Medical Corps Colleagues,

Where has the time gone? We are entering the second quarter of the calendar year in what continues to be a remarkably dynamic time in Navy Medicine, in the Military Health System, and health care in general. Still in the rearview mirror is 2018, a challenging year to say the least. We collectively worked hard to ensure a continued successful DHA transition, deal with changing legislation and force structure and specialty mix. Much of that work is ongoing, as an organization we have much work to do and many decisions to make, but there is increased clarity compared to just a few months ago. Change is hard, but is inevitable and brings opportunity. As CAPT Morocco points out in her article, we can each determine how we will respond to change, including how we move from the comfort of what we’ve known into the unsettling evolution to what lies ahead. Our large scale changes will create opportunities. I have every faith we will adapt and continue to take care of the patient in front of us and be prepared to meet the needs of the Navy and Marine Corps team and joint warfighter.

My faith in you is renewed at every interaction with our Corps. In my current roles, I continue to be impressed by your collective work, enthusiasm, focus and professionalism. There are just a few examples in the pages of this newsletter, and I hear positive testaments to your hard work and physician leadership every day. We continue to make gains in research, education, patient care and safety in both the facility and operational settings. In this, we continue to develop quality leaders to guide our physician corps and Navy Medicine in what lies ahead. From the first frigates of the continental Navy, Navy physicians have always been where they were needed and your work today adds to the legacy.

As we recently celebrated our 148th birthday as a Medical Corps, it is clear that the state of our Corps remains strong even in the face of rough seas and harsh winds.

I look forward to working with and for you all as 2019 brings both resolution and next steps in shaping, training, and employing our skills as physicians and Naval officers. Keep up the great work, focus on your mission and the development of your teams and your juniors, and thanks for what you continue to do every day!

PDP
Readiness and the Reserves...

Captain Jay Shirley recently assumed responsibilities as the Reserve Affairs Officer for the Medical Corps. He is the primary point of contact for all Reserve Medical Officers and for matters pertaining to reserve issues. We’ve published his biography below and are excited to have him amongst our ranks in the Medical Corps!

Captain Shirley is a native of Brandon, Mississippi. He received a Bachelor of Arts degree from the University of Mississippi, Doctor of Dental Medicine degree from the University of Mississippi Medical Center and Master of Science degree from the University of Alabama-Birmingham. He has also completed Executive Education programs in leadership at Kellogg School of Management at Northwestern University and the Wharton School at the University of Pennsylvania.

He was commissioned in the 1925I student program and upon graduation was assigned to active duty. Upon release from active duty, he completed a three-year residency program in pediatric dentistry at the Children’s Hospital of Alabama and University of Alabama-Birmingham.

Shirley was Commanding Officer, Navy Expeditionary Medical Facility (EMF) Dallas from 2014-2016. He was the first dentist to command a Navy Reserve Expeditionary Medical Facility. He was also Executive Officer, Navy Expeditionary Medical Facility (EMF) and Commanding Officer, Expeditionary Medical Facility Great Lakes One and Commanding Officer, 24th Dental Company, 4th Dental Battalion, 4th Marine Logistics Group. He led three others unit as Officer in Charge: Navy Reserve Fleet Hospital 11 Detachment, Navy Reserve Naval Hospital Pensacola Detachment; and HQ Detachment, 24th Dental Company, 4th Dental Battalion.

He held several staff positions including Force Dental Officer (Reserve Component) U. S. Marine Forces Pacific; Senior Dental Executive and Acting Senior Medical Executive for Operational Health Support Unit Naval Hospital Pensacola; SI / Director for Administration, 4th Dental Battalion, 4th Marine Logistics Group; Operations Officer, 24th Dental Company; and Head, Dental Department, Naval Mobile Construction Battalion 24.

