Medical Corps Colleagues:

It’s promotion board result season! Even in times of enormous change, opportunities abound. One of the first signs of this year’s opportunities is the Captain Select list! Congratulations to our newest Medical Corps officers who will promote to Captain (see page six for a complete list)! Your selection is well earned and tells all that you are the next generation of master clinicians, leaders and executives that will guide us through the challenges of today and the unknowns of tomorrow.

For those that did not select, many opportunities remain for you as well. I call your attention to the fact that 50% of the captain selects were in the above zone category — meaning they had been previously considered by a selection board. I ask you to continue your hard work and look for increasing scope of responsibility and impact within your current job or your next job. Making Captain is hard, but sustained superior performance over time is the best way to land you on the promotion list!

In addition to promotions, opportunities exist in many other forums. We are in the early stages of the annual process to screen, select and slate our next set of Commanding Officers, Executive Officers, Officers-in-Charge and Chief Medical Officers. This group will play a key role in guiding their next commands and Navy Medicine through our current challenges. They will help determine our changing roles and responsibilities as we strive to provide readiness services and generate a ready medical force. They will also ensure that we continue to do what we excel at as Navy physicians: deliver safe, quality care worldwide; contribute to innovative research; teach and train tomorrow’s physician leaders; and directly support global operations where and when needed.

If you are eligible for one of these key roles, I ask you to consider applying. There is no greater opportunity to help Navy Medicine evolve and remain a vital contributor and problem solver for the Navy and Marine Corps team. If you have questions about the process, I encourage you to contact the Corps Chief’s office to discuss.

It is an honor to serve alongside you. Thanks for what you do and the difference you make today, and will make tomorrow!

PDP
Rear Admiral Paul Pearigen
Chief, Medical Corps

Have you bookmarked us?

Visit https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/ for weekly updates regarding billet opportunities, career management, and further strategic communication throughout the Medical Corps!
Readiness and the Reserves...

Reserve Training in Medical Specialties...

The Training in Medical Specialties Program (TMS) is a unique Navy Reserve program designed to allow physician residents (and other key medical personnel) who are training in Critical Wartime Specialties to be Selected Reservists. This program is unique to Navy Medicine and not available in the other services. The program pays a 48-month STIPEND of $2200/month as well as the ability to participate in a Loan Repayment Program for outstanding educational debt of up to $250,000 over a lifetime. This program is particularly advantageous to officers leaving active duty upon completing their GMO tour who are matched to a civilian residency program. The TMS officer can complete the 24 days of annual required Reserve drill periods on a flexible basis (termed “flex drilling”).

Consistent with all selected Reserve programs, the service member is eligible for TRICARE RESERVE SELECT health insurance and builds eligibility for a non-regular (Reserve) retirement, provided other requirements are met. Reserve retirement is pro-rated for the actual time invested; currently, the Reserve enjoys the advantage of accumulating two days’ worth of base pay and retirement (“retirement points”) for every day served, with only 360 “points” adding up to a year of service. Of course, this benefit accrues to those who continue to serve. Upon retirement from the Reserve Component, the officer is eligible for retired pay at age 60 based on their number of points earned throughout his or her active and reserve careers, and also is now eligible for TRICARE for Life.

Service during any mobilization as a Reservist for 90 days will back up the date the reservist can begin receiving retirement pay to earlier than 60 years of age by 90 days. The TMS officer is granted a two year waiver from mobilization upon completion of training. All active officers transitioning to the RC are eligible for a two year deferment as well. In addition, if the officer uses the US Navy Health Professions Scholarship Program (HPSP) and enters a specialty considered a critical wartime specialty (CWS), he or she earns additional retirement credit.

It is important to recognize that entry into the TMS program entails a commitment to continue to serve in the ready reserve. The TMS option is one to consider for those officers leaving active duty who want to enter residency on a firm financial footing while continuing to serve our country as a Navy Reservist.

