own care."

The commercial product will deploy in 2016 in the Pacific Northwest including NH Bremerton, NH Oak Harbor, MBHC Everett, and NBHC Bangor.

Progress and updates can be tracked at: https://mhs.health.mil/ForStaff/NewElectronicHealthRecord.cshtml

**Upcoming Policy Updates**

- Navy GME instruction (BUMEDINST 1524.1B) is being updated
- Navy Medical Staff Bylaws (BUMEDINST 6010.17B) is being updated

If you feel that there is a BUMED instruction that needs updating, please contact CAPT Thier at gregory.t.thier.mil@mail.mil to discuss
Congratulations, Commanders (select)!

Budzik Carol Lynn
Byrd Kevin Andrew
Cardoso Mario Jorge
Clapp Robert Nathan
Clark Max Arnold II
Cox Justin Michael
Deaton Travis Granger
Debuse Mark Raymond
Demitrack James Gus
Dierks Joy Ursula
Do Tai Anh
Doss Roderick Hugh
Drinkwine Benjamin Joh
Elliot Jonathan Neil
Elliott Daniel Prentic
Espinosa Octaviano
Espiritu Samuel Gilber
Flanagan Michael Casey
Fowler Ian M
Frey Warren K
Frye Marcia Lynne
Glaser Jacob Jackson
Gordon Jason Andrew
Gordon Wendy Taylor
Grabo Daniel John Jr
Hoang Thanh Duc
Humphries Ashley Eliza
Hurst Donald William
Johnson Mark Douglas
Kidd Grant Adam
Klimpel Jennifer Etcs
Klimpel Thad Donald
Knipp Brian S
Koch Richard Adam
Krause Robert J
Landers John Thomas
Lund Mark Frederic
Lutgendorf Monica A
Mann David Martin
Martin Merle Blair
Masterson James
McDowell Jacqueline Ch
Mercado Michael Gasmen
Miladi Anis
Mingo Alicea Marie
Moore John Davis
Moyadelpino Nicolas Br
Nellis Joseph Anthony
Nelson Cameron James L
Nguyen William B
Oliver Kate Eleanor
Olszewski Mariusz A
Osier Charles J Jr
Oxner Christopher Ryan
Perkins Michelle Alain
Pomicter Gregory Ryan
Quackenbush Todd Alexa
Quiko Albin S
Rapley James Carlos II
Reem Jennifer Michelle
Reoma Junewai L
Roberts Dustin James
Rockwood Jason H
Rohloff Jesse James
Saeed Omar
Seigh Mark R
Sheu Robert Gregory
Smith Wayne R
Staub Stephen James
Stolldorf Hunter Scott
Terrien Brian D
Thies Joseph Bennett
Ventura Ellie Lee
Villarroel Michael Lou
Villarroel Sarah A
Waclawski Richard John
Waldman Leslie Ann
Webb Patrick D
Whitfield Denise A
Wilson Geoffrey W
Worlton Tamara Jean
Zizak Vincent Augustin

The results of the FY-16 O-5 Staff Selection Board that convened on 24 March were released on 9 July. Please join the Chief of the Medical Corps in congratulating these Medical Officers who have been selected for promotion to the rank of Commander!

Alavanja Maria Aspromo
Anderson Terrence D
Andrews Christopher M
Banks Steven Reid
Barry Michael J
Becker Richard Leroy
Bell Deirdre Annea
Bergstrom Curt A
Blevins Kasina J
Blitz Jason Bernard
Boodoo Roger
Boose Wesley David
Briones Norman Yanzon
Emergency Preparedness

Are You Ready? September is Disaster Preparedness Month. Blizzards in the Northeast. Cyclones in the Pacific. Typhoon Dolphin. Where and when is the next natural disaster going to strike?

