

Spring 2024

NAVY MEDICAL CORPS MAGAZINE



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MEDICAL CORPS MAGAZINE

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MESSAGE FROM CORPS CHIEF

Happy Birthday, Colleagues! As we celebrate the 153rd anniversary of our Medical Corps, I am reminded of how far we've come since 1871. That was the year Congress passed an Appropriations Act giving physicians serving in the Navy ranks relative with their line colleagues and established the role of the Surgeon General. Since then, we have gone from just 153 physicians to more than 4,200, serving around the globe, wherever our warfighters are called to duty. In addition to our birthday celebration this month, March 30 is National Doctor's Day. This is a day to honor the devotion, skill, and unwavering commitment we have to providing high-quality care and leading-edge research. As we move forward, I know we will continue strengthen our Medical Corps and improve the lives of those we serve.

Deputy Secretary of Defense Memo: As you're likely aware, the Deputy Secretary of Defense signed a memo directing the stabilization of the Military Health System last December. Since the memo's release, the Office of the Assistant Secretary of Defense for Health Affairs, working with the Services, has launched several strategic initiatives to improve medical readiness, capacity, and access to care for beneficiaries over the next four years. Reattracting care is one of the keys to stabilizing the military health system. DOD plans to increase military and civilian staffing to optimize our capacities and meet mission requirements. Doing so will mean more predictability for medical appointments for our beneficiaries and opportunities to sustain clinical skills for our providers. Our beneficiaries have a choice in their care, and we want to make our military hospitals and clinics the easiest, best choice for their medical needs. Likewise, our people have a choice in their careers, and we want to be a world-class organization that attracts and retains the best and brightest.

Manning: The Presidential Budget Request 2025 eliminates divesture and creates 932 new officer billets by reducing enlisted billets. Of those 932, most will be new NMRTC billets, with the remaining FTOS/FTIS student/training billets. Our HPSP recruiting goal is 315, which is high this year to address last year's unmet goal of 45 scholarships. BUMED is championing several recruitment and community engagement initiatives. We appreciate all who were able to assist with the suturing workshop at Phi Delta Epsilon this year. Please continue to look for ways to highlight the career opportunities available through Navy Medicine in your local communities.

Pay: The FY-24 Pay Plan was very successful, with a \$2,000 increase in board-certified pay for everyone and an increase in MSP for primary



care and several significantly undermanned specialties. Proposed for the FY-25 Pay Plan, is the option to terminate and re-negotiate MSP yearly. We anticipate this will be successful.

Expeditionary Medicine: New expeditionary platforms will help Navy Medicine provide operational units with the medical capabilities necessary to fight and win in a distributed maritime environment. This will require careful billet realignment to avoid disrupting specialty care at military treatment facilities and executing geographical billet moves. Creating EXMED units where billets currently exist will allow us to stand up these units quickly.

Graduate Medical Education: At any given time, 26% of Active Duty Medical Corps Officers are in GME programs. The annual GME Training Plan is scheduled for April and we will continue to prioritize GME with the over-execution of FTOS, the expansion of the GME following the GMD pilot to include virtually all specialties, and the development of civilian partnerships while balancing operational needs.

Pearl Harbor Naval “Bends” Watch Team Activated to Treat Patients with Hyperbaric Oxygen Therapy (HBOT)

By CDR Thomas Murphy, Force Medical Officer, Submarine Forces U.S. Pacific Fleet

LT Derek Scott, the Undersea Medical Officer (UMO) for Mobile Diving and Salvage Unit I was the on-call UMO for the Pearl Harbor Dive Locker when he received a call from an Explosive Ordnance Disposal (EOD) officer at his command. The EOD officer's spouse had just been diagnosed with sudden sensorineural hearing loss and the couple wanted help.

“One second I was enjoying my morning coffee and the next I had unbearable tinnitus and profound deafness in my left ear. It was as if someone just flipped a switch,” said the patient, describing what had happened.

While the dive chamber and its support network exist for the emergency treatment of diving injuries, in certain circumstances they can be activated to help with non-diving patients in need. Within 12 hours of receiving the call, Scott quickly evaluated the patient, discussed the case with the Navy Bureau of Medicine and Surgery Head of Undersea Medicine for authorization, activated the Pearl Harbor Dive Locker's Hyperbaric Chamber team, and began treatment.

According to HMI Robert Reynolds, the Pearl Harbor Naval Shipyard (PHNSY) Dive Locker's deep sea diving medical technician, the patient

showed immediate signs of improvement following the first session of treatment. Reynolds supervised the treatment from inside the hyperbaric chamber describing the patient's face as “filled with joy,” as the constant tinnitus dissipated.

The full HBOT treatment would go on to last 30 sessions, each its own dive. Every session started with a full physical exam and a structured meeting with the patient and all the U.S. Navy Divers who would be performing and supervising the treatment. Each dive would start by increasing the pressure in the chamber until the patient and inside attendant arrived at the equivalent of 45 feet under the water. There they would stay for about 105 minutes, while episodically breathing 100 percent oxygen via a mask. Once the protocol was complete, the chamber would slowly be returned to a normal pressure. This is the same procedure used in any U.S. Navy dive or the treatment of a diving emergency, differing only in the depth, time and breathing gasses used. Not only do UMOs medically supervise all manner of diving across the Navy, they are certified U.S. Navy Divers who perform a wide variety of diving, including SCUBA, surface-supplied and rebreather



diving, across the fleet.

Because of the length of treatment and other operational commitments, the entire Pearl Harbor UMO community mobilized to provide these treatments. Along with Scott, LCDR Tawney Nakamura from Submarine Readiness Squadron 33, CDR Michael Zakaroff and LT Adam Bergh from Logistics and Support Unit 8, and CDR Thomas Murphy from Submarine Forces U.S. Pacific Fleet, all assisted at different times. During the treatment, an active duty diver experienced a similar hearing issue allowing both patients to be treated together in the same chamber.

At the end of the treatments, the patient shared her thoughts. "I have regained what the audiologist calls a 'significant' amount of hearing. I went from being 100% deaf in my left ear to now having just enough hearing to make me eligible to be fitted for a hearing aid," she said. "The treatment from the divers and UMOs was top notch. I felt as though every diver at the PHNSY Dive Locker genuinely wanted to see me recover my hearing and experience a reduction in my tinnitus. They were all very professional and caring individuals; they exceeded every expectation I had when I began my HBOT."

This is one of the many capabilities and experiences UMOs have. If you are interested in joining the UMO community talk to a local UMO or email CAPT Richard Schreckengaust, UMO Specialty Leader, at richard.h.schreckengaust.mil@health.mil.



ABOVE: Pearl Harbor, HI. LT Derek Scott, UMO, performing a physical exam during the treatment at depth.

LEFT: Pearl Harbor, HI. Navy Diver 1st Class (NDI) Frank Ormonde, the Dive chamber inside tender at Pearl Harbor Naval Shipyard & Intermediate Facility's Dive Locker, and patient, left, prepare to press to depth for her hyperbaric treatment.

BOTTOM: Pearl Harbor, HI. LT Adam Bergh, UMO, interviews the patient while the chamber is under pressure mid treatment.



