

# NAVY MEDICAL CORPS NEWS



## From your Medical Corps Chief, RADM Raquel Bono:

Last month, I had the opportunity to visit all of Navy Medicine's teaching MTFs as part of the "Intern Roadshow". The Intern Roadshow is an annual event in which the Medical Corps Chief's office orients newly reported interns to their GME and operational options after internship. This year, CAPT Jamie

Oberman, MC Career Plans Officer, and LCDR Deepak Devasthali from PERS-4415 accompanied me to NMCSO, NMCP, NH Jacksonville, NH Camp Lejeune, NH Camp Pendleton, and the joint MTF, WRNMMC. During those visits, we had several operational MC leaders who shared their personal career paths, while we introduced MC career planning and leadership development support from the Corps Chief's office with Navy Medicine's newest MC accessions, other GME trainees, MC officers and the Commands' staffs. During these trips, I also took advantage of geographic proximity to visit NH Bremerton, NH Camp Pendleton, NH 29 Palms, BHC Cherry Point, Beaufort, Charleston, and NH Pensacola.

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

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

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

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## FALL 2015

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## From the Corps Chief (cont.)

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

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

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

Pouget ([mae.m.pouget@mail.mil](mailto:mae.m.pouget@mail.mil)) to get started.

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

A Special thank you to the operational leaders who participated in the Intern Roadshow:

CAPT Richard Paver	LCDR Wade Zimmerman
CAPT Kim Toone	LCDR Deepak Devasthali
CAPT Jeff Timby	LT Blair Townsend
CAPT Theron Toole	LT Joshua Major
CAPT Tara Zieber	LT Ben Lehmann
CAPT Sean Barbabella	LT Angela Senese
CAPT Raymond Batz	LT Sean McIntire
CAPT Edward Waters	LT Jared Heal
CDR Fred Harris	LT Cesar Mojica-Vazquez
CDR Rhonda Wallace	



If you want to read more on the conversations I had during my visits, check these sites:

Portsmouth Blog

<http://nmcpcmdr.blogspot.com/2015/08/navy-medical-corps-chief-highlights.html>

Jacksonville Air News

[http://www.print2webcorp.com/news/Jacksonville/JaxAirNews/20150820/p03\\_a2.htm](http://www.print2webcorp.com/news/Jacksonville/JaxAirNews/20150820/p03_a2.htm)

NH Camp Lejeune Facebook

[https://www.facebook.com/NHCLejeune?ref=aymt\\_homepage\\_panel#!/NHCLejeune/posts/879250995463862](https://www.facebook.com/NHCLejeune?ref=aymt_homepage_panel#!/NHCLejeune/posts/879250995463862)

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

<http://www.milsuite.mil/book/community/spaces/navy-medicine/navy-medical-corps>

## Career Planner

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

A proposal in the works that would significantly alter how the Navy issues our bonuses and special pays. However, this is several years away. Specialty leaders will receive specific guidance from Mr. Marin, Director, Navy Medicine Special Pays Program, during the December 2015 Specialty Leader Business meeting. Information on special pays: [http://www.med.navy.mil/bumed/Special\\_Pay](http://www.med.navy.mil/bumed/Special_Pay)

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

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

### Career Intermission Program

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

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

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

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

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

[ashley.c.morrison@navy.mil](mailto:ashley.c.morrison@navy.mil)

### USUHS Faculty Appointment Process

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

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

For questions involving this process, please contact: [L.Mctigue@usuhs.mil](mailto:L.Mctigue@usuhs.mil) or CAPT Oberman.

### ADDITIONAL QUALIFICATION DESIGNATOR (AQD)

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

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





## Conference Travel Update

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

### HELPFUL CONFERENCE PACKET PREP TIPS:

- A complete packet consists of 5 attachments: The conference brief sheet, the attendee data sheet, the request memo, the roster and the conference agenda. These forms (and other important information) can be found at <http://www.med.navy.mil/Pages/Conference-Info-2.aspx>

-A complete packet must be received 90 DAYS prior to the start date of the conference. This deadline is FIRM. A packet >\$90K in cost must be submitted 120 days prior to the start date.

-Download the conference approval forms directly off the BUMED website. They are frequently updated and if old forms are used, the request packet will be returned.

-Be very aware of the first day of the conference. This has become one of the biggest reasons packets are delayed or miss internal deadlines. If there are pre-courses, workshops or board review courses that precede the actual conference, be sure the additional cost is included AND that the travel dates on the ADS reflect the attendees' actual travel. Travel dates should be one day prior to their actual participation in the conference (unless they are local) and if the conference ENDS early in the day (before 1500) travelers should leave on the listed last day of the conference. This has been a recent area of heavy scrutiny and multiple packet errors. Conferences are becoming complex entities with multiple pre and post conference activities.. Also, some conferences list the first day as "optional pre-registration and poster set up."