JUNIOR OFFICER SPOTLIGHT

LT Rainey Johnson is an undersea medical officer (UMO) currently stationed at the Navy Medical Research Center (NMRC). After graduating from Middlebury College and attending the University of Pennsylvania School of Medicine, he completed an internship in internal medicine, earning accolades as the most outstanding internal medicine intern at WRNMMC. Building on his academic success, he chose to pursue opportunities in operational medicine. This landed him back in Silver Spring, Maryland working in the Undersea Medicine Department (UMD) of the Naval Medical Research Center. As an undersea medical officer, LT Johnson enjoys an enviable level of respect and involvement compared with other post-doctoral students and in research roles across the country. He serves as the principal investigator on four projects and an associate investigator on five others. The UMD is an exemplary team, where all personnel from technicians to investigators collaborate to execute and refine current protocols and brainstorm the development of new ideas.

The US Navy maintains a robust search and rescue capability for both the US submarine fleet and our allies, most recently mobilizing to assist in search and rescue operations for the ARA San Juan, an Argentinian submarine lost at sea in November 2017. Several of the rescue plans relied on research conducted within the UMD, where LT Rainey Johnson and colleagues work tirelessly to improve the safety and performance of warfighters engaged in diving, disabled submarine (DISSUB), and high altitude operations. Undersea Medicine research benefits from a symbiotic relationship with Neurotrauma and Regenerative Medicine, the other departments within the Operational and Undersea Medicine (Continued on page 4)
NMC Camp Lejeune Officially Receives Level III Trauma Verification

Naval Medical Center Camp Lejeune (NMCCL) staff has been working diligently to earn Level III trauma center verification for the last eighteen months. On February 28, 2018, the Committee on Trauma of the American College of Surgeon (ACS) officially verified NMCCL as a Level III trauma center. Through ACS verification and expected designation by the state of North Carolina, NMCCL would become the first Navy military treatment facility in the nation to provide trauma care to a local community. Achieving trauma verification and eventual designation means NMCCL will not only provide a key service to a region that is underserved by trauma, but also aid in force readiness of the active-duty personnel currently serving at NMCCL.

In December 2017, ACS representatives spent two days conducting an on-site visit of NMCCL, evaluating trauma processes and hopes of earning the Level III trauma center verification. The ACS Verification Review Committee of Drs. R. Stephen Smith, Ron Gross and Nurse Reviewer Linda J. Jones, RN, applauded the NMCCL staff’s dedication to perfecting their trauma processes. The reviewers confirmed zero deficiencies were found during the inspection – an unprecedented conclusion, according to the ACS. Based on the December 2017 review, the Committee on Trauma granted NMCCL the Level III trauma center verification.

Verification was achieved less than a year following an announcement from United States Senator Thom Tillis (R-NC) regarding NMCCL’s pursuance of trauma center status. NMCCL’s journey to pursuing trauma center verification and designation has been closely followed by Congressional leaders from North Carolina. Since the issuance of the certificate of verification, several Congressional liaisons visited NMCCL to get a closer look at the advancements made in conjunction with becoming a verified Level III trauma center.

Upon receipt of verification, NMCCL Commanding Officer Captain Jim Hancock thanked his staff for their commitment to the development of the trauma center and their diligence in creating a center to not only serve the Carolina Marine Air-Ground Task Force (MAGTF) but the community outside the gate.

“I am very pleased with the work you all have done for this. The verification is amazing, but the real accomplishment is how you all have grown as a team, I am 100% sure that we can accomplish anything that our great nation tasks us with,” said Hancock. “Our challenge now is to continue grow and be the best we can be each and every day; our staff is as good as it gets.”

LEADERS IN THEIR FIELD! Congratulations to the following First Place Awardees at the Uniformed Services Academy of Family Physicians Conference!