OPPOSITE PAGE: Pearl Harbor, HI. Navy Diver 1st Class (NDI) Paul Orbegoso, supervises the dive, communicating with those inside the chamber.



Anchors Aweigh, Function Regained: Physiatry in the Navy

By LCDR Alex Kastl, Department of Physical Medicine and Rehabilitation, Walter Reed National Military Medical Center

Physical Medicine and Rehab, also known as Physiatry, may be a small community in the Navy, but our physiatrists offer a skill set far beyond its size. Physiatrists complete a four-year residency, and in the Military Health System, there is one training program through the National Capital Consortium located at Walter Reed National Military Medical Center. Traditionally, the Navy has matched people as a PGY-2, with residents typically completing a Transitional Year internship, but other PGY-1 programs count as well! Residency training in PM&R in the U.S. consists of at least 12 months of inpatient rotations in the PGY-2-4 years with core rotations in TBI, stroke, and spinal cord injury rehab. Outpatient rotations are as varied as rheumatology, radiology, orthopedics, electrodiagnostics, interventional pain management, diagnostic and procedural ultrasound, and amputee care.

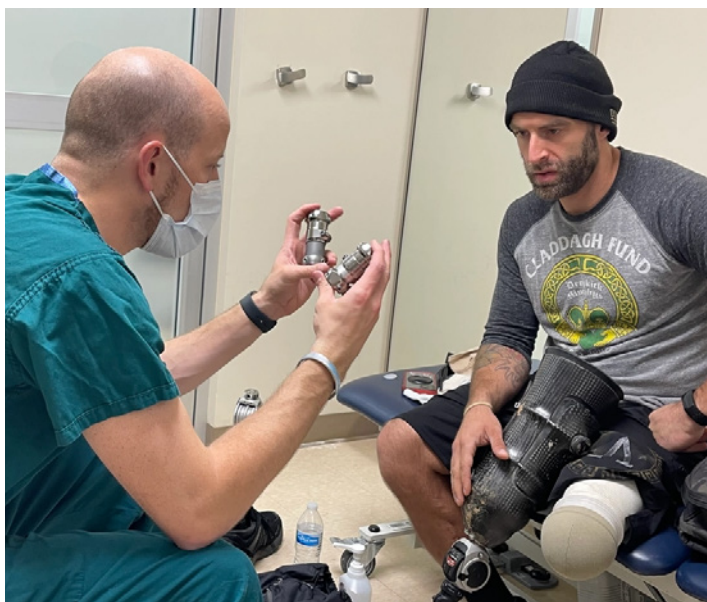
The NCC residency program has a robust research program through its affiliations with the PM&R department at USUHS and its programs like Musculoskeletal Injury Rehabilitation Research for Operational Readiness (MIRROD) and the Consortium for Health and Military Performance (CHAMP.) Additional ongoing research projects with outstanding organizations like the National Intrepid Center of Excellence (NICoE), NIH, and Johns Hopkins University exist. After graduating residency, a Navy Physiatrist can

consider themselves a well-rounded physician with a highly trained skill set that can benefit the warfighter and their beneficiaries.

Currently, there are Physiatrists in billets ranging from the team physician for the Naval Academy football team, the head of Comprehensive Combat and Complex Casualty Care (C5) program at NMCSD, and various operational medicine positions. Additional subspecialty training beyond residency includes multiple fellowship programs in pain medicine, TBI, spinal cord, sports medicine, cancer rehabilitation, pediatric rehabilitation, and neuromuscular medicine. There is something for everyone in PM&R!



TOP: Bethesda, MD. NCC PM&R program director LtCol Matthew Miller performs an US guided carpal tunnel release in clinic.



LEFT: Earl Granville, a retired Army National Guard staff sergeant discusses fixing his artificial limb with Tyler Cook, a prosthetist in the PM&R clinic at Walter Reed National Military Medical Center.

A Resident's Insight into Air Force Special Warfare

By Lt Nathan, Lorei, MC, USN, PGY3 Preventive Medicine Resident, USUHS



LACKLAND AFB, TX. LT Nathan Lorei, MC USN (Preventive Medicine, PGY-3) and Capt Ally Vogt, MC USAF finish a 12-mile ruck.

LT Nathan Lorei, a PGY-3 Preventive Medicine resident at USUHS, recently completed an Air Force Special Warfare Operational Medicine Squadron (SWOMS) rotation at Lackland Air Force Base. The experience afforded him unique insights into the specialized health needs of special operations personnel and trainees, highlighting the critical role of preventive medicine in this demanding environment.

A "fun" aspect of LT Lorei's rotation involved his active participation in a 12-mile ruck march alongside Air Force Special Warfare Operators and trainees. This physically demanding activity tested his endurance and provided valuable context for understanding the specific health challenges that special operators face. By immersing himself in their training routines, LT Lorei gained a nuanced perspective that informed his approach to preventive medicine strategies.

LT Lorei also provided pool-side coverage and management of hypoxic events during water confidence training. Underwater training exposes

operators to unique challenges. LT Lorei's prior expertise as an Undersea Medical Officer ensured the assessment and mitigation of risks associated with hypoxic events, contributing to developing additional safety recommendations for high-risk training evolutions.

In addition to his hands-on contributions, LT Lorei delivered lectures on hyperbaric medicine and environmental exposures. These topics, tailored to the specific needs of special operations, equipped personnel with the knowledge to navigate and mitigate health risks associated with their operational settings.

LT Lorei's rotation underscored the importance of interoperability and joint service cooperation. Integrating Navy Preventive and Undersea Medicine seamlessly with the Air Force SWOMS mission, he emphasized the collaborative approach necessary for the health and readiness of elite military forces.

Interested in learning more about the rotation?
Contact Maj Courtney Hintz, Course POC.
courtney.hintz.1@us.af.mil

Save the Date!

Virtual Corps Chiefs Calls

Apr 17, 2024

Oct 16, 2024



Multilateral Medical Engagement: Commitment to Collaboration

By LT Freddie Mawanay, MSC, USN & CAPT Jorge "Bones" Brito, MC, USN, NAVCENT
Force Surgeon

On January 8, 2024, NAVCENT's Force Medical team held a groundbreaking multilateral medical engagement (MME), convening 36 medical professionals from the United States and five AOR partner nations. This historic event marked a significant milestone, uniting regional countries in their unwavering commitment to addressing the intricate complexities of medical care and the mental health challenges to medical professionals during modern-day urban-based conflict. The collaboration, consisting of a dinner followed by a day of professional engagement, helped forge unbreakable bonds by demonstrating collective compassion for the pressing challenges faced in the Modern Middle East. Breaking bread together, we unequivocally solidified that there is much that unites us as cultures generally and as health care professionals specifically.

The inaugural MME was born from the NAVCENT Commander's vision to bring seasoned medical professionals together, exercising the Command's convening authorities, to unite and enhance regional partners in our collective understanding of how to address the vast array of medical care needs when health care systems and teams are overwhelmed. Recognizing the

shared commitment under international law to minimize civilian harm and safeguard healthcare systems and medical infrastructure made the discussion more comprehensive. NAVCENT Force / FIFTH Fleet Surgeon, CAPT Jorge Luis Brito (MC, Orthopedic Hand), provided a highly personal keynote address, drawing on his professional history spanning several decades across military and civilian health care systems and those of others that have or are currently serving under duress to open the window to discussing the benefits and challenges of managing trauma and its concomitant paradoxes—crises are typically times of medical advances. The stories encompassed technical and moral trials and tribulations that often blur the lines of mental health for caregivers.