Please make sure you and your families are prepared. The following resources are good starting points:
- https://www.ready.navy.mil - FEMA-based recommendations for how to prepare for various emergencies. An excellent one-stop destination so that you can Be Informed, Make a Plan, and Build a Kit.
- http://www.iii.org/ - the Insurance Information Institute has unbiased information about what to look for with your insurance policies. Then, talk to your insurance company.
- http://www.ready.gov/financial-preparedness - link to an Emergency Financial First Aid Kit - this document helps you organize all the financial information you need in an emergency. Very useful just to get the basics of your financial life organized.
- http://www.theredguidetorecovery.com/ - website with multiple links on what to do after an emergency (protecting your home from further damage, dealing with insurance companies and contractors, documents to have available, etc.). Like in any emergency, you get better results if you read the instruction manual before you actually need the information.

All it takes is a few minutes to begin preparing.

Thanks to CAPT Leininger for sources

Medical Corps Reserve

LCDR Jason Park is a board certified anesthesiologist and a Navy Reservist who drills with the 3rd Force Reconnaissance Company in Mobile, Alabama. His primary mission has been helping his Reserve unit’s corpsmen improve medical readiness. Prior to his arrival, medical readiness was falling short despite the hard work and best efforts of the corpsmen. This shortcoming was largely due to the absence of a Medical Officer for the Company. The shortfall was compounded by many of the Marines not living near military treatment facilities (MTFs). Since his arrival, medical readiness has improved to near 100%.

Another primary duty is performing special duty physicals and helping fulfill medical requirements for Marines heading off to various training commands. LCDR Park assists in providing medical support for field exercises, such as rifle/pistol range evolutions, jump exercises, and amphibious training. He says, “The best part about supporting these exercises is the opportunity to participate in the evolutions. I have been able to get my rifle and pistol qualifications, attend airborne school, and now jump regularly with the Marines.”

One ongoing challenge for the command is the medical readiness of the divers as they neither have a designated Undersea Medical Officer (UMO) nor an easily accessible one to ensure these Reservists are medically qualified to dive. This has left many of the divers unable to train.

Seeking a solution, it became apparent that there was a need for more UMO’s in the Navy Reserve. It is because of this impact on mission readiness that LCDR Park applied for and was accepted to train as an Undersea Medical Officer Candidate (UMOC).

His desire to attend the UMOC course also stemmed from a life-long interest in the underwater environment and the ability of humans to thrive there. Clinically, there are also many similarities between the principles of diving physiology and his specialty in anesthesiology.

LCDR Park feels fortunate as a Reservist to have been selected to be a part of UMOC Class 112. “It is a privilege to meet and train with the Navy’s future Undersea Medical Officers. The training thus far has been physically rigorous and academically demanding as well as fascinating and fulfilling,” said LCDR Park. He went on to say, “The challenges and hazards to humans underwater have been highly stressed upon us as well as how to keep humans safe at the extremes of atmospheric environments. I look forward to my continued training and to my future service as an Undersea Medical Officer.”

LCDR Park will be the first Navy Reserve Medical Officer to complete the full six-month Undersea Medical Officer course in recent memory.

Newly promoted LCDRs in the Reserves

Congratulations to the following Reserve Medical Corps Officers for promotion to Lieutenant Commander:

Aquino Theodore Lee
Bower Paul Edgar
Crosby Mark Isaac
Fitzgerald Steven Matt
Freeman Brian Lee
Kaminsky Michael Ed
Kulzer John Kent Jr

Mallick Ronobir Ranjan
McCord Caitlin Meghan
Menger Richard Philip
Morrisonpence Daphne
Philipp Sarah Kathleen
Pride Keth Mackenzie

Pulos Nicholas Alan
Schneider Eric Peter
Stockslager Steven G
Thorpe Mary Arbuthnot
Tran Diepdenise Ngoc
Werner John Kent Jr

7
Congratulations, Lieutenant Commanders (select)!

The results of the FY-16 O-4 Staff Selection Board that convened on 12 May were released on 27 July. Please join the Chief of the Medical Corps in congratulating these Medical Officers who have been selected for promotion to the rank of Lieutenant Commander!