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

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

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

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

LCDR Jami Peterson

## Plans & Policy Update

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

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

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

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

### New EHR announced

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

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

Progress and updates can be tracked at:

[https://mhs.health.mil/ForStaff/  
NewElectronicHealthRecord.cshtml](https://mhs.health.mil/ForStaff/NewElectronicHealthRecord.cshtml)



### Upcoming Policy Updates

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

If you feel that there is a BUMED instruction that needs updating, please contact CAPT Thier at [gregory.t.thier.mil@mail.mil](mailto:gregory.t.thier.mil@mail.mil) to discuss

# Congratulations, Commanders (select)!



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

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

Budzik Carol Lynn  
Byrd Kevin Andrew  
Cardoso Mario Jorge  
Clapp Robert Nathan  
Clark Max Arnold II  
Cox Justin Michael  
Deaton Travis Granger  
Debus Mark Raymond  
Demitrack James Gus  
Dierks Joy Ursula  
Do Tai Anh  
Doss Roderick Hugh  
Drinkwine Benjamin Joh  
Elliot Jonathan Neil  
Elliott Daniel Prentic  
Espinosa Octaviano  
Espiritu Samuel Gilber  
Flanagan Michael Casey  
Fowler Ian M  
Frey Warren K  
Frye Marcia Lynne  
Glaser Jacob Jackson  
Gordon Jason Andrew  
Gordon Wendy Taylor  
Grabo Daniel John Jr  
Hoang Thanh Duc  
Humphries Ashley Eliza  
Hurst Donald William  
Johnson Mark Douglas  
Kidd Grant Adam  
Klimpel Jennifer Ftics  
Klimpel Thad Donald  
Knipp Brian S  
Koch Richard Adam  
Krause Robert J  
Landers John Thomas  
Lund Mark Frederic  
Lutgendorf Monica A  
Mann David Martin  
Martin Merle Blair

Masterson James  
McDowell Jacqueline Ch  
Mercado Michael Gasmen  
Miladi Anis  
Mingo Alicea Marie  
Moore John Davis  
Moyadelpino Nicolas Br  
Nellis Joseph Anthony  
Nelson Cameron James L  
Nguyen William B  
Oliver Kate Eleanor  
Olszewski Mariusz A  
Osier Charles J Jr  
Oxner Christopher Ryan  
Perkins Michelle Alain  
Pomicter Gregory Ryan  
Quackenbush Todd Alexa  
Quiko Albin S  
Rapley James Carlos II  
Reem Jennifer Michelle  
Reoma Junewai L  
Roberts Dustin James  
Rockwood Jason H  
Rohloff Jesse James  
Saeed Omar  
Seigh Mark R  
Sheu Robert Gregory  
Smith Wayne R  
Staub Stephen James  
Stolldorf Hunter Scott  
Terrien Brian D  
Thies Joseph Bennett  
Ventura Ellie Lee  
Villarroel Michael Lou  
Villarroel Sarah A  
Waclawski Richard John  
Waldman Leslie Ann  
Webb Patrick D  
Whitfield Denise A  
Wilson Geoffrey W  
Worlton Tamara Jean  
Zizak Vincent Augustin

## Medical Corps Reserve

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

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

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

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



His desire to attend the

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

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

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

### Newly promoted LCDRs in the Reserves

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

Aquino Theodore Lee	Mallick Ronobir Ranjan	Pulos Nicholas Alan
Bower Paul Edgar	McCord Caitlin Meghan	Schneider Eric Peter
Crosby Mark Isaac	Menger Richard Philip	Stockslager Steven G
Fitzgerald Steven Matt	Morrisonponce Daphne	Thorpe Mary Arbuthnot
Freeman Brian Lee	Philipp Sarah Kathleen	Tran Diepdenise Ngoc
Kaminsky Michael Ed	Pride Keth Mackenzie	Werner John Kent Jr
Kulzer John Kent Jr		



### Emergency Preparedness

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

Please make sure you and your families are prepared. The following resources are good starting points:

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

**All it takes is a few minutes to begin preparing.**

*Thanks to CAPT Leininger for sources*



# Congratulations, Lieutenant Commanders (select)!



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

**Strong Work!**

Abitria Richard R  
Afuhleflore Chantal Na  
Aleid Haydar Mohali  
Algert Daniel B  
Algert Lesley Paz  
Anderson William Charl  
Armstrong Cody Chance  
Aukstuolis Kestutis An  
Aurigemmma David F  
Aurigemmma Kristen Dian  
Bailey Mary Mercedes  
Baker Neal Jordan  
Baquir Angelo B  
Bauer Matthew Paul Per  
Bayly Terrence D  
Benjaminson Jeremy Eva  
Bermudez Daniela Janel  
Bilbao Michelle Cifone  
Boni Benjamin Daniel  
Boucher Jeromy Travis

Brandon Elise Cooper  
Brock Marie Elizabethn  
Brown Taylor Adam  
Bruce Timothy Peter  
Buckley Kerry L  
Buckley Ryan Thomas  
Buckley Sarah Basha  
Bullard Susan Ashley  
Burbanodelara Patrick  
Burgess Matthew Daniel  
Butler Nathan Henry  
Butler William Jason  
Buttolph Amelia Harris  
Bylund William E  
Carter Kristopher Ever  
Cassleman Kristi Linne  
Chang Allen Duanhsu  
Chi Benjamin B  
Cochran Grant K  
Cole Geoffrey John  
Corrado Richele Lynn  
Cripe Paul  
Cruz Chris Albert  
Darling Nicholas Andre  
Davis Christopher Alan  
Dean Daniel Joseph Jr  
Deboer Derek Lee  
Degeus John Benjamin  
Delacruz Andrea Faye  
Derevianko Victoria Ma  
Digeorge Nicholas Will  
Douglas Brigham Lee  
Elek Steven IV  
Engkulawy Jennifer Kar  
Evans John Keith II  
Faught Sara Kathryn  
Fiaseu Kaycee Rose  
Filipescu Radu  
Flowers Lynn Morrissey  
Fofi Stephanie Marie  
Frasier Samuel Dennis  
Gage Michele M  
Ganacias Karen Gayle  
Garciasalas Alejandro  
Gaylord Bethany Kay  
Generoso Judith Cathar  
Gillespie John W  
Gilman Luke Anthony  
Gower Jonathan Robert  
Graham Jennifer Nicole  
Greene Tatiana Morales  
Gutweiler Alex August  
Haight Sean Patrick  
Hall Kent Michael  
Hamersley Erin Rae Spa  
Hastings Todd Glen  
Hauck Heather Noelle  
Hauff Niels M  
Healy Mae Wu  
Hemerly Nathan James  
Henebry Andrew D  
Henry Sadie Mar  
Hodell Evan Mel  
Hoffman Marshall Mathe  
Hogan Patricia Elisabe  
Holleman Kevin Troy  
Holzhouser Jamon Aaron  
Jain Ankush Kumar  
Jardonaite Michelle D  
Jaskiewicz Jennifer Ly  
Jing Ling  
Johns Michael Wayne  
Karris Bianca Cabrera  
Khoo Di  
Kilimentmihaleanu Iul  
Kuckel Daniel P  
Kunkel Scott Alan  
Lafferty Casey Elizabe  
Lagrew Joseph Edward II  
Larsen Eric Christian  
Lawson Scott Michael  
Le Joseph An  
Le Tuvien  
Lee Blair C  
Lehmann Benjamin John  
Lewis William A  
Lipscomb Kathryn Ann  
Lomeli Matthew Charles  
Lopez Lance Anthony  
Lopreiato Joseph O  
Love Christopher Scott  
Mak Heather Kimberly  
Maliakel Paul G  
Mancusiungaro Andrew E  
Manosalva Rodolfo Enri  
Marquardt Joseph Phili  
Marshall Michael Thoma  
Maruszak Mary Brigid  
Mathew Manoj  
Mathurin Jean Gilnord  
Mattingly John C  
McClure Robert Ian  
McCullough Jeremy Davi  
McDonnell John Carroll  
McPeak Lesley Armbrust  
Melzer Jonathan M  
Meunier Nicole Jean  
Michel Eric Brian  
Michel Shannon Scully  
Monson Michael James E  
Munoz Beau Jeffrey  
Myles David Eric  
Naff Jessica Lynn  
Navarro Carlos Alberto  
Nelson Mikal John  
Nieves Maria Lizette  
Obrien Brendan Stephen  
Oladipo Olamide Johnso  
Olson Erik Joseph  
Osborne Todd Graham  
Overbey Jamie Kathleen  
Owens Steffanie Michel  
Pannier Aaron Granvill  
Partovi Christopher Re  
Perrinez Phillip Rober  
Perry Alexandra V