Deputy Force Surgeon, CDR Megan Potter (MSC, Health Care Administrator), moderated two discussions further exploring the stated challenges, communally providing insights into the holistic health needs of civilians affected by urban-based conflicts. She also helped explore the diverse approaches to medical planning, logistics, and care delivery across different countries and services. These varied approaches represent an opportunity



to complement and enhance military response efforts in addressing the complex medical needs of affected populations.

In conclusion, NAVCENT's MME, administratively organized by our LT Mawanay (MSC, Global Health Engagement), is a testament to the power of collaboration and partnership in addressing critical medical challenges amidst conflict. By uniting regional partners and fostering an environment of shared learning and compassion, this event has laid the groundwork for strengthened responses to emergency medical care needs in the region. The second and third-order effects are already materializing as CAPT Brito and LT Mawanay further connected with their ADR partners on 11-13 January 2024 in Riyadh, Kingdom of Saudi Arabia (KSA), at a joint conference co-hosted by KSA defense forces and CENTCOM.



TOP: Bahrain. VADM Charles Cooper, II, prior commander, USNF CENTCOM addressing audience.
BOTTOM: Bahrain. Participants in the Multilateral Medical Engagement, January 8, 2024.

Join our Social Media Team

Contact CDR Treadwell

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Operation Sun SCREEN Launches Inaugural Screening Event at MCAS Miramar

By MAJ Tim Holland, MC, USAF

The Association of Military Dermatologists (AMD), together with support from La Roche Posay and the Department of Dermatology at Naval Medical Center San Diego, achieved a significant milestone by establishing the inaugural OSS: Operation Sun SCREEN (Skin Cancer Recognition, Education and Engagement in Network) event at the Miramar Air Show, held at Marine Corps Air Station Miramar in San Diego, CA from September 22-24, 2023.

This event brought together over 40 volunteers from the local area who were active-duty, retired, and civilian dermatologists, residents, and medical volunteers. Their primary objectives were to raise awareness about skin cancer and provide free skin cancer screenings to air show attendees. Over the course of the air show, over 400 screenings were completed, with approximately 60 recommendations to obtain a biopsy. As an added bonus, representatives from La Roche Posay were on site to provide sunscreen to attendees and encourage them to participate in a screening.

LCDR Hugh Lyford, who first conceived this event last January, emphasized the significance of connecting with the local community and showcasing the military's dedication to high-quality dermatologic care. Dr. Lyford highlighted a recent Department of Defense study demonstrating an 87% increased risk of melanoma in military aircrew, underscoring the importance of raising awareness about preventable skin cancers at this and similar events.

The Miramar Air Show is the largest military air show in the country, attracting over 700,000 attendees annually. With the success of the first OSS, LCDR Lyford and the AMD hope to plan future events for the Miramar Air Show and assist in planning for events at other Air Shows throughout the country.



ABOVE: Miramar, CA. Crowds lining up at the Miramar Air Show for skin cancer screenings and free sun screen.

BOTTOM LEFT: Navy and USAF Dermatologists LCDR Ostrofe, MAJ Holland, LCDR Lyford, and LT Borza with the Blue Angels Pilots.

BOTTOM RIGHT: A group of Navy pilots showing off their swag bags after completing their skin cancer screenings.





An early morning sunrise on simulated deployment

By LT Ervin Anies, MC, USN, 2d Battalion, 4th Marines

As a current General Medical Officer (GMO) stationed with a Marine Corps Infantry unit, I am tasked with sustaining the unit's medical readiness and care to keep the Marines prepared to fight the next war. This picture depicts an early sunrise at Camp Wilson's Combined Aid Station (CAS) located on US Marine Corps Air Ground Combat Center 29 Palms during ITX (Integrated Training Exercise). ITX is also known as SLTE (Service Level Training Exercise) and is "the annual capstone Marine Air Ground Task Force (MAGTF) training event" for many Marine units before deployment. As a high-tempo exercise for the Marines, this is also a proving ground for the corpsmen and providers (like me) to train and refine Role I Trauma Medicine and Casualty Evacuation (CASEVAC) capabilities. By training in the environment that best simulates the deployments Marine units encounter, mistakes are made, and lessons are learned to improve medical treatment and training. Perhaps even more important to the training is the diversity from interacting with other Marine Corps units and their corpsmen and providers. The CAS houses around 4-5 unit medical teams simultaneously, providing general sick call and urgent care 24 hours a day, seven days a week. In between treating patients, many unit corpsmen and providers

socialize and discuss improving their unit's medical readiness and planning process. This is truly a rewarding experience as a new GMO, and I am grateful to have had it. It directly enhances both our ability to provide medicine in austere environments and the esprit de corps between the Marine Corps and Navy Medicine.



Camp Pendleton, CA: LT Anies and CAPT Allen, Deputy Corps Chief, discuss GME opportunities during the 2023 MC Road Show.

Medical Corps Officer Appears "JEOPARDY!"

By: LCDR Gregory Czaja, MC, USN

How often can you say you know someone whose been on TV? LCDR Gregory Czaja, a staff cardiologist at Naval Medical Center San Diego assigned to EMF Bravo, was a recent contestant on "JEOPARDY!" appearing for a total of 3 days (air dates 27 and 29 Dec 2023 and 01 Jan 2024), finishing as runner-up. He represented Navy Medicine exceedingly well, earning an award of \$20,000. LCDR Czaja's most memorable clue was a breeze for a sailor: "This bay on the southern side of Cuba is home to a U.S. Naval Base" (answer: "What is Guantanamo Bay?"). LCDR Czaja will begin Interventional and Structural Cardiology fellowship at Scripps Clinic in San Diego, CA, in July 2024.

LCDR Czaja is originally from New York City. He is a graduate of Duke University where he spent a year researching at the Center for Human Genetics. A USUHS graduate, he completed his Internal Medicine residency

at WRNMMC and his Cardiology fellowship at NMCSD. LCDR Czaja served as a flight surgeon with VMFA(AW)-224 and as a staff internist at NMCSD.



Charting Excellence: NMRTC Camp Lejeune's Simulation Center and Navy Physicians Paving the Way for Wartime Readiness.

By: CAPT Michael Termini, Chief Medical Officer and CDR Dink Jardine, Director for Professional Education

Navy Medicine Readiness and Training Command Camp Lejeune has significantly elevated medical training through the establishment of a cutting-edge Healthcare Bioskills and Simulation Center (HBSC). This facility stands as a testament to the medical center's unwavering commitment to preparing a diverse array of staff and students for the challenges of their respective roles.



At the forefront of this initiative is the support provided by the physician staff whose expertise and dedication enhance the training experience. The Sim Center becomes a dynamic hub, fostering hands-on learning for students in multiple health professions education programs such as Family Medicine Residency, Emergency Medicine Physician Assistant (EMPA) Fellowship, Interservice Physician Assistant Program (IPAP) and Certified Registered Nurse Anesthesia Program.