He was recalled to active duty in January 2017 to serve as Force Surgeon, U.S. Marine Forces Europe and Africa in Germany. He was responsible all healthcare support, medical plans and operations, force health protection, and global health engagement for Marines assigned in Europe and Africa. Other active duty assignments were support to 1st Marine

(Continued on page 3)

OPERATIONAL OFFICER SPOTLIGHT

LT Isaac (Ike) Theerman, is a General Surgeon currently with Fleet Surgical Team - SIX (FST-6). After joining the Navy through the HPSP scholarship program in medical school he furthered his experience in education at a residency program in pediatric dentistry at the Children’s Hospital of Alabama and University of Alabama-Birmingham.

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LT Theerman was extremely eager to utilizes his acquired skills and support Navy’s mission in an operational billet. The Fleet Surgical Team is recently back from Trident Juncture 2018, where they supported ESG and NATO operations. Trident Juncture, being the largest NATO exercise since the end of the cold war was primarily conducted in the Nordic countries of Iceland and Norway. These countries offered unfamiliar and unique experience for US Forces. LT Theerman and his team were responsible for providing medical, surgical, and trauma capabilities to the ESG, MEU, and NATO forces.

During the deployment the FST designed and ran drills to simulate potential events based of historical incidents. These drills provided both education and trauma readiness that was thankful not utilized this deployment. As with all training deployments, there were lessons learned and take aways that will only enhance medical readiness and clinical practice in cold austere environments. This being LT Theerman’s first deployment out of residency, he was extremely thankful for the experience and leadership of his more senior officers and enlisted to ensure a smooth transition from which resulted in an overall excellent experience for his coming for his team.

LT Theerman has interests of pursuing a trauma and critical care fellowship to further augment his ability to provide the best possible care to our sailors and military. However, while attached to the FST all of focus is on his team and their missions. As the command’s fitness leader and training officer LT Theerman is tasked in preparing his team mentally and physically for an upcoming spring deployment on the USS Arlington LPD to join the Kearsarge ARG/MEU.
“All great changes are preceded by chaos.” – Deepak Chopra

While I recently concluded my tenure as the OBGYN Specialty Leader, the military services were navigating new directives to reduce and realign significant numbers of military medicine billets. Many of us in medical communities considered traditionally “non-operational” had already encountered this in the 2017 BUMED realignments. I have witnessed tremendous change in military medicine over the past years, more than I had in the previous 20+ years since I became a midshipman in 1989. The MedMACRE shifts coupled with POM20 and POM21 cuts added additional stressors and uncertainty. Subsequently, I did what most people do when faced with drastic change, I initially responded with profound resistance!

Over time, I have moved through the five stages of grief. The stages usually begin with denial which includes avoidance, confusion, shock, and fear. MedMACRE was “theoretical” and wouldn’t really be enacted, right? Denial is then typically followed by anger with bouts of frustration, anxiety and irritation. How can military medicine and Congress cut 50% of the OBGYN billets? Women are warfighters too and the perinatal population accounts for half of all inpatient admissions to MTFs. The numbers of female military members continues to increase with projected 25% of the force female by 2023. With these proposed reductions, how will the services meet these women’s unique health care needs and maintain readiness?

Depression follows anger and includes feeling overwhelmed and helpless with lack of clear direction for the future. Then we experience bargaining which includes struggling to find meaning and reaching out to others. Bargaining also entails wishful thinking. Perhaps only 20% of our billets will be lost instead of the proposed 50%. Finally, we reach acceptance which includes exploring options, moving on, and implementing new plans. At this stage, Maya Angelou’s advice rings true, “If you don’t like something, change it. If you cannot change it, change your attitude.”

Many of you may be going through these stages of grief as well, depending on your specialty and disposition. How ever, regardless of specialty, the uncertainty of Navy Medicine’s future is the most difficult aspect to grasp. We all need a clearly defined mission. Throughout our lives, we devised a deliberate plan regarding our extensive education and training requirements to achieve our desired end-state regardless if the intention was short-term with return to civilian medical practice or long-term to pursue a career in military medicine. The opportunities remain, but what will change is the location of billets, the capability of the MTFs, and where care will be delivered at some of the duty stations (direct MTF vs purchased network). What hasn’t changed and will never change is our unified mission to support the warfighter and ensure our active duty are medically ready at all times.

