

Now is the Time to Develop Future FMF Medical Leaders

By CAPT Sean M. Hussey, USN

“Doc.” It is a term of endearment bestowed by Marines upon their Navy medical officers and corpsmen. Over the course of my career, I have had the privilege to be the doc for half a dozen Marine Corps units, and like many of my Navy medical colleagues who have served on the “green side,” I consider it one of my highest professional honors.

The relationship between the Marines and their docs is rooted in mutual respect and a deep trust, knowing that lives depend on the ability of each to protect and care for the other. The expectations and scope of responsibility encountered by a young doc serving with Marines are unique for a junior physician. The experience often leaves a lasting positive impact which results in those medical officers returning to the Fleet Marine Force (FMF) throughout their military careers. It is imperative that Navy medicine, out of respect for and in full support of the Marine Corps mission, selects the best and brightest to serve at the tip of the spear and prepares them for a career centered on the educational foundations of both the medical profession and the profession of arms.

Being a successful medical leader within the Marine Corps enterprise, particularly at the senior staff or executive level, requires a comprehensive knowledge of service processes, refined interpersonal communication skills, and an understanding and appreciation of the Corps’ warrior ethos. FMF medical officers must be adept at these skills, which are not commonly rehearsed, or even addressed, during the traditional, hospital-based clinical training. Mastery of these traits, however, will result in more successes during a Marine Corps tour than a simple understanding of clinical management concepts.

Medical officers spend years learning about anatomy, physiology and pathology in medical school and residency, but have far less training in basic leadership fundamentals such as emotional intelligence, conflict resolution and operational risk management communication. They have even less training in the concepts of warfighting or Marine Corps history. The



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Navy medical personnel assigned to the SPMAGTF-CR-CC, along with Air Force personnel, receive a brief on air evacuation procedures from a U.S. Army DUSTOFF team during a training exercise aboard Ahmed Al Jaber Air Base, Kuwait, in July 2015.

Uniformed Services University (USU) is one of the few medical schools in the nation that provides its medical students with a longitudinal leadership course that focuses on leadership development and exposes trainees to staff level interaction with senior uniformed line officers. While this is excellent, the number of USU medical students who graduate represents less than a quarter of the total number of physicians in the force.

Moving Forward

There is currently no dedicated operational track within Navy medicine that prepares medical officers who wish to spend the majority of their career supporting the Marine Corps. I propose that

the Marine Corps, with its distinctive mission and unique culture, should require one. Navy medicine should no longer solely use Military Treatment Facilities (MTF) as the centerpiece for officer development. Rather, it must look to operational medicine as a training platform to prepare leaders for the future battlefield and dedicate resources to focus on the development of highly skilled FMF medical officers.

The Corps provides fertile ground for growing the medical leaders of tomorrow’s Navy. By the nature of its organizational structure, the FMF requires a cadre of junior medical officers, fresh from internship or residency, to embed within the battalions and squadrons as general

medical officers, flight surgeons, or diving medical officers and go forward with a unit to serve as primary care providers. This amazing opportunity is often the first introduction the medical officer has to the FMF and should serve as the main entry portal into the operational FMF career track. Additionally, the Marine Corps needs senior Navy medical officers to support line commanders as their operational medical consultants as well as serve as mentors to junior FMF medical officers. These staff officers must understand Marine Corps functionality, offer experience, and possess sufficient training to thrive in it in order to be effective.

Marine leadership expects these officers to possess the analytical skills and critical thinking ability to rapidly adapt to changing environments within the Marine air-ground task force and provide the necessary information to help them assess risk. In this setting, clinical or healthcare business acumen, although beneficial, are not the traits the commanding officer prioritizes. Commanding officers require competent military staff officers who appreciate the operational context and can speak the Corps' language. In order to create these highly functioning senior FMF medical leaders to serve ultimately at the Marine Expeditionary Force, Marine Forces Command, and Headquarters

Marine Corps-Health Services (HQMC (HS)) level, Navy medicine must take a new and progressive approach in their development.

Navy medicine is currently going through a period of tremendous change. Vice Admiral C. Forrest Faison III, USN, the current Navy Surgeon General has stated, "The world in which we operate is constantly changing. Our success depends on how well we adapt to those changes." The National Defense Authorization Act of 2017 has reassigned the administration and management of healthcare delivery at MTFs from the services to the Defense Health Agency (DHA), while maintaining military health readiness requirements and the man/train/equip mission at the service level. This paradigm shift creates a unique window of opportunity for the Navy to redesign how it manages executive talent, adding as a priority to its operational readiness mission the development of FMF leaders.