Crucially, the HBSC plays a pivotal role in wartime readiness, aligning with the deployment requirements of Expeditionary Medical Facility (EMF) Kilo and the Expeditionary Resuscitative Surgical Systems (ERSS) attached to the hospital.

The training effort of the Sim Center extends to not only traditional graduate medical education but also supports allied health training programs **CAMP LEJEUNE, NC. CDR Thuy Lin, pulmonary critical care physician, examines an x-ray during the Advance Trauma Life Support (ATLS) course held at Naval Medical Center Camp Lejeune's Healthcare Simulation and Bioskills Center on Jan. 23, 2024.**



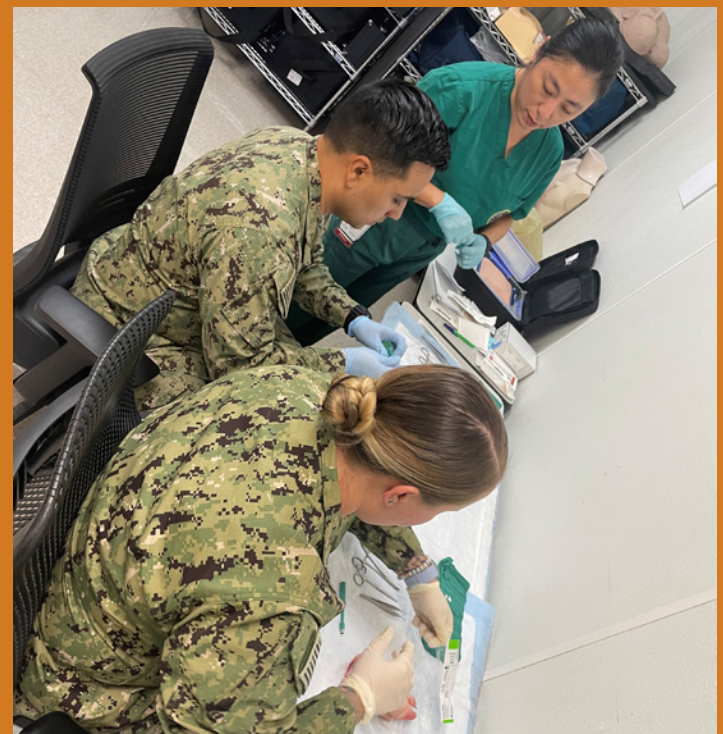
such as the Corpsman Plus program, a pilot program which focuses on making all corpsmen ready for immediate deployment into a Role 2 environment regardless of their current daily work assignment. This includes opportunities for self-study to attain mastery with individualized learning plans based on quarterly assessment of competence in seven areas.

The Healthcare Bioskills and Simulation Center at NMRTC Camp Lejeune emerges as a cornerstone for fostering wartime readiness, offering invaluable hands-on experiences that prepare a diverse cohort of students. The unwavering support of Navy physicians ensures that these individuals are not merely students but proficient professionals ready to navigate the complexities of their roles, whether deployed within the ERSS, EMF Kilo, or other critical health care environments.

TOP: CDR Caitlin Haltiner, otolaryngologist, teaches physician assistant students about nasal fracture reduction and epistaxis at the NMCCCL Healthcare Simulation and Bioskills Center on Jan. 10, 2024.

BOTTOM LEFT: CDR Dink Jardine, director for professional education for NMCCCL, instructs physician assistant students on treatment of auricular hematomas at the NMCCCL Healthcare Simulation and Bioskills Center on Jan. 10, 2024.

BOTTOM RIGHT: CAPT Melissa Stegner-Wilson, otolaryngologist, conducts a suture lab at the NMCCCL Healthcare Simulation and Bioskills Center on Jan. 10, 2024 for physician assistant students.



Pacific Partnership 2023: Perspectives from a Family Medicine Physician

LT Anna Rayne, MC, USN

Global Health Engagement is a rapidly expanding framework recognizing the link between global health care and national security(1). The Department of Defense has established policies to help stabilize fragile states using DoD medical assets to foster productive communication and partnership amongst the DoD, other US Government agencies, and partner nations' military and civilian authorities. This instruction outlines goals of building trust and confidence, sharing information, coordination of mutual activities, and achievement of interoperability in support of US national security policy and strategy(2). For military healthcare professionals, participation in global health whether through deployments, overseas duty locations, or elective coursework and training are commonplace and provide excellent opportunities for both personal and professional growth. Pacific Partnership is the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Pacific by the U.S. Navy. Now in its 18th year, the mission began in 2004 in response to a tsunami that devastated parts of South and Southeast Asia, however, has since evolved to focus on bringing nations together during periods of calm to better respond in times of crisis. Deployments such as Pacific Partnership offer Navy health professionals unique opportunities

to develop skills and expertise in global health and humanitarian assistance. For those who have had the opportunity to participate, the experience often remains a lasting career highlight.

Concluding in December 2023, Pacific Partnership 2023 (PP23) provided tailored medical, dental and veterinary care as well as humanitarian and civic preparedness activities in areas of engineering, disaster response, public health, and community outreach. This mission featured nearly 1,500 personnel from multiple partner nation militaries to include Australia, Canada, Chile, Japan, South Korea, New Zealand, the United Kingdom and the United States. Traveling aboard the USS Pearl Harbor (LSD 52), the team conducted 492 events across 7 countries over a 5-month period.

Through a rigorous planning process, PP23 medical leadership identified host nation needs and capabilities in order to develop a tailored approach to deliver high quality health services and trainings to host nation partners, which included local healthcare workers, host nation militaries, nursing and medical schools. As a family medicine physician deployed with PP23 for the entirety of the mission, my primary duties included providing medical care to community members alongside local healthcare workers, conducting lectures on a wide variety of primary care topics, and leading various training



LEFT: United States, Partner Nation, and Host Nation medical personnel pictured at a Community Health Engagement in Suva, Fiji.



ABOVE: Pacific Partnership 2023 US and Partner Nation Personnel pictured aboard the USS Pearl Harbor.

courses such as basic and advanced life support, neonatal resuscitation, pediatric life support, and basic trauma care.

Particularly meaningful for me as a uniformed family physician were the experiences providing medical care alongside host nation colleagues. In each of our country stops we conducted Community Health Engagements where PP23 medical personnel provided medical, dental and optometry services to local community members, many of whom do not have easy access to medical services or treatment. These events provided an opportunity to conduct side-by-side medical care to treat common ailments ranging from dermatologic and musculoskeletal complaints to chronic conditions such as diabetes and hypertension, as well as less commonly seen conditions in the US such as malaria and tuberculosis. These collaborative efforts allowed for PP23 medical providers to better navigate the nuances of foreign health care systems and medication formularies, while also helping to ensure appropriate follow up and support for patients with more complex medical needs. These experiences and collaborative efforts provided significant insight not just into the common health problems affecting local populations, but also the innovative strategies employed by local health professionals who are often working with significant resource limitations when compared to the US and Military Health systems.