Currently, there are multiple contributions to the tremendous uncertainty in Navy Medicine including the consolidation of MTFs and beneficiary care under DHA, navigating a new electronic health record in the Pacific Northwest with impending implementation for the entire MHS, loss of MedMACRE billets for many specialties and subspecialties followed by the loss of Navy Medicine billets, and an unknown future for military graduate medical education. This all sounds rather grim but there are options and tactics to consider.

(Continued on page 5)

(Continued from page 2)

He was selected as Rear Admiral Vaughn Navy Reserve Dental Officer of the Year in 2001 and 4th Dental Battalion Officer of the Year in 2004. He received Fleet Marine Force Qualified Officer and Seabee Combat Warfare designations. Decorations include Legion of Merit, Meritorious Service Medal (3), Navy and Marine Corps Commendation Medal (3), Public Health Service Commendation and others.

Prior to his current assignment, he was Director, Dental Services, Center for Craniofacial Disorders at Children’s Healthcare of Atlanta Pediatric Hospital and was also in private practice.
In the past few months, there has been at least one known case of a military physician having their DEA number stolen and used fraudulently. The discussion below describes another attempt to steal a military provider’s DEA number.

"I just received a call from somebody claiming to be a DEA agent named John Meyer. He had my name and NASP branch clinic telephone number. He had a strong Indian accent and said that there is an ongoing criminal investigation into my prescribing practices and that somebody may have used my DEA number fraudulently. He wanted information consistent with what is described in your prior email. I asked for a call back number. He gave me a 1-800 number (per the internet it is to a printing company in Wisconsin). When I said I would call back after confirming his identity with the DEA he got upset and said my medical license would be immediately suspended if I hung up. So I hung up on him."

**Recommendations to ensure you are not a victim**

1. Check with your own state licensure board and make sure that when you do a license look up that your home address does not pop up as public knowledge. If it does the recommendation is to contact your licensure board to have that information removed.

2. Check the DEA website and see if the DEA license look up shows your personal address. If it is a FEDERAL DEA that you were issued for use to prescribe to TRICARE beneficiaries, it should reflect NMCP as the address. You can look it up at this link: https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp.

Most people outside the military won’t know that FEDERAL DEA #’s are registered to the address of the command. You will need your DEA information in order to check. It takes about 60 seconds to confirm. If it does show your home address we recommend that you change the address registered to your FEDERAL DEA # to that of your MTF.

3. Some of you have a PERSONAL DEA registration number for moonlighting purposes....you should do the same thing as #1, and #2.

4. If you ARE a victim you will need to contact the DEA personally and request a new DEA number.

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LCDR Christopher Stange and LCDR William Barber lead the Medical Corps Practicum class for Midshipmen at the US Naval Academy.

Have a photo or brief story to share? Email it to the Corps Chief’s Office
In response to these changes, the fight or flight response may kick in, and some will decide to leave military service. I initially experienced this desire myself and I understand that may be the best option for some. But instead of reacting and looking for the nearest exit, I have selected the alternate option to remain calm and wait out the storm. This seems like a good time to apply a few yoga principles that I garnered during my years as a yoga instructor and personally used to navigate the most challenging times in my life including the devastating loss of my 5 year old son to leukemia.

Fear, uncertainty, discomfort, and sometimes pain are often integral to growth. Our initial response to a painful stimuli is usually to recoil from the pain (which can be necessary for self-preservation at times). Shifting our attitude and learning to embrace the pain is one way to transform our outlook on the present and future. Resistance is futile when we cannot control circumstances. By transitioning from fleeing or fighting the discomfort into acceptance, we open ourselves to new experiences and ultimately, change our perspective. Adaptability is one of our most important traits needed for survival. My oldest son's recent school project on Charles Darwin reminded me that “it is not the strongest or the most intelligent who will survive but those who can best manage change.”

There aren't many answers available yet about the future of military medicine, and we will need to be patient as leadership continues to work through these challenges. Mutual trust is imperative as our leadership charts the new course and examines the expected and unexpected downstream consequences. I continue to remind myself daily why I wear the uniform and my focus remains on our current mission.