Brandon Elise Cooper
Brock Marie Elizabeth
Brown Taylor Adam
Bruce Timothy Peter
Buckley Kerry L
Buckley Ryan Thomas
Buckley Sarah Basha
Bullard Susan Ashley
Burbanodelara Patrick
Burgess Matthew Daniel
Butler Nathan Henry
Butler William Jason
Buttolph Amelia Harris
Bylund William E
Carter Kristopher Ever
Cassilest Kristi Linne
Chang Allen Duanhsu
Chi Benjamin B
Cochran Grant K
Cole Geoffrey John
Corrado Richele Lynn
Cripe Paul
Cruz Chris Albert
Darling Nicholas Andre
Davis Christopher Alan
Dean Daniel Joseph Jr
Deboer Derek Lee
Degeus John Benjamin
Delacruz Andrea Faye
Derevianko Victoria Ma
Digeorge Nicholas Will
Douglas Brigham Lee
Elek Steven IV
Engkulawy Jennifer Kar
Evans John Keith II
Faught Sara Kathryn
Fiasse Kaycee Rose
Filipescu Radu
Flowers Lynn Morrissey
Fofi Stephanie Marie
Frasier Samuel Dennis
Gage Michele M
Ganacias Karen Gayle
Garcielasalas Alejandro
Gaylord Bethany Kay
Generoso Judith Cather
Gillespie John W
Gilman Luke Anthony
Gower Jonathan Robert
Graham Jennifer Nicole
Greene Tatiana Morales
Gutweiler Alex August
Haigh Sean Patrick
Hall Kent Michael
Hamersley Erin Rae Spa
Hastings Todd Glen
Hauck Heather Noelle
Hauff Niels M
Healy Mae Wu
Hemerly Nathan James
Henerey Andrew D
Henry Sadie Mar
Hodell Evan Mel
Hoffman Marshall Mathe
Hogan Patricia Elisab
Holleman Kevin Troy
Holzhouser Jamon Aaron
Jain Anush Kumar
Jardonaites Michelle D
Jaskiewicz Jennifer Ly
Jing Ling
Johns Michael Wayne
Karris Bianca Cabrera
Kho Di
Kilimentmihaileneau Iul
Kuckel Daniel P
Kunkel Scott Allan
Lafferty Casey Elizabe
Lafreyre Joseph Edward II
Larsen Eric Christian
Lawson Scott Michael
Le Joseph An
Le Tuvien
Lee Blair C
Lehmann Benjamin John
Lewis William A
Lipscomb Kathryin Ann
Lomeli Matthew Charles
Lopez Lance Anthony
Lopreiato Joseph O
Love Christopher Scott
Mak Heathery Kimberly
Malakel Paul G
Mancusiungaro Andrew E
Manosalvas Rodolfo Enri
Marquardt Joseph Phil
Marshall Michael Thoma
Maruszak Mary Brigid
Mathew Manoj
Mathurin Jean Gilmord
Mattingly John C
McCullough Jeremy Davi
McDonnell John Carroll
McPeak Lesley Armbrust
Melzer Jonathan M
Meunier Nicole Jean
Michel Eric Brian
Michel Shannon Scully
Monson Michael James E
Munoz Beau Jeffrey
Myles David Eric
Naff Jessica Lynn
Navarro Carlos Alberto
Nelson Mikal John
Nieves Maria Lizette
Obrien Brendan Stephen
Oladipo Olamide Johnso
Olsen Erik Joseph
Osborne Todd Graham
Overby Jamie Kathleen
Owens Steffanie Michel
Pannier Aaron Granville
Partovi Christopher Re
Perrinez Phillip Rober
Perry Alexandra V
Peterson Brandon Rober
Powers Michael F
Prokop Michael Aaron
Reyners William Josep
Roberson Nolen F
Roden Warren Leslie
Russell Matthew Craig
Ruttenberg Todd Michae
Santiago Gabriel F
Sardina Jonathan Micha
Sasovetz Scott Joseph
Schonau Jesse Taylor
Scully Stephenie Ashle
Seeger Daniel Bradley
Shanahan Erik Edmondn
Siebenaler Joseph Fran
Siegel Joseph Aaron
Simmons Brett Patrick
Singer Jacob Emerson
Skeehan Christopher Do
Smith Jennifer Lauren
Snow Ryan William
Solis Ana Lidia
Sone Peter Lee
Songer Adam G
Speicher Matthew Vanst
Staeheli Gregory R
Stange Christopher Jam
Stanila Vlad Vasile
Stapleton Robert Edwar
States Leith Jaso
Steele Helen Marie
Stein Loretta Lindsay
Stonegarza Kristi Kim
Stratton Michael Slade
Stromberg Ines Haruni
Talise Paul C
Taylor Jacob Marshall
Toupin Brian
Trevino Ruth Ann
Uber Ian Chauncey
Valadao Jason Matteo
Wagner Kari Lynn
Wagner Scott C
Waite Kenneth Barry Jr
Wallace James D
Waltz Jean C
Waterman Adam Thomas
Westbrook James Wesley
Wheelan Ann Victoria
Wildi Jonathan Douglas
Wilson Jessica Ann
Wilson Kevin F
Wolf Michael E
Wooldridge Bryan Edmund
Zelinskiaks David John