An especially notable example of this was in Fiji, where the burden of metabolic disease, particularly diabetes, is very high and end stage complications of diabetes (specifically foot sepsis) is one the most common initial presentations of diabetes(3). To combat these statistics and promote

earlier diagnosis and access to preventive services, Fijian Department of Health workers have developed a national diabetes outreach program. Their headquarters, across the street from the nation's largest public hospital, houses a multidisciplinary clinic complete with physicians, nurse educators, wound care nurses, and dietitians. This multidisciplinary clinic provides free walk-in, appointment-based, and even outreach-based services for thousands of patients each year, resulting in significant improvements in health outcomes.

As a family physician, navigating encounters with a diverse subset of patients of different ages, cultures, and backgrounds across multiple countries highlights the scope and breadth of practice afforded to family physicians, and demonstrates the importance of these skillsets in austere environments. This experience has left me feeling fulfilled and inspired by the passion, innovation, and commitment to holistic patient care performed in resource limited settings, as well as a renewed appreciation for the services available within our health systems.

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2. Department of Defense Instruction 2000.30; July 2017
3. Kuruvatti, J; Price, H. "Life is sweet in Fiji: the availability of diabetes healthcare and health education and diabetes awareness amongst diabetic patients in Fiji." *Practical Diabetes International*, 2002; 19: 160-163



Never to Sail Alone:

Navy Wounded Warrior is Mission Essential

By Alyssa E. Ross, PCM, Marketing Analyst – Navy Wounded Warrior

When CAPT Wayne Burr received orders to CNIC headquarters at the Washington Navy Yard as the Senior Medical Advisor for Navy Wounded Warrior (NWW), he initially did not know what to expect. “I did not know anything about the program,” stated CAPT Burr, “nor did I know who it was for.” Like CAPT Burr, many may not know how this program provides vital assistance to active duty Navy and Coast Guard service members through the difficult times of being medically discharged.

NWW provides proactive, tailored support, including MEB guidance, family bedside travel, caregiver respite, and so much more. This enables enrolled service members to focus on their recovery goals and well-being and supports a smooth transition to the Department of Veterans Affairs when a medical condition prohibits continued service.

Eligibility for the program is not limited to Sailors and Coast Guardsmen

with combat-related wounds or injuries; it also encompasses those with serious, non-combat-related injuries or serious physical or psychological illnesses. Participation is voluntary, and service members must be enrolled to take advantage of the services provided.

“The variety of opportunities to serve this population as a physician is endless!” claims CAPT Burr. “In one tour, I have learned much more about the transition process, served as the team physician for the Navy’s adaptive sports team, and visited many locations including Hawaii. I highly recommend anyone to jump at a chance to work or volunteer with this amazing program.”

ABOVE: San Diego, CA. HM3 Kolawole Arubuolawe competes in track at the 2023 Department of Defense Warrior Games Challenge.



LEFT: Port Hueneme, CA. Recovery Care Coordinator Stanford Parks discusses Navy Wounded Warrior's services at the Fleet and Family Support Center. **BOTTOM:** JBPHH. Service members participated in a resources and resiliency fair at using Warrior Care Month 2022 (US Navy photo by Melvin J Gonzalvo).



LEFT: USS George Washington (CVN-73). Navy Wounded Warrior staffers Marc Puco and Terry Labeff generate program awareness.



Learn more at navywoundedwarrior.com.
To refer a service member, call 855-NAVY-WWP (855-628-9997) or email navywoundedwarrior.fct@navy.mil.
Guest speakers are available for staff education.

LEFT: CAPT Wayne Burr meets with CDR Jeffrey Bulluck, Director, Intrepid Spirit Center Camp Pendleton.

“Train Like You Fight” – Saving Lives After the Mass Shooting in Lewiston, ME

By LCDR Charmaine Lowe
4th Medical Battalion, Communications and Strategy Officer

CDR Richard King of 4th Medical Battalion, Bravo Company, 4th Marine Logistics Group, is the Trauma Medical Director of Central Maine Medical Center and was instrumental in helping to save lives during the active shooter incident in Lewiston, ME on October 25, 2023. He credits his preparedness to the realistic training he received during annual training (AT) at Global Medic, a multi-service medical training exercise, held at Fort McCoy, Wisconsin in August 2023 as part of the Forward Resuscitation Surgical Service. CDR King stated that his experience was “an identical playbook” to the training he received at AT in that he had to “take charge and work with limited resources during a time of organized chaos.” He stated that he performed surgeries on several individuals in a short amount of time likened to “damage control.” CDR King described the whole experience as “surreal” because he had read about other mass casualty situations, but never thought he would be directly involved in one. He stated that the injuries of the shooting victims were similar to the scenarios that he practiced during AT, while at the same time, needing to balance current supply levels with the amount of patients that needed surgeries in a time of crisis. CDR King noted that the motto “Train Like You Fight” has a deeper meaning now.

Eight individuals from the mass shooting needed surgery and at the time, CDR King expected all of them to survive their injuries, however, all but one of the patients that required an operation survived, as this individual had a severe, unsustainable injury. All of the patients have since been discharged, with the last patient leaving the hospital right before Christmas, a patient that was under the care of CDR King.

Several lessons were learned after this tragic event, according to CDR King. Perhaps the most important lesson is recognizing the insurmountable impact that an accredited trauma center has on a community, such as the association his hospital has with the American College of Surgeons. Hospitals often absorb the costs to support a trauma program, and they lack state and community funding, despite trauma being a significant public health concern. This accreditation requires a hospital like Central Maine Medical Center to maintain a high level of training and practice as a designated trauma center. Additional training, such as that received at Global Medic further solidifies training and CDR King believes that this combination can help prevent the “Walker Dip” in the future. The Walker Dip refers to “the cycle of the improvement of care for the battle injured soldier over the course of a conflict, followed by the decline in the skills needed to provide



FORT MCCOY, WI.
CDR Richard King in action at Global Medic '23 in practicing his surgical skills during a mass casualty exercise.

this care during peacetime, and the requisite need to relearn those skills during the next conflict.”

On a personal note, CDR King stated that “the impact on me has evolved with time. Initially I did what all of us did - react as we are trained. There was no time to think.” As the dust settled, CDR King began to hear the harrowing stories of the patients, both personally and from media reports. He recognizes the impact that the incident has had on the families of those that did not survive, and the toll that it has taken on the hospital staff. CDR King noted that many no longer feel safe in their community and that the staff has expressed feelings of anxiety. He believes that it will take a considerable time to heal.

CDR King joined the Navy Reserve in February 2023. He graduated from New York Medical College in 1995 with assistance from the Army Health Professions Scholarship Program (HPSP), and then continued on to complete a surgical internship at Madigan Army Medical Center as a General Medical Officer (GMO) with NATO Headquarters, Allied Forces Central Europe in the Netherlands, in the town of Brunssum. While in the Netherlands, CDR King created a Troop Medical Clinic and provided medical care for patients at a nearby U.S. Air Force Clinic in Geilenkirchen, Germany where he was awarded the Defense Meritorious Service Medal as an Army Captain. He then completed his surgical training and critical care fellowship at Penn State Hershey before becoming a burn and trauma surgeon at the University of Rochester. In October 2018, CDR King began employment at the Massachusetts General Hospital with additional assigned duties as the Central Maine Trauma Medical Director and has been practicing medicine for 17 years.