It can be very uncomfortable sitting politely with uncertainty but learning to embrace the discomfort can strengthen and help us weather other storms in life whether they are personal or professional. Easing into the pain doesn’t mean that I don’t have concerns. I have tangible patient safety concerns that the perinatal community’s many improvements and risk mitigation strategies employed over the past 5 years will be jeopardized with some of the proposed changes. I am concerned about skill sustainment opportunities at MTFs as billet availability shifts in the future. I am worried about physician burnout and maintaining a well-rounded community that includes both junior and senior physicians, providing a safety net and safe place for both patients and staff. However, I have chosen to remain engaged while riding the tide of uncertainty. I will sit tight, buckle down and wait for the storm to pass.

Change is difficult especially when the change involves significant losses in my specific community. However, I have accepted the necessity for change and that the new reality revealed when the storm clouds resolve will better meet the unified mission for both our beneficiaries and warfighters. Navy Medicine’s overall mission hasn’t changed but this is an opportunity to further refine and better support our fellow warfighters and to care for one another. I could plan for retirement now but have chosen to embrace the uncertainty and continue contributing in some small way to forging DHA and Military Medicine’s future. Each of us will be challenged during this time of change. This is the time to decide which path you will choose.

“Change is the law of life and those who look only to the past or present are certain to miss the future.” – John F. Kennedy

CAPT Guido Valdes, MC  
Chief of Staff, NME
CAPT Kimberly Davis, MC  
Fleet Surgeon, 4th Fleet
CAPT Jeffrey Bitterman, MC  
Force Surgeon, MARFORPAC
CAPT William Brunner, MC  
Force Surgeon, MARFORRES
CAPT Kevin Buckley, MC  
Fleet Surgeon, 5th Fleet
CAPT Christine Sears, MC  
Fleet Surgeon, 7th Fleet
CAPT Reginald Ewing, MC  
Fleet Surgeon, 2nd Fleet
CAPT Elizabeth Adriano, MC  
Force Surgeon, COMNAVIFOR
CAPT Peter Woodson, MC  
Force Surgeon, CNSWC

Congratulations to the next generation of Navy Physician Leaders!
Naval Medical Center San Diego (NMCSD) Team Neuroradiology won 2nd place for Best Educational Exhibit at the American Society of Head and Neck Radiology Conference!

CDR Mike Cathey, a Neuroradiologist at NMCSD, has led a successful collaboration with several NMCSD attending physicians and residents to award winning academic presentations and publications. His team’s recent educational exhibit highlighting the imaging spectrum of Nervus Intermedius-related neuropathology won 2nd Place, best educational exhibit at American Society of Head and Neck Radiology and was subsequently invited to American Society of Neuroradiology (ASNR), where the exhibit won 3rd Place. The presentation was invited for publication in Neurographics, a peer-reviewed journal of the ASNR. Dr. Cathey and his team’s work with advancing advanced imaging techniques to evaluate traumatic brain injury and other neuropathology has also been recognized for excellence by the American Society of Neuroradiology and invited for publication. He has been at the forefront of imaging of head and neck cancer patients and has worked with lead author Dr. Joseph Yetto on an article updating the radiology community on new American Joint Commission on Cancer staging guidelines for head and neck cancer.

Establishment of the Female Force Readiness Sub-community! Our Women’s Health Clinical Community has been busy in 2018. We are proud to announce the establishment of the Female Force Readiness Sub-community that will focus on the medical readiness of the female force and provision of women’s healthcare in the operational setting.

Navy Medicine opened five Contraceptive Walk-In Clinics in 2018, bringing us to a total of 14 Navy-wide. These clinics provide same-day, no appointment necessary access to contraception. Collectively, these existing clinics serve over 15,500 active duty women. Data from the 2018 Personal and Professional Choices Survey suggest the incidence of unplanned pregnancy among the highest risk population (enlisted personnel ages 18-24), has decreased by 14% in the Navy.