Abititia Richard R
Afuhielflore Chantal Na
Aleid Haydar Mohali
Alger Daniel B
Alger Lesley Paz
Anderson William Charl
Armstrong Cody Chance
Austeinus Kestutis An
Aurigeam David F
Aurigemma Kristen Dian
Bailey Mary Mercedes
Baker Neal Jordan
Baquir Angelo B
Bauer Matthew Paul Per
Bayley Terence D
Benjaminson Jeremy Eva
Bermudez Daniela Janel
Bilbao Michelle Cifone
Boni Benjamin Daniel
Boucher Jeremy Travis

Strong Work!
Navy Fleet Week

Navy Medicine Ambassadors Raise Awareness in Fargo

Navy Medicine personnel traveled to Fargo, ND to raise awareness about Navy Medicine’s Mission during Fargo Navy Week July 20-25. The Navy Week program is designed to raise awareness about the Navy in areas that traditionally do not have a naval presence. The week long engagement includes speaking engagements, community relations projects and media interviews with flag hosts. While in Fargo, the Navy Medicine Ambassadors interacted with community members at numerous community venues. Navy dentist Capt. Jonathan Haun, Navy physician LCDR Jami Peterson and Chief Hospital Corpsman Brian Belk visited with local Boys and Girls Clubs, attended Fargo Public Library’s Navy science, technology, engineering and mathematics (STEM) fair, met with the Young Men's Christian Association (YMCA) and participated in the city's "Party in the Park" at Rabanus Park. "It was the interactive nature of these sessions that provided the most value. It created a comfortable environment where the ambassadors were approachable and engaging and the information was enriching for the children. Additionally, our uniforms were an endless source of curiosity and questions for the participants," LCDR Peterson said.

Historically, Navy Week events draw thousands of attendees to participate and engage in conversation between sailors and local residents.

145th Medical Corps Birthday Ball

The Medical Corps Birthday Ball will be held on March 5th, 2016 at the North Bethesda Marriott Hotel.