Professional Track

This dedicated and organized operational FMF Track within Navy Medicine is designed to best accomplish the goal of creating experienced and proficient senior medical staff officers and leaders on a continual basis to help support the Marine Corps on the 21st-century battle-

field. It establishes the institutional expectation that future leaders of the Navy-Marine Corps medical team will engage in this career-long educational program. The Office of the Medical Officer of the Marine Corps (TMO) should function as the talent management office to track these individuals, provide professional development and educational objectives, and advise them on career progression. In order for the track to accomplish its objective, there must be enterprise-wide awareness and acceptance from both senior Navy medical and Marine Corps line leadership.

Individuals with a proclivity for the FMF should be identified early in their professional careers during their clinical specialty utilization tour at an MTF. This should occur after these individuals have spent at least one successful tour as an FMF medical officer and ideally after they have earned their Fleet Marine Force Warfare Officer designator (Additional Qualification Designator of BX2). Once their clinical utilization tour is complete, the officer should return to an assignment with the Marine Corps, either as staff at a medical battalion, as a regimental/group surgeon, or as a staff officer within any of the multiple Headquarters Marine Corps entities that employ medical professionals. These options would allow the officer to

integrate into the Corps' unit culture as a junior field grade officer and begin establishing a green-side Navy identity. During this time it is recommended that the individual should begin working toward their Phase I Joint Professional Military Education (JPME I) through non-resident distance education at one of the intermediate service colleges (Army, Navy or Air War College). This course of study would broaden the medical officer's perspective on the operational aspects of warfighting and expose them to the benefits of collaborating in a joint environment. JPME I would represent for most the initial course of study on the profession of arms and serve as a requisite to expose them to the operational and analytical thought processes of the warfighters with whom they will be working alongside for the remainder of their military career.

The following two stops on the career track are chronologically interchangeable and should consist of tours at a Navy or Joint MTF in a leadership or executive position, such as department head or director, and resident education at a senior top-level school (TLS) that fulfills the JPME Phase II requirement. Although JPME Phase II education may be completed at any senior level service school, including the National Defense University, the Marine Corps War College (MCWAR) would be recommended as it provides a unique Marine Corps perspective on preparing senior officers for decision making during military operations in a joint and multinational environment. The TLS candidate must have achieved the rank of commander and have the requisite green side experience outlined above to be recommended by the TMO and considered by the service and TLS selection board. There are a multitude of alternatives to the Phase II JPME requirement, including military and federal fellowships as well as Department of Defense staff positions that would offer equivalent opportunities for the officer to broaden their experience and challenge their ability to think critically from a non-medical perspective.

Once the rank of Navy captain is achieved, the track should steer the officer to command. While doing back-to-back tours as an executive officer and commanding officer of an MTF is a viable option that certainly offers benefit to anyone seeking to refine leadership skills, MTF command should not be viewed as the sine qua non to continued advancement. I certainly would not refute that a shore-based hospital or clinic-based command adds diversity to the leadership experience,



During a mass casualty training exercise at Ahmed Al Jaber Air Base in 2015, U.S. Navy medical personnel with SPMAGTF-CR-CC triage and treat a U.S. Marine "casualty."

especially if held at a joint facility, but less traditional commands such as those in the operational realm (medical battalion, field medical training battalion, Navy Medicine Operational Training Center), in the sea-based hospital setting (USNS *Mercy*, USNS *Comfort*), or in the research arena (Naval Health Research Center, Naval Medical Research Unit) offer equivalent value in skills development to a future Marine Corps senior medical executive. Once a command tour is completed, there are several post-command milestone billets to be filled at the most senior level of the Navy-Marine Corps medical team. These would include senior staff positions within Headquarters Marine Corps, and force surgeon billets with the MEFs, their major subordinate commands and MARFORs. Completion of a Navy medical shore-based command tour before returning to a senior operational Marine Corps staff billet would be advantageous. Although this would be the ideal scenario, as it aligns with the career pathway followed by the majority of Marine Corps senior line leaders who are assigned post-command as senior staff officers, the reality is that these senior staff positions could also be held by Navy captains prior to assuming command.

The FMF medical officers have never had a codified career pathway to follow

that would improve their chances for success in reaching the highest levels of Navy-Marine Corps medicine. This is an attempt to outline a prospective path for future Navy medical leaders within the Marine Corps. It parallels in many ways the same track that Marine Corps line officers follow (with the noticeable exception of commanding at the O-5 level as Marine officers do) and would prepare them for a career spent working with Marines. With the future battlefield changing, the role of the Marine Corps on that battlefield increasing, and the state of service-level garrison medicine in flux, the climate is ideal to relook at how we identify and develop our next generation of senior FMF medical professionals. To the Marines' doc, there is nothing more gratifying than caring for brothers and sisters in the Corps. Now, let's give them the guidance and structure required to spend a successful career doing just that.

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SPMAGTF-CR-CC surgeon speaks with a member of the medical team during a simulated mass casualty drill that took place at Ahmed Al Jaber Air Base in Kuwait, July 2015.