The group created standardized educational materials for patients and providers with information specific to unique military setting, resources include a Nurse Run Clinical Protocol for dispensing emergency contraception, a patient education pocket card, a health brief for recruits at boot camp on contraception and sexually transmitted infections (STI), and a waiting room patient decision tool to help patients understand all contraceptive options prior to provider counseling.

Additionally, they created nine treatment algorithms to aid Independent Duty Corpsmen (IDCs) in triaging the most common women’s health conditions to promote readiness and determine whether to treat or escalate female patients to a higher level of care. The algorithms are part of the 21st Century Sailor initiative and will be downloaded onto iPads for IDCs to reference in remote clinical settings.

Special Pays Update

Our office has recently been made aware of a couple of changes to the way Board Certification Pay (BCP) is handled under the new Consolidated Special Pays system. Please know that we have heard your concerns and are actively working them in concert with the cognizant Specialty Leaders and our colleagues in BUMED M1.

The first issue is the requirement to submit annual proof of Maintenance of Certification (MOC) compliance for those individuals under the American Board of Medical Specialties (ABMS) member boards employing continuous certification. We are working on establishing a process to automate this annual verification so that it is transparent and less cumbersome to the individual. We are hopeful this can be accomplished with existing resources.

The second issue is the cessation of payment of retrospective BCP to those who have to delay completing their board certification requirements due to deployment right out of training. For example, this would apply to a physician who has to take a later board exam because they are deployed during the first available opportunity to take the exam after graduation. The old Code of Federal Regulations (CFR) that governed Special Pays had a loophole that allowed BCP to be retrospectively paid from the missed exam date provided the individual passed the exam within 6 months of returning from deployment. The new Special Pays CFR does not include such a loophole, so our Special Pays office can no longer retrospectively pay BCP. Special Pays are administered by a Tri-Service Working Group, and we are beginning the process to request a definitive policy.

Both of these issues require changes at very high levels, so it will take time to effect solutions. We will continue to provide updates as developments occur.
In 2018, we bid “Fair Winds and Following Seas” to 19 Specialty Leaders who turned over their duties and welcomed a new arrival. Please join us in extending our gratitude and best wishes to the outgoing Specialty Leaders and a warm welcome to the incoming Specialty Leaders.

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<tr>
<th>Specialty</th>
<th>Outgoing</th>
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<tr>
<td>Anesthesiology</td>
<td>CAPT Richard Serianni</td>
<td>CAPT Kyle Berry</td>
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<td>Aerospace Medicine</td>
<td>CDR Todd Gardner</td>
<td>CDR Robert Krause</td>
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<td>Cardiothoracic Surgery</td>
<td>CAPT Jarod Antevil</td>
<td>CAPT Alfredo Ramirez</td>
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<td>Radiology</td>
<td>CAPT Frank Mullens</td>
<td>CAPT Mike Lee</td>
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<td>Emergency Medicine</td>
<td>CDR Joel Schofer</td>
<td>CAPT Brendon Drew</td>
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<td>USMC</td>
<td>CAPT Vincent DeCicco</td>
<td>CAPT Steve Blivin</td>
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<td>General Surgery</td>
<td>CAPT Craig Shepps</td>
<td>CAPT Robert Ricca</td>
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<td>Pulmonary/Critical Care</td>
<td>CAPT Joon Yun</td>
<td>CDR Sean McKay</td>
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<td>Intern</td>
<td>CAPT Carl Peterson</td>
<td>CDR Jay Choe</td>
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<td>Neonatology</td>
<td>CDR Karina Volodka</td>
<td>CDR Lisa Peterson</td>
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<tr>
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<td>CAPT Kristina Morocco</td>
<td>CDR Shannon Lamb</td>
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<td>Ophthalmology</td>
<td>CAPT Frank Bishop</td>
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<td>CAPT George Conley</td>
<td>CAPT Curtis Gaball</td>
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<td>CDR Timothy Wilks</td>
<td>CAPT Chadley Huebner</td>
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<td>Physical Medicine and Rehabilitation</td>
<td>CAPT Michael Jacobs</td>
<td>CAPT Robert Sheu</td>
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<td>CAPT Jamie Reeves</td>
<td>CDR Jeffrey Millegan</td>
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<td>CAPT Jeffrey McClellan</td>
<td>CAPT Brett Sortor</td>
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<td>CAPT Kim Toone (Interim)</td>
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<td>CAPT Tim Quast</td>
<td>CDR Kristina St Clair (Interim)</td>
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<td>Trauma</td>
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<td>CDR Matt Tadlock</td>
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There are many principles and terms that are important to understand regarding manpower. The first principle is the difference between a billet and a ‘body’. Billets refer to specific job descriptions and are distinct from the person who actually does that job (or body). An analogy would be seats in a classroom - You can describe a class as having 30 desks and also describe the class as having 27 students or ‘bodies’. Percent Manning can be misleading when the size of the denominator is not taken into account. Please reference the Corps Chief Webpage or contact the Corps Chief Office if you have a need or have an interest in understanding the detailed numbers more specifically.