Tickets are now on sale!
Visit: https://sites.google.com/site/medicalcorpsbirthdayball
Buenos Dias from El Salvador! We’re 6-countries in and nearly halfway through our 6-month, 11-stop Continuing Promise 2015 mission and just coming off a welcome seven day underway. We hit the ground running on 01 April and after a brief stop in Miami we moved on through Belize, Guatemala, Jamaica, Nicaragua, Panama, and now El Salvador. Spending around nine mission days per stop, we have seen over 10,000 pediatric patients in our first five countries. How’s that for RVU’s? Our Pediatric A-Team includes CAPT Tony Delgado, CAPT Mary White, CDR Cole Bryan, CDR Anna Schwarz, LCDR Kerry Ebueng, LCDR Missy Buryk, LCDR Chris Foster, and LT David “The Machine” Myles along with a mix of rotating docs and nurse practitioners from non-governmental organizations and partner nations. Just when we thought our team couldn’t get any better, the residents began arriving from NMCP and WRAMC for month long-rotations.

Capt. Katie Carlin, Capt. Matt Feeley, LT Bethany God, Capt. Megan Jarman, LT Jill Martini, and LT Eric Passman have all done phenomenal jobs and set the bar high for their peers who’ll follow them.

The rumors of a lot of down time and mai tai’s on the beach have been greatly exaggerated with this being the most ambitious CP mission to date. A typical day begins with muster around 0530 followed by one to two hours of travel by boat, bus, helo, or some combination of the three to get around 160 personnel to one of two MEDCAP (Medical Civil Assistance Program) sites. Patient care begins at around 0800 and wraps up around 1600 with just enough time to make it back for chow. But with MREs for lunch every day, who wants hot chow? Every country seems to have its unique flavor of patient complaints, but most children are fairly well. The most common complaints have been fevers, abdominal pain, cough, rashes, and growth concerns. Worms and nutritional deficiencies have definitely exceeded what we’re used to in the States and there’s been a fair share of undiagnosed or under-treated rare-birds that we don’t see often in the states such as Ebstein’s anomaly, hemihydranencephaly, and Noonan Syndrome.

We’ve also had a scattering of peds endo and hem/onc for LCDR Buryk and CDR Bryan, including congenital adrenal hyperplasia, myeloid sarcoma, and retinoblastoma, offering great opportunities to work with partner nations to get kids care that they might not otherwise receive.

In addition to work at the MEDCAP sites, pediatrics has been involved in subject matter expert exchange (SMEE) working with local medical providers. We’ve given lectures, attended rounds, and conducted several PALS courses onboard COMFORT with more to follow. Without the immediate access to ancillary testing...
Continuing Promise 2015 – Pediatric Update, June 2015

that we have back home, many host nation providers have developed clinical exam skills that put us to shame. Some of us have had the opportunity to be medical site OICs, which has been a welcomed break from patient care. Imagine taking a school or gymnasium and in less than 24 hours turning it into a comprehensive clinic providing internal medicine, pediatric, lab, pharmacy, optometry, physical therapy, dental, radiology, and subspecialty services to around 1000 people a day. There aren’t a lot of chances to do that back home and it’s great practice for the sort of contingency we may have to respond to when disasters happen in the region.

Lessons learned are part of any mission and there are a few we’d offer to our colleagues back home who’ve never been on a CP/PP mission. First, you won’t change the world on a CP/PP mission but you’ll appreciate how fortunate we are in the United States and how much work there is still to be done in our own corner of the world. Second, you’ll be impressed by what our military is capable of when it comes to delivering medical care around the world. It’s less about the ship itself or which service is providing the care and more about the people who pull together to make it work, regardless of the plate that was handed to them or the prep time they had. Third, participation in a humanitarian assistance mission, whether planned like CP-15 or unplanned like the Haiti earthquake response, should be a career goal for all military Pediatricians, regardless of specialty. If a peds hem/onc doc can do it (Cole is writing this line) anyone can. Don’t wait for the tasker to come your way to take courses like MMHAC because by the time you find you’re number’s up, you probably already missed the course. And one note on that, if you have taken MMHAC, you only need one more similar course to get the Humanitarian Assistance AQD (Additional Qualification Designator) on a CP/PP mission. Unfortunately, SMWDO is no longer possible by doing a CP/PP mission alone, but that shouldn’t dissuade you from taking advantage of the opportunity. There are plenty of gray hulls on the waterfront if a pin is what you’re interested in.