LT Dawn Callahan, MD
Fort Belvoir Community Hospital
First Place Resident Poster:
Military Sick Call - A Resident Lead Program to Bolster Medical Readiness, Enlisted Education, and Access to Care

LT Joanne Gbenjo, MD
Camp Lejeune Naval Hospital
First Place Resident Clinical Presentation:
It Lies Beneath: Reemergence of Plasmodium Falciparum Malaria after Five Years

LT Gabrielle Hood, MD
Camp Lejeune Naval Hospital
First Place Resident Research Presentation:
Operation Continuing Scholarship: Increasing Scholarly Activity in a Family Medicine Residency Program

CAPT Richard Temple
Camp Lejeune Family Medicine Residency
Naval Medical Center Camp Lejeune
Outstanding Achievement in Scholarly Activity
Camp Lejeune Family Medicine Residency

ENS Alexandra Osgood
USUHS
First Place Medical Student Poster:
Military status and patients’ perceptions of personal control in diabetes management

LT Sajeewane Seales, MD
Jacksonville Naval Hospital
First Place Resident Poster:
continuing Excellence in Scholarly Activity

CDR Kristian Sanchack
Jacksonville Family Medicine Residency Program
Naval Hospital Jacksonville
Outstanding Achievement in Scholarly Activity

CAPT Richard Temple
Camp Lejeune Family Medicine Residency
Naval Medical Center Camp Lejeune
Outstanding Achievement in Scholarly Activity
Camp Lejeune Family Medicine Residency

Director of the Transfer Center LCDR David McDonald, Commanding Officer CAPT James Hancock, and Director of Emergency Medicine CDR Joseph Kotora pose in front of one of Naval Medical Center Camp Lejeune’s transfer vehicles, which are critical in the medical center’s trauma care capabilities. (U.S. Navy Photo, Released)
HPSP Update

Roughly 10 years ago, Navy Medicine began the climb out of a four-year recruiting lull and has continued to meet accession goals. Although the officers recruited during this timeframe were the ones who were specifically interested in service during the height of the Iraq war, the recruiting shortfall led to the additional incentives our HPSP recruits enjoy today.

This year HPSP remains on target to exceed recruiting goals and the drive for ever-increasing quality remains. As iron sharpens iron, the increased competition that results from increased applicants can only serve to improve the entry-level quality of our future Medical Corps.

To improve our consistent outreach, Navy Recruiting Command has developed a ‘Hometown Medical Recruiters’ program in which recruiting personnel are permanently assigned to geographical regions to assist in medical recruiting. The list of team leads is located on the Medical Corps Homepage or can be downloaded here. If you are interested to serve as a Medical Corps ‘Point of Reference’, please feel free to email or call the recruiter for the district listed. The value of speaking to an actual Navy Physician is priceless for pre-medical students who are unsure of what to expect in Navy Medicine.

A recent review of accession data showed consistent trends that include an Allopathic to Osteopathic ratio of approximately 2:1, an average GPA of approximately 3.6, and an average MCAT of 506.9 (73rd Percentile). Once a package is initially screened and cleared by Navy Recruiting Command, applicants typically have an 83% likelihood of being selected by the HPSP Selection Board. Of these selectees, about 20% turn down their scholarship for a variety of reasons (accepted a different service, USU, change of heart, etc.).

HPSP RECRUITING AND SELECTION

HPSP Update

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...Continued from Junior Officer Spotlight.

Directorate, headed by Dr. Stephen Ahlers. LT Johnson has been a key member of the department’s recent efforts, helping to secure more than $1 million in funding to answer these operationally relevant questions.

LT Johnson and colleagues have three projects exploring the survivability of the theoretical limits of DISSUB rescue, developing individual DCS prediction to improve DISSUB triage and resource optimization, and extending survivable surface intervals after rescue in absence of transfer under pressure. These efforts involve testing that is too dangerous to perform with human subjects and simulates a DISSUB in the lab’s largest hyperbaric chamber. LT Johnson and two co-investigators are traveling to Amsterdam, Netherlands in May 2018 to present and share their research with an international medical panel at the Submarine Rescue and Escape Working Group. They believe that these research efforts coupled with international collaboration will improve the DISSUB rescue plan and, ultimately, lead to successful rescues in the future.

As Navy Medicine prepares for the future, the efforts of LT Johnson and other researchers at NMRC will surely impact combat effectiveness and survivability for generations to come.