The second term to understand is BSO or Budget Submitting Office. These Code Numbers (BUMED is BSO-18, USMC is BSO-27, etc.) are used to facilitate accounting processes amongst other things. Notably, not all Navy Medical Corps Billets belong to BUMED. The chart below depicts the relative percentage of billets that belong to each BSO-Code.

The percentages listed regarding specialty manning are taken from the most recent WorldBook data. These numbers are also misleading in that they do not capture the ‘fair-share’ billet requirements (e.g. operational or medical leadership billets) that are not coded to a specific specialty and therefore over-represents the true percent Manning in any given community.
USNH Naples
LCDR Terrence Bayly
As Medical Homeport Department Head, Dr. Bayly is not only recognized by his peers as a great clinician, but a leader of in his command championing quality care initiatives and Corpsmen training. He was recently recognized as the 2018 Uniformed Services Chapter East Outstanding Young Pediatrician and recognized by RDML Pearigen with a Corps Chief Coin during his recent visit to USNH Naples.

USNH Sigonella
LCDR Patrick Henderson
LCDR Henderson assumed the duties of Chief Medical Officer, a position usually held by Commanders and Captains. He has ensured a focus on patient safety and executing the tenets of High Reliability. He also serves as the Physician Co-Chair of the Overseas Screening Committee and is one of 2 Convening Authorities. LCDR Henderson also participate in patient care as the sole Internist at the command. His demonstrated ability to balance both his leadership roles as well as his clinical duties earned him his command’s nomination to receive the Corps Chief Coin from RDML Pearigen.

USNH Rota
LCDR Jacalyn H. Reese
LCDR Reese is a true leader-clinician who has demonstrated transformative leadership abilities. She has assembled and leads a team currently constructing an optimal manning matrix of medical and surgical providers which will optimize readiness for trauma, emergencies, and the most commonly seen surgical dilemmas such as obstetrical hemorrhage at U.S. Naval Hospital Rota. A constant volunteer and promoter of best practices, Dr. Reese has precepted a NC Masters-level practicum on HPV vaccination, instructed four EMT courses, and has been the keynote speaker for the 2018 Women’s Equality Day and Single Active Mother’s Day focus group. As an aspirational leader, dynamic clinician, and a valued member of the NH Rota Board of Directors, she was nominated by her command to receive a Corps Chief Coin from RDML Pearigen.

LT Samantha Bartling (SPMAGTF)
General medical officer from Camp Lejeune, NC currently deployed with Special Purpose Marine Air-Ground Task Force-Crisis Response-Africa 19.1. As the Logistic Combat Element Surgeon, she serves as the primary medical provider and subject expert for 495 Marines and Sailors both in NASSIG and Africa. Her leadership and rigorous training of her Corpsmen has allowed for the success of 4 Theater Security Cooperation Missions in Morocco, Uganda, Ghana, and Tunisia. These missions, which include instruction on skills such as combat lifesaving and medical treatment, combat engineering, and infantry tactics, help to increase regional stability, equip nations for security challenges and build relationships with partner nations. Her tireless devotion to her Marines and Sailors earned her recognition with a Corps Chief Coin from RDML Pearigen.
Hometown Recruiters Follow-Up...