That’s all the news that’s fit to print and approved by the PAO for release from CP-15 Pediatrics. We’re wrapping things up in El Salvador and after finishing here it’s on to Panama City, Panama for some long-overdue R&R. Thanks for holding down the MTF forts for us and if you have the chance, check out the Continuing Promise Facebook page for the latest pics and updates.

Regards, Team Peds, CP-15
News You Can Use

**Specialty Leaders**

Please join the Chief of the Medical Corps in welcoming aboard several new specialty leaders:

Cardiology - CDR Greg Francisco  
Osteo Med - CDR Kathleen McDonald  
Dev Pediatrics - CDR Timothy Wilks  
Plastic Surgery - CDR Katerina Gallus

**Clinical Best Practices**

To know if you are following the latest best practices advised by your individual society and avoid the overuse of health care resources go to: www.choosingwisely.org which has large lists of clinical guidelines and issues that you should think about with your patients. It is searchable by specialty.

**Board Exam Reimbursement**

For those of you who are due to take or retake your boards, or simply paying for maintenance of certification fees (MOC), did you know that there is funding available for you? By BUMED instruction 1500.20, you can receive funding from Navy Medicine Professional Development Center (NMPDC). Go to to following website for info: http://www.med.navy.mil/sites/nmpdc/professional-development/SitePages/Medical%20Funding.aspx

**ICD-10 is Coming!**

The ICD-10 coding standard is still coming to an AHLTA terminal near you. Scheduled implementation date is set for October 1st. For additional resources and information go to: MilSuite and acponline.org/icd10 for videos, tips, and other useful information.

**GME Applications**

BUMED Notice 1524 was released on July 14 detailing the GME application procedures, deadlines, and training goals. If you are planning on applying for GME this fall, please go to this link for the latest information: BUMED NOTICE 1524

**MilSuite Update**

It wouldn't be a newsletter without a plug for MilSuite. At the Corps Chiefs office, we've been trying hard to keep information fresh and up to date for all your career needs:


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**FY-16 CO/XO SCREENING**

The process of screening for FY-16 commanding officers and executive officers is well under way. The oral board finished up it’s proceedings and forwarded names on to the corps chiefs office for inclusion into the official screening board held in Millington this month. Results of that board should be out in October.

Following the screening procedures, the screened candidates then go before a slating process in which the right person is placed in the right command. Those results typically are released sometime in December or January after final approval by the Surgeon General. Further details can be found on MilSuite.
When asked why he was returning to Undersea Medicine, CDR Thomas M. Baldwin stated, “Working within the Naval Special Warfare Community was definitely the pinnacle of my Naval Career. It was a high paced environment with motivated individuals who treat their medical staff with the utmost respect and gratitude. As a DMO/UMO, I was providing medical coverage and actually getting in the water with the Special Operators. I could not have asked for a better job.” When the opportunity to return to the Undersea Medical community presented itself, CDR Baldwin felt like he was returning to a community in which he thrived due to the high operational tempo and the motivated service members.

The two week course at NUMI covered recent changes in the physical standards and the physical waiver process with an emphasis on radiation health standards and reporting. It also brought the students back up to speed on topics in diving medicine and clinical hyperbarics. Training combined lecture with practical evolutions in both the classroom and the clinic.