Stock photo: USS Bremerton (SSN 698)
Special Pays Update

Since the last newsletter, the BUMED Special Pays Office has been actively engaged assisting Medical Corps Officers with correcting errors made throughout the special pays conversion process. There are currently 312 special pay concerns being addressed with by-name officer and command trackers to ensure progress until resolution. While the most frequent issues regard underpayment, there are over 30 overpayment/debt issues which are also being resolved.

BUMED Special Pays recently conducted a workshop roadshow to assist local commands and ensure local PSD’s were optimally supporting the corrective efforts regarding the original special pays errors. While the process of special pay corrections is both bureaucratically and technically complex, the key players are the officer involved, their local PSD, the BUMED Special Pays manager, and the Defense Finance and Accounting Service (DFAS). The Corps Chief’s Office is standing by to assist any medical officer with unique situations or to help advise on the best way forward.

The ‘rub’ occurs when the issue identified originates at DFAS. DFAS is an agency within the Department of Defense which directly supports many constituent groups and customers. The BUMED Special Pays office serves as an important liaison to DFAS and will request DFAS audits as needed. Only DFAS can initiate corrective actions for most pay items. Fortunately, Medical Officers can request through their PSD to suspend repayment until DFAS conducts an audit on the debt owed.

Please engage your PSD or email the BUMED Special Pays Inbox at usn.ncr.bumedfchva.mbx.specialpays-bumed@mail.mil with any questions or concerns. As always, please feel free to email the Corps Chief’s Office if you are need of any further help.

CAPT ALONSO: PARTING THOUGHTS

CAPT Robert Alonso is retiring after 30 years of service in the Medical Corps. He is a board certified psychiatrist and his previous leadership responsibilities have included tours with the Marines as a Battalion Surgeon, Division Psychiatrist, Group Surgeon, and Deputy Medical Officer of the Marine Corps, Force Surgeon of the SeaBees, Joint Task Force Surgeon under US Northern Command, Department Head of Psychiatry at Naval Hospital Okinawa and Naval Medical Center Portsmouth, Executive Officer at EMF-Kuwait and NHC Quantico, and Career Planner for the Medical Corps. He recently took the time to answer a few questions as he looks back on his time served with the perspective of his retirement on the first of July...

What was your most professionally rewarding tour?

The greatest advantage you have in the Navy Medical Corps is fitting your current career and personal priorities into your career planning and being able to re-invent and recharge yourself every tour and billet.

Clinically, the most rewarding billet I had was my Department Head tour at NMC Portsmouth. Incredibly clinically challenging, but with the bonus of supervising young psychiatric residents and psychology interns alike and leading a large department.

Leadership-wise, my two XO tours were wonderful and very different. EMF-Kuwait brought the satisfaction of rapidly training up and turning over two complete hospital staffs in less than a week, and maintaining the tight bond only deployed missions seem to foster. NHC Quantico provided the full range of challenges from unions to a diverse patient population, to adapting to the evolving NCR-eMSM. But the greatest satisfaction there was work-

(Continued on page 7)
CONGRATULATIONS TO THE FOLLOWING CAPTAIN SELECTS!

Zachary M Alexander
Jay E Allard
Alex L Aubin
Frank O Axelsen
David Allan Barrows
Randy S Bell
John C Biery
Anthony Corey Boganey
Chad Bradford
Jorge L Brito
Leo A Carney
Robert J Carpenter III
John Braxton Cason
Susan C Clark
Janine R Danko
Gray Newton Dawson
John Joseph Devlin
Andrew P Doan
Harlan F Dorey
Jill Ellen Emerick
Thomas Q Gallagher
Todd A Gardner
Todd D Gleeson
Elizabeth A Grasmuck
Joy A Greer
Catherine E Hagan
Daniel B Hawley
Ewell M Hollis
Chadley R Huebner
Daniel Richard Juba
Anthony W Keller
Corry J Kucik
Fernando F Leyva
Andrew H Lin
Robert A Liotta
Michelle F Liu
Nam Thanh Ly
William Mann
Debra A Manning
Joel T Mcfarland
Peter Charles Mcgowan
Edmund A Milder
Joe Miller
John Robert Minarcik
Emori Anne Moore
Christopher J Neal
Kristie A Robson
Corby D Ropp
Kristian E Sanchack
Bettina Mae Sauter
Joel M Schofer
Andrea N Snitchler
Leah Kristen Soley
David M Stevens
Sean P Stroup
Danielle A Taysom
John P Trafeli
Tricia E Vanwagner
Robert N Walter
Rustin C Walters
Natalie Yvette Wells
Timothy M Wilks
Mark L Woodbridge
...Continued from Parting Thoughts