For those of you that missed the announcement, the Navy Medical Corps is encouraging permissive TAD be authorized for any medical officers who participate in medical corps officer/HPSP recruiting while TAD. This is a great opportunity for anybody trying to avoid spending leave time while visiting friends and family. In addition to local recruiting districts, you can volunteer with USU to assist on their recruiting trips as well. Listed is their upcoming schedule. Please email MedicalVIP.fct@navy.mil if you are interested in participating.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Event Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>4/4/2019</td>
<td>University of Louisville AED Health Careers Fair</td>
<td>Louisville, KY</td>
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<td>4/5-4/7/19</td>
<td>NEGSA</td>
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<td>4/6/2019</td>
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<td>Iowa and Nebraska visits</td>
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<td>University of Minnesota Health Professional School Expo?</td>
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<td>SAAAH</td>
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<td>7/17/2019</td>
<td>NIH Graduate &amp; Professional School Fair</td>
<td>Bethesda, MD</td>
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<tr>
<td>10/31-11/2/19</td>
<td>SACNAS</td>
<td>Honolulu, HI</td>
</tr>
<tr>
<td>11/8-11/12/19</td>
<td>AAMC Annual Meeting</td>
<td>Phoenix, AZ</td>
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RECORD MANAGEMENT SPRING CLEANING:

Spring is the time to review your record and rectify any issues to ensure you are prepared for promotion board next year! November through February are very busy months for detailers as we are finalizing order negotiations. We encourage you not to wait until the winter that you are ‘in zone’ to look at your record. Whether you are a junior or senior Medical Corps officer, your record is YOUR responsibility. Ultimately, your record is a reflection of you as an officer, and is what promotion boards depend upon to evaluate you for selection to your next rank. Remember anything unresolved in your record must be received by the promotion board at least 10 days prior to the convening date. Do not delay and get your spring cleaning done!

ALL officers should pull their Officer Summary Record (OSR) from BUPERS Online (BOL) to check for accuracy. Log on to BOL https://www.bol.navy.mil/, select the ‘ODC, OSR, PSR, ESR’ hyperlink, which will open the Officer Personnel Summary Record page. Then select the ‘Officer Summary Record’ hyperlink and you can generate a PDF for yourself.

On your OSR, you will see what PERS has on file for:

- **Education.** Many MC Officers are missing their academic degrees.

- **Personal Decorations.** Check your personal awards of NAM or higher.

- **Service Schools.** Courses such as AMDOC, MEDEXCELLENCE and leadership courses should be listed.

- **Special Qualifications.** Your subspecialty codes and Additional Qualification Designation codes (AQD’s) should be checked for accuracy.

Also look on the Officer Personnel Summary Records page on BOL to pull your Performance Summary Record (PSR) from the ‘PART III’ hyperlink. Select generate PDF. This report will reflect each of your FITREP scorings. Please review your PSR against your OMPF FITREPs to ensure accuracy of your trait marks as well as your individual summary and cumulative averages. Entries on your PSR are hand entered into the system. Therefore, perform your own quality assurance check to ensure it is correct.

If you desire to review your record with your detailer or need assistance with correcting any deficiencies/inaccuracies, please do not hesitate to reach out to your detailer.

Prepare Today for Promotion Tomorrow!

Accessing the Corps Chief Homepage (if unable to hyperlink directly)

- Go to www.med.navy.mil
- Click on ‘Internal Site (CAC Enabled)’ located on the top banner, far right (next to facebook, twitter icons)
- Select either hyperlink option to access BUMED Sharepoint (the second option for ‘non-navy medicine’ is more reliable if outside the DHHQ network). Use your CAC EMAIL certificate for access.
- Click the ‘Surgeon General’ dropdown menu located on the top banner and select ‘M00C– Corps Chiefs’
- Click on ‘Corps Sites’ dropdown menu located on the top banner and select ‘Medical Corps (M00C1)’
- Bookmark this site and please visit regularly for updates!

Medical Corps Challenge Coins

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

Corps Chief’s Office

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