Three of the five graduates will serve as Senior Medical Officers at the Naval Special Warfare Groups, one will be involved in research at the Naval Medical Research Center, and one will serve as the Officer-in-Charge of NUMI. No matter what the assignment, all of the graduates appreciated the opportunity to learn the latest topics in Undersea Medicine and to refresh themselves in diving medicine.
Hello from the Pacific! We have enjoyed Fiji and wanted to share our perspective with you regarding Pacific Partnership 2015 (PP15). There are currently 5 pediatricians on the USNS Mercy (CDR Montalto, CDR Burman, CDR Dorey, LT Kringel and LT Enujioke). We had the luxury of a NGO pediatric intensivist, Aaron Gardner, who joined us for the two weeks we were in Fiji. CDR Montalto has been busy with his role as Director of Medical Operations in coordinating multiple events including and beyond providing direct patient care.

The emphasis for PP15 is much more on collaboration with the host nation and sustainability than what it has been in the past. Many of these other activities occurring simultaneously involve experts in veterinary medicine, environmental health, operational medicine, dentistry, nursing, surgery, and biomedical engineering. The other four of us have been involved in a variety of events including a Community Health Fair, Cooperative Health Engagements (CHE) where we provide direct patient care, Community Outreach Teams where we go to more distant communities and stay embedded with the local healthcare team for 3-4 days, Subject Matter Expert Exchanges which includes rounding at local hospitals and sharing educational talks with practicing physicians and medical trainees, and supporting the surgical mission on board the USNS Mercy for all postoperative pediatric patients. We also had the luxury in Fiji of two additional personnel, LT Meredith and LT Waller, residents from NMCSD that were a huge asset to our team.

We have all been touched by each of the different mission experiences, but here are a few to give you a glimpse into what we have been doing with our time. The CHEs (formerly known as MEDCAPs) are the classic pop-up clinics where we bring all of our own supplies including pharmacy and set up shop. Pediatrics participated in three of these events during our visit to Fiji. At the beginning of these 2-3 days events, we set up canopies, tables, and chairs, usually in a park or school with each specialty having a dedicated table. Each provider brings their individual tools and references to support their day’s work and then as patient admin checks in the patients, the day begins.

Many of the patients came from hours away and were willing to stand in line for hours to be seen. After the patients were seen by us, they went to the pharmacy canopy to obtain their prescriptions and/or checkout. We saw on average 30-40 pediatric patients per day. For more private exams, we walked patients to the park bathroom to try and preserve patient modesty. Over the course of the two days at our first CHE, we saw mostly scabies and superinfected skin wounds especially of the legs and feet. The conditions were compounded by many patients not having shoes. Other conditions we saw included fungal skin infections, asthma, rhinitis, cerebral palsy, epilepsy, pneumonia, diarrhea, poor growth, and rheumatic heart disease.

We saw quite a few patients and made a difference for as many as we could. Occasionally we came across patients that we could better help on the ship, which required some finesse to communicate and transport them back to the ship. Some of these patients included a 4-year-old girl with a treadmill injury to her hand with skin contractures of two of her PIP joints that were able to be treated by the dermatologist with laser to increase her range of motion and a 14-year-old boy with acute abdominal pain that had been brewing for two years.
which turned out to be hepatitis of unknown etiology (AST >750 and ALT >1000) but good synthetic function. Unfortunately, we didn’t have the ability to do a full workup on him so we don’t know the actual cause, but we were able to tell him to stop taking Tylenol to treat his pain that had been the recommendation of his local providers. The most challenging aspect of providing care is limitation of the variety of tests for workup, but we often have more capabilities than the hospitals and clinics with which we interact. It is not unusual to run out of a few medications during the course of the day, so we get creative. At times, we write down the recommended medication on the national formulary and ask the family to go to a local pharmacy. Follow-up for patients’ depends often on the financial resources of the family. Care is free, but medications, medical supplies and food in the hospital are the patients’ responsibility.

Our surgical mission, as duty pediatricians on board the Mercy, is to help with postoperative pediatric patient care and ensure dosages are all pediatric-friendly.