(Continued from page 5)

ing with talented Directors and Department Heads, of which almost all have gone onto increasing levels of leadership in Navy Medicine.

What tricks did you learn regarding work-life balance?

Paramount is that there is no magic formula. Every Sailor and family has their priorities and challenges. But soliciting input from every family member and constantly communicating options and information to lessen the unknown and impacts on everyone will smooth even the most challenging times. Regardless, you often feel like you are in the wrong place, at work when you should be home, at home when work issues feel pressing. You have to accept that and do the best you can in each situation. If you keep your family in the picture with your decision-making, you will be right way more often than wrong.

What lesson do you wish you learned a little earlier in your career?

To have sought out more mentors earlier along the way. I had some very good ones episodically, but it was not until I was more senior that I learned the value and importance of a sustained mentor relationship, mainly as junior officers solicited my mentorship to guide their career and personal decisions. Belatedly, I realized I had needed that same guidance earlier, but never consistently sought it out.

What leadership insights did you pick up while working at such high levels of command?

At the heart of leadership is trust both up and down the chain of command. The flip-side of that coin is respect. If you remember the PERS motto “Mission First... People Always” that is as good a guide-on to ensure you maintain both the trust and respect of those you lead. Sailors are smart, they can sense quickly when you are genuine, and when you are not. Being transparent, communicative, and consistent in your dealings with subordinates, colleagues and leadership will ensure you maintain credibility within your field, and a positive service reputation. At the end of the day, you have to be able to look every Sailor in the eye with absolute confidence you behaved in a trustworthy and respectful manner.

What will you miss most when you retire?

That’s the easiest question! I will miss the camaraderie and shared purpose in taking care of our nation’s heroes. The pride in my colleagues and shipmates as we took our place in the long blue line defending our country and looking after each other. At the heart of that camaraderie has been the incredible friendships and relationships I’ve been privileged to have through this journey, friends that will last a lifetime. When I have PCS’d or travelled, there is always a shipmate to visit or stay with, memories to be relived, sea stories to be told (never completely the same of course). That’s what I will miss most, the daily contact with my friends and colleagues wearing the uniform we revere.

Medical Corps Challenge Coins

High-quality 1.75” coin with classic front and contemporary back. A wonderful memento, gift, or token of appreciation!

Email CAPT Robert Alonso for ordering information!
Residency in Aerospace Medicine...Class of 2006

At the recent Surgeon General Leadership Symposium, members of the RAM Class of 2006 took a moment to reflect on the leadership opportunities (and success!) that followed their graduation. They have all gone on to be leaders in Navy Medicine...

- CAPT Richard Knittig (XO USNH Okinawa; pCO USNH Naples)
- CAPT Raymond Batz (III MEF Surgeon; pDeputy Director Tripler AMC)
- CAPT Theron Toole (XO NHC Quantico; CO NHC Quantico; pCO NMOTC)
- CAPT Michael McGinnis (XO USNH Guam; CO NHC Annapolis; 6th Fleet Surgeon)
- CAPT James Terbush (NORTHCOM Surgeon) - Retired, not pictured
- CAPT John Taylor (OIC BHC Souda Bay) - Retired, not pictured

For further assistance, please feel free to contact us directly...

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En Memoriam of Our Shipmates

Please take a moment to celebrate the lives and remember the families of our shipmates who past away over the last year.

“They shall grow not old, as we that are left grow old:
Age shall not weary them, nor the years condemn.
At the going down of the sun and in the morning,
We will remember them.”

- R. Laurence Binyon, For the Fallen