LEWISTON, ME. Medical staff, to include CDR King and an Army Reservist surgeon, at Central Maine Medical Center performing a life-saving surgery after the mass shooting in October 2023.

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NASA Space Capsule Recovery Team: A UMO's Journey



ABOVE: Artemis 1 Recovery of the Orion space capsule.

Bryan Kaps, LT, MC (UMD) of EOD Expeditionary Support Unit ONE serves as Undersea Medical Officer (UMO) embedded in the NASA Space Capsule Recovery Team composed of Navy Divers. During the Artemis 1 space mission, he integrated with the divers to recover the Orion space capsule for Artemis 1. Kaps provided forward care for the recovery dive team at the capsule and stood by to provide hyperbaric care in the event of a dive casualty during the recovery.

For the upcoming manned Artemis 2 mission around the moon, LT Kaps has worked closely with the NASA crew surgeons to develop procedures to help the astronauts egress from the capsule. During training at the NASA Neutral Buoyancy Lab in Houston, Texas, and underway onboard an LPD, he helped validate the techniques and procedures that the crew will use after

they complete their moon orbit, currently scheduled for September 2025. Kaps will be underway again on another LPD at the end of February where he will be practicing the procedures with the Artemis 2 astronauts at sea.

Interested in joining the UMO community?

Talk with a local UMO or contact CAPT Richard Schreckengast, UMO Specialty Leader, via email at Richard.h.schreckengast.mil@health.mil.



ABOVE LEFT: TEXAS. Artemis 2 Recovery Training at the NASA Neutral Buoyancy Lab.

ABOVE MIDDLE: LT Kaps practices initial assessments in the capsule with Artemis 2 astronauts: Commander Reid Wiseman, Pilot Victor Glover, and Mission Specialists Christina Koch and Jeremy Hansen.

ABOVE RIGHT: TEXAS. Artemis 2 Recovery Training at the NASA Neutral Buoyancy Lab.

Camp Lejeune's Inaugural Sports Medicine Fellows Train to Support Our Warrior Athletes

CDR Emily Crossman, MC, USN, Program Director
Camp Lejeune Sports Medicine Fellowship

Until this academic year, Camp Pendleton served as the Navy's sole Sports Medicine Fellowship site. Citing a need for more Sports Medicine physicians, Navy Medicine pushed for a second Sports Medicine fellowship in Camp Lejeune, NC. As the inaugural fellows, LCDR David Harris and LT Peter Fischer are gaining valuable skills and molding the Navy's newest Sports Medicine Fellowship.

LCDR Harris born in Maine attended medical school at the University of Oklahoma College of Medicine on an HPSP scholarship. He completed a Family Medicine Residency at Camp Pendleton in 2016. LCDR Harris excelled as a Family Medicine Physician in several clinical and operational billets in San Diego and Hawaii before reporting to Camp Lejeune.

A native of Michigan, LT Fischer earned an HPSP scholarship to attend Des Moines University College of Osteopathic Medicine. He completed his Family

Medicine Residency at McCaren Healthcare Bay Region, Michigan State University. Before fellowship, LT Fischer was stationed at Recruit Training Depo, Great Lakes, where he took care of the Navy's newest members.

During their one-year fellowship, Drs. Fischer and Harris are immersed in musculoskeletal health and human performance. In addition to working in the Navy Sports Medicine and Rehabilitation Team (SMART) clinics spread around Marine Corps Base Camp Lejeune, they rotate through various other specialty clinics at Naval Medical Readiness Training Command Camp Lejeune. The fellows work with Orthopedic Surgeons, Physical Therapists, Pain Management specialists, civilian Sports Medicine physicians, and the Human Performance Team at Marine Special Operations Command.

LCDR Harris and LT Fischer provide sideline coverage of local sports teams, including football and wrestling, and they collaborate with athletic trainers to offer training room coverage of athletes. In the fall, they joined fellows from across the mid-Atlantic region to care for athletes at the world-renowned Marine Corps Marathon in DC. Recently, they spent two weeks providing sports medicine coverage for the Navy's Adaptive athletes competing at the Wounded Warrior Trials in Hawaii.

While sports coverage and hands-on care of our warrior athletes is a large part of the year, academics and didactics are also emphasized. Lectures, journal clubs, and hands-on musculoskeletal ultrasound training occur twice weekly.

Not only have these two focused on requirements for passing the end-of-year Certificate of Added Qualification (CAQ) exam, but their invaluable insight improves the growing fellowship. Their mature and constructive feedback throughout the year will enhance the fellowship for next year's fellows. LCDR Harris and LT Fischer are headed to operational units after finishing fellowship, where their new skills will be invaluable in caring for our warrior athletes.



LEFT: LCDR Harris provides sideline treatment to a Navy Wounded Warrior Trial competitor.
RIGHT: LT Fischer evaluates and provides DMT to an injured competitor.

Ozzy on the Road: Okinawa

By LCDR Kyle Checchi, MC, USN, Department of General Surgery, NMRTC Okinawa

The US Naval Hospital Okinawa Department of General Surgery was ecstatic to receive the first visit from our Medical Corps' mascot, Ozzy the Doctopus. After taking a selfie at the flagpole, Ozzy headed straight to the General Surgery Department to meet our team.

Ozzy was in great spirits, but the long flight had taken a toll on their tentacles, so the next stop was to the pain clinic for injections, followed by a mantle check under sedation with our ENT Surgeon.

Ozzy snagged a hot ticket from the green side physicians to the social event of the year: 3rd Medical Battalion's 248th United States Marine Corps Birthday Ball.

Before leaving Ozzy audited an Advanced Trauma Life Support class

and provided a glowing assessment of the physicians on Okinawa to CAPT Cooperman, MSC, USN, the Commanding Officer of NMRTC Okinawa. While staying with my family in Camp Lester's 'Historic' Family Housing, Ozzy was able to attend traditional Karate classes and enjoyed experiencing the many other unique aspects of Okinawan culture (apart from an uncomfortable meal at a sushi-go-round, until they eased up after learning doctopus was not on the menu that day).

The Department of Surgery was thankful to host Ozzy over the Holidays and we wish them a fantastic at their next stop, US Naval Hospital Camp Pendleton.



Ozzy on the Road: Camp Pendleton

Ozzy had a fabulous time at Camp Pendleton. Hosted by XO, CAPT Torrin Velazquez, Ozzy spent the holidays with Red Cross carolers, helped serve the holiday meal, and explored holiday décor throughout the

hospital. While at NHCP, Ozzy knocked out his vaccinations, put in time at the gym, and posed for his official military portrait. He participated in various simulation trainings. He met with many NHCP leaders and explored hospital treasures.



The Museum of Hygiene, Navy Medicine's Forgotten Cabinet of Curiosities

By André B. Sobocinski, Historian, BUMED

In the latter quarter of the nineteenth century, the U.S. Capital had little resemblance to the tourist Mecca and popular family destination it is today. Washington, D.C., was a town of unpaved, muddy streets elevated above marshland and open sewers, and in the summer months ruled over by the tiny conveyor of disease: the Anopheles mosquito.