The surgical mission is the most dramatic. The surgeons are correcting hypospadias and cleft palates and performing dental rehab (pulling of multiple carried teeth), burn care, and orthopedic procedures. Many of the patients are recommended by their own providers to come to the Mercy for surgery. The surgeons arrive a day before all of the other activities start to do a screening day and sort through the patients to find those who are relatively healthy and will require only a 1-3 day postoperative stay. At times, they have to turn away as many as two thirds of the patients arriving at the screening day. One dramatic case was a young girl who was significantly burned in a house fire with only her face spared, who received laser treatment so her leg would be more mobile for walking and she would have less tension from scarring on her abdomen. On another patient, the orthopedist had to remove the entirety of the great toe all the way back to the ankle due to a chronic osteomyelitis.

All patients are required to come onboard the ship with a family escort, so we always have double the number of “patients.” The kids get an impressive amount of attention. There are continuously rolling Disney movies. The Australian Wing Commander has shared her expertise of elaborate face painting and movie star makeup. Other NGO volunteers come and play with the kids. It’s by far the best ward on the ship. In addition, we are very fortunate to have the majority of our nurses and corpstaff with pediatric experience.

Long lines for those patients wishing to be seen by the Pacific Partnership 2015 team
Female Physician Leaders Gather

The 2015 MHS Female Physician Leadership Course was attended by over 70 female physician leaders from Military Treatment Facilities all over the world. The attendees were competitively selected from a pool of nominees and represent future leaders in military medicine. The Council for Female Physician Recruitment and Retention sponsored the two day event held at the Defense Health Headquarters September 1-2, 2015. The attendees participated in formal lectures, panel discussions, group activities and workshops focused on developing effective leadership skills. One attendee described the course as “career changing.” The Council plans to make this an annual event for female physicians in the Air Force, Army, Navy, Public Health Service and Uniformed Services University students.

Inaugural EMDP2 FY 15 Marine Class Welcomed

Navy Medicine would like to extend a hearty congratulations to Sergeant Steven Mowen and Corporal Lovepreet Singh. These outstanding Marines were selected from a competitive pool of applicants for the Enlisted to Medical Degree Preparatory Program (EMDP2) FY15 inaugural Marine class. Sergeant Mowen and Corporal Singh were joined by five Army and five Air Force selectees at a welcome ceremony at the Uniformed Services University. Four members of the BUMED EMDP2 Board were present to meet and congratulate the selectees. BUMED is currently accepting applications for the FY16 EMDP2 class for the Navy. Please see https://www.usuhs.edu/emdp2 for program information, eligibility requirements and application instructions. Contact LCDR Jami Peterson at jami.j.peterson.mil@mail.mil with any questions.
News From the Detailers

Navy Personnel Command welcomes CAPT George B. Schoeler, MSC, to PERS 4415 as the new Branch Head. CAPT Schoeler transferred from BUMED where he performed as the Senior Deputy Corps Chief for the Medical Corps Chief's office. He assumed duties from CAPT Cameron Waggoner who is off to Belgium to work with the Supreme Allied Commander - Europe.

Additionally, new staff at PERS 4415 include CDR Samya Cruz, a Family Physician from NH Rota, who is now the Family Medicine and Operational Medicine detailer, and CDR Richard Childers, an Emergency Medicine physician from NH Guam, who is now the Non-surgical specialty detailer.

Check your professional record online:

Selection Boards:
http://www.npc.navy.mil/Boards/GeneralBoardInfo/

Request Extension:

WHEN WILL I GET MY ORDERS? Orders are released based on priority and availability of funding, which may be 4-6 months prior to detachment. Retirement and Separation orders are typically released 6 months prior to detachment.

Helpful Tip: Always keep an updated Bio and CV handy as unique job opportunities are always presenting themselves.
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- Good mailing address (home is best)
  - FPO AE/AP must include zip+4 & local phone for US Customs form

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All donations go to Medical Corps Birthday Ball Committee

MC Coffee mugs available now

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Contact CAPT Jamie Oberman at: James.p.oberman.mil@mail.mil if interested

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