Peterson Brandon Rober  
Powers Michael F  
Prokop Michael Aaron  
Reynders William Josep  
Roberson Nolen F  
Rodan Christopher Dona  
Ross Warren Leslie  
Russell Matthew Craig  
Ruttenberg Todd Michae  
Santiago Gabriel F  
Sardina Jonathan Micha  
Sasovetz Scott Joseph  
Schonau Jesse Taylor  
Scully Stephenie Ashle  
Seeger Daniel Bradley  
Shanahan Erik Edmond  
Siebenaler Joseph Fran  
Siegel Joseph Aaron  
Simmons Brett Patrick  
Singer Jacob Emerson  
Skeehan Christopher Do  
Smith Jennifer Lauren  
Snow Ryan William  
Solis Ana Lidia  
Sone Peter Lee  
Songer Adam G  
Speicher Matthew Vanst  
Staeheli Gregory R  
Stange Christopher Jam  
Stanila Vlad Vasile  
Stapleton Robert Edwar  
States Leith Jason  
Steele Helen Marie  
Stein Loretta Lindsay  
Stonegarza Kristi Kim  
Stratton Michael Slade  
Stromberg Ines Haruni  
Talise Paul C  
Taylor Jacob Marshall  
Toupin Brian  
Trevino Ruth Ann  
Uber Ian Chauncey  
Valadao Jason Matteo  
Wagner Kari Lynn  
Wagner Scott C  
Waite Kenneth Barry Jr  
Wallace James D  
Walsh John C  
Waterman Adam Thomas  
Westbrook James Wesley  
Wheelan Ann Victoria  
Wildi Jonathan Douglas  
Wilson Jessica Ann  
Wilson Kevin F  
Wolf Michael E  
Wooldridge Bryan Edmun  
Zelinskas David John



## Navy Fleet Week

### Navy Medicine Ambassadors Raise Awareness in Fargo

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

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



*CAPT Jonathon Haun, DC; LCDR Jami Peterson, MC; and HMC Brian Belk talk to children about Navy Medicine.*



### 145th Medical Corps Birthday Ball

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



Tickets are now on sale!

Visit: <https://sites.google.com/site/medicalcorpsbirthdayball>



## Continuing Promise 2015 – Pediatric Update, June 2015



LCDR Kerry Ebueng, LCDR Chris Foster, CAPT Mary White, LT Bethany God, Capt. Katie Carlin, CAPT Tony Delgado, LT Jill Martini, LT Dave Myles, CDR Cole Bryan

Buenos Días from El Salvador! We're 6-countries in and nearly halfway through our 6-month, 11-stop Continuing Promise 2015 mission and just coming off a welcome seven day underway. We hit the ground running on 01 April and after a brief stop in Miami we moved on through Belize, Guatemala, Jamaica, Nicaragua, Panama, and now El Salvador. Spending around nine mission days per stop, we have seen over 10,000 pediatric patients in our first five countries. How's that for RVU's? Our Pediatric A-Team includes CAPT Tony Delgado, CAPT Mary White, CDR Cole Bryan, CDR Anna Schwarz, LCDR Kerry Ebueng, LCDR Missy Buryk, LCDR Chris Foster, and LT David "The Machine" Myles along with a mix of rotating docs and nurse practitioners from non-governmental organizations and partner nations. Just when we thought our team couldn't get any better, the residents began arriving from NMCP and WRAMC for month long-rotations. Capt. Katie Carlin, Capt. Matt Feeley, LT Bethany God, Capt. Megan Jarman, LT Jill Martini, and LT Eric Passman have all done phenomenal jobs and set the bar high for their peers who'll follow them.

The rumors of a lot of down time and mai tai's on the beach have been greatly exaggerated with this being the most ambitious CP mission to date. A typical day begins with muster around 0530 followed by one to two hours of travel by boat, bus, helo, or some combination of the three

to get around 160 personnel to one of two MEDCAP (Medical Civil Assistance Program) sites. Patient care begins at around 0800 and wraps up around 1600 with just enough time to make it back for chow. But with MREs for lunch every day, who wants hot chow? Every country seems to have its unique flavor of patient complaints, but most children are fairly well. The most common complaints have been fevers, abdominal pain, cough, rashes, and growth concerns. Worms and nutritional deficiencies have definitely exceeded what we're used to in the States and there's been a fair share of undiagnosed or under-treated rare-birds that we don't see often in the states such as Ebstein's anomaly, hemihydranencephaly, and Noonan Syndrome. We've also had a scattering of peds endo and hem/onc for LCDR Buryk and CDR Bryan, including congenital adrenal hyperplasia, myeloid sarcoma, and retinoblastoma, offering great opportunities to work with partner nations to get kids care that they might not otherwise receive