Still, for those patrons willing to brave the miasmatic cityscape there were attractions to see. The Capitol building, the White House, the Washington Monument, the Central Market, and Smithsonian Institute all served as popular cultural oases. The capital also boasted two military medical museums. The Army's Medical Museum (now known as the National Museum of Health and Medicine) held a richness of pathological specimens from displays of gunshot/arrow wounds and information on diseases afflicting troops to the severed leg of Gen. Dan Sickles. And lesser-known, and smaller in scale, was Navy Medicine's own "Museum of Hygiene."

Founded by the Bureau of Medicine and Surgery (BUMED) in 1882, the Naval Museum of Hygiene was a peculiar (and short-lived) educational institution originally designed to showcase exhibits documenting the "progress in sanitary science." Its mission: "To collect and classify . . . present efforts and progress in sanitary science and make them available for use and to assist in maintaining the highest possible standard of health for our Navy."

An article published in 1900 paints a picture of a true cabinet of curiosities with questionable mass appeal:

The whole atmosphere of the interior is light, airy, clean, and polished, the inlaid floors waxed, the white arches leading in long vistas into the various exhibit rooms. In the main hall, . . . the exhibits of hospital service are arranged, together with a miscellaneous assortment of clothing and ornaments from Korea, Mexico, Japan, China, and the South Seas, and different specimens of life preservers. In the corridor leading into the main room is the metallic burial casket, like those sent to Siberia to receive the bodies of the officers who perished in the Jeannette [Polar Expedition]; also a model of the Parsee 'Tower of Silence'; burglar-proof grave vaults, crematories and urns. There is an Alaskan burial urn, which contains the remains of an Alaskan Indian, and an old Roman cinerary urn, which also contains some ashes."



Commodore Philip Skinner Wales (1837-1906). In 1882, while serving as Navy Surgeon General, Dr. Wales issued a circular asking for "contributions and cooperations of all interested in sanitary matters" to the new Naval Museum of Hygiene. The new makeshift medical museum was originally based at the Bureau of Medicine and Surgery.

In addition to being a clearinghouse of medical artifacts, at its peak the museum housed a 12,000-volume medical research library and an "experimental laboratory" used for a wide-spectrum of research.

Interestingly, the museum held what, in hindsight, can be seen as anthropological function. Patrons could learn about foreign burial practices and see foreign clothing and culinary artifacts collected by naval medical officers. There were models of hospitals, hospital ships, the Roman baths in England; there was even a display showcasing the evolution of the water-closet (i.e., toilet) designed by a civilian sanitation engineer attached to the museum.

Over the years, Navy medical officers based at the museum tested disinfectants, the purity of catgut sutures, examined the "clinical value" of the steel used in U.S. Navy's guns (1887), conducted experiments on water purification through filtration (1890s), and conducted an assortment of chemical, bacteriological and microscopic examinations for the purpose of



Museum's Third Home. In July 1887, the Museum moved to a rented building located at 1707 New York Avenue, NW, Washington, D.C. The Museum remained there until 1894 when it relocated to the Old Naval Observatory building in Foggy Bottom, D.C.

clinical diagnosis.

On May 27, 1902, the Navy Medical School was established at the Hygiene Museum, and, collectively, this institution was known as the "U.S. Naval Museum of Hygiene and Medical School." Three years later on May 20, 1905, the Naval Museum of Hygiene was disestablished, and its library and laboratory were transferred to the Navy Medical School.

Sources:

- Annual Reports of the Surgeon General, U.S. Navy, 1883-1905.
- "Field of the Red Cross: Modern Appliances for Hospital Service at Museum." (September 23, 1900). The Washington Post.
- "The Naval Museum of Hygiene." (October 20, 1883). Medical and Surgical Reporter, 49, (16) p. 446.
- Official Catalogue of the Museum of Hygiene (1893).
- "The Museum of Hygiene: A Fine Sanitary Institution Little Known." (October 3, 1883) The Washington Post.
- "Naval Museum of Hygiene: Collection of Exhibits in the Old Observatory Building." (October 22, 1894). The Washington Post.
- "A Museum of Hygiene: New Use for the Old Naval Observatory. Seek Microbes Instead of Stars." (October 23, 1898.) The Washington Post.

Selected Exhibits from the 1893 catalogue

Medicinal and Interesting Plants, 140 taken from natural living specimens.

Portion of Main Steam Pipe connected with soup and stew boilers to main kitchen U.S. Naval Hospital, Brooklyn, NY. Had been wrapped in canvas and then buried in cement. Removed November 1888.

Animal Parasites of Man and the Domestic Animals.

Boyd's Patent Burglar-Proof Grave Vault.

Ancient Roman Cinerary Urn, containing the ashes of the dead.

Metallic Burial Casket, like those sent to transport the bodies of the officers and crew of the U.S. Arctic Steamer Jeannette who perished on the Lena Delta, October 1881.

Model of a Ship. Transverse section, showing the construction of bilges, limbers, etc. of men-of-war and of merchant ships.

Model of Stateroom U.S. Steamer "Hartford" (half size).

Model of Hospital Ship. Deck plans by Medical Director A.L. Gihon, USN; hull by Navy Constructor J. W. Easby, USN. Has spar deck, berth deck, and hold.

Winning Opportunity: Establishing an Embedded Psychiatry Rotation with Naval Special Warfare

By: LT Alice Kisteneff, MC, USN; LT Glennie Leshen, MC, USN; CDR David Nissan, MC, USN

Balancing post-graduate medical training with the duties of military officer is challenging. The psychiatry program at Naval Medical Center San Diego (NMCS D) developed a third-year rotation that helped to unify these roles while meeting the needs of a local operational community.

The Accreditation Counsel for Graduate Medical Education (ACGME) instructs training programs to address the specific health needs of their communities. From the way care is accessed to what can be prescribed for continued service, the distinctive cultural components and health needs of our active-duty population are often different when compared to civilian populations. To “serve those who serve,” military residency programs must prepare physicians to work in coordination with military leadership. Military physicians must learn to balance ethical obligations to patients with the mission of maintaining warfighters.

To address this unique role as military physicians, the psychiatry residency training program at NMCS D developed a third-year curriculum to improve residents’ exposures to working with operational active-duty service members and coordinating with commands. Naval Special Warfare (NSW), the operational command chosen for this rotation, is a combat command consisting of Navy SEALs, Special Warfare Combatant Crewmen, and combat support staff (information technology, supply, etc.). The storied history, exclusive culture, and atypical operational exposure of this command and its service members provide an optimal learning opportunity for trainees to incorporate cultural competency into medical practice. The rotation involves indirect supervision, group discussion with multidisciplinary case conferences, and reflection through supervision. Differing computer access capabilities and scheduling presented an initial barrier to implementation that was later streamlined and optimized. Residents also have opportunities to learn from the multi-disciplinary team caring for NSW, including the unique expertise of their performance psychology team, who specialize on enhancing cognitive, physical, and emotional performance.

To attain the clinical competency of patient care, trainees are encouraged to recognize how the culture of the NSW community affects the delivery of psychiatric care, identify the differences in psychiatric presentations in this community versus other outpatient clinics, and familiarize themselves with pertinent military instructions relating to psychiatric clearance for duty. To function well on this rotation, trainees are familiarized with the orga-



California. NMCS D Psychiatry Residents on their Naval Special Warfare (NSW) rotation learning about performance psychology. The Clinical Performance Team provides multi-disciplinary expertise to the NSW communities on how to enhance cognitive, physical, and emotional performance. NMCS D’s third year psychiatry residents work with the embedded mental health clinicians at NSW caring for this elite group.

nizational structure of NSW leadership, medical, and psychological care. Medical knowledge improves as trainees learn the incidence of traumatic brain injury and its overlap with psychiatric symptoms. Further, trainees gain experience with the challenges of distinguishing adult presentations of attention-deficit/hyperactivity disorder and the secondary associated mood symptoms that contribute to poor functioning. Areas of practice-based learning, professionalism, and interpersonal skills are refined as trainees work to identify higher-risk patients within NSW clinic triaging, demonstrate sensitivity to NSW patients seeking care, and coordinate with

Want to learn more about the program?

Leshen, G., Johnston, S., Ries, A. et al. Establishing an Embedded Psychiatry Rotation with Naval Special Warfare: A Win for Both the Education of Military Psychiatry Residents and the Operational Forces. *Acad Psychiatry* 47, 402–405 (2023). <https://doi.org/10.1007/s40596-023-01823-4>

the command.

In the three years since its inception, this rotation has engaged third-year psychiatry residents with an operational command, providing streamlined access to psychiatric services for active-duty personnel. Our residents are better prepared to meet the mission after graduating, and we hope this

experience can be applied in other training programs across the military health system.

San Diego: The NMCS Psychiatry Residency Program in summer whites.



Have you explored the MC Sharepoint site?

<https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/Pages/Homepage.aspx>

Tabs put useful information at your fingertips.

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Welcome to the Medical Corps Chief's Office!



Welcome to our new RAO!

Bradley S. Butler, MD, FACEP

CAPT, MC (FMF), USNR

Medical Corps Reserve Affairs Officer

A native of Phoenix, Arizona, CAPT Butler received his bachelor's degree in Secondary Education/Biology as well as his medical degree from the University of Arizona in Tucson, Arizona. He completed post-graduate training in Emergency Medicine at Maricopa Medical Center in Phoenix. He is board certified in Emergency Medicine and has authored and co-authored several peer-reviewed publications. CAPT Butler is a Fellow of the American College of Emergency Physicians.

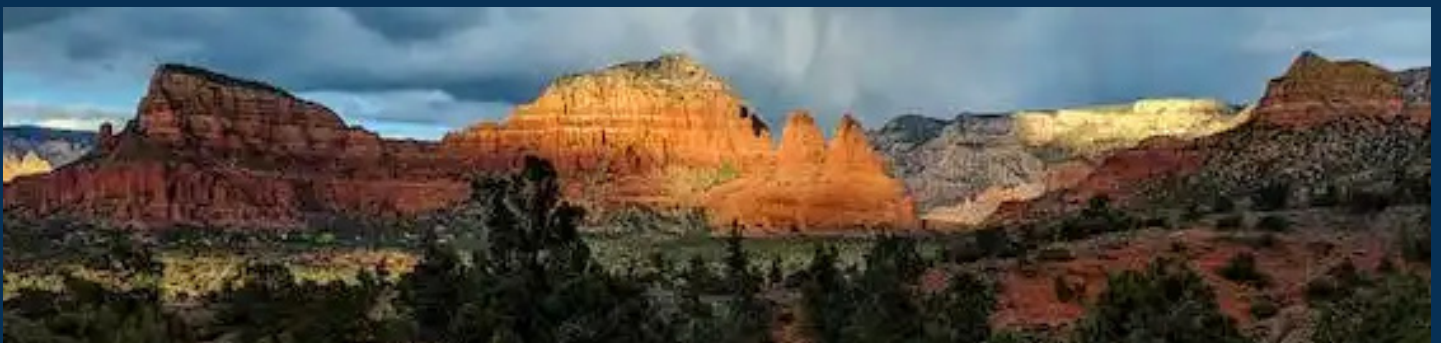
CAPT Butler is an FMF Qualified Medical Officer who is the immediate past Specialty Leader for Emergency Medicine for Navy Reserve Medicine. Prior to his current position as MC RAO, he was assigned to 4th Medical Battalion H&S Co and served as AOIC with DET I at NRC Tucson. From 2017-2020, he was assigned to DET G, OHSU San Diego as an emergency physician at NRC Tucson. CAPT Butler has also served as DIC of Det I and Chief of Professional Services for 4th Medical Battalion at NRC Tucson, and served as DIC, AOIC, and Training Officer with OHSU San Diego Det B at NRC Phoenix. As DIC of Det B, he was the officer in charge of a large medical unit, consisting of 35 officers and over 40 enlisted members.

CAPT Butler has served on active duty six times during his Navy Reserve career. He is currently on active duty in Falls Church, VA at BUMED as the Medical Corps Reserve Affairs Officer. CAPT Butler served as Director of Medical Operations with JTF Silver Dragons at the Javits Center in NYC in support of the COVID19 response in 2020. CAPT Butler served in 2018 as the Department Head and Trauma Team Leader at the EMU/Role 2 combat hospital in Qwest, Iraq. Before that, he served as the CFMCC Deputy Surgeon for RIMPAC2014 on Oahu, HI. CAPT Butler deployed as the Department Head and Trauma Team Leader at the Role 3 Hospital at KAF, Afghanistan in 2011-12 as well as at USNH Okinawa as the Senior Medical Officer and Medical Director in the Emergency Department in 2010.



In CAPT Butler's civilian job, he serves as an Associate Professor of Emergency Medicine with the University of Arizona College of Medicine-Phoenix. He is clinical faculty, seeing patients and teaching in the Emergency Department at the VA Hospital in Phoenix, Arizona. CAPT Butler also served as a Medical Director for UnitedHealthcare Military&Veterans in the western region for TRICARE from 2013-2017. CAPT Butler has been married to his wife Stephanie for 33 years and they have two adult children (Benjamin a registered dietician in the ICU and Morgan who is finishing up veterinary medicine school in Dublin, Ireland this summer).

CAPT Butler's military awards include the Navy/Marine Corps Commendation Medal (3 awards), the Army Commendation Medal, the Navy/Marine Corps Achievement Medal, the Military Outstanding Volunteer Medal, the Overseas Service Medal, and numerous other unit, campaign, and individual awards.



Want to contribute?

If you have an interesting story or some advice for the Corps? Always wanted to try your hand at writing? Email CDR Robyn Treadwell with your ideas and see your article in the next edition of the Medical Corps Magazine.

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

<https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/Pages/>

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PHOTOS FROM THE FLEET



Pearl Harbor, HI: Following a highly successful Pacific Partnership 24-1 mission, USNS MERCY stopped over in Pearl Harbor enabling an outreach and engagement with community educators. The OI February tours showcased STEM career fields within the Navy, demonstrated the technology and capacity of our impressive hospital ships to recruiters, Midshipmen, Hawaii Department of Education teachers, and professors from the University of Hawaii Manoa School of Medicine. The timing during a large biannual exercise, KEEN EDGE, enabled COMPACFLT to include Joint and Reserve partners. USNS MERCY XO, CAPT David Burke, personally led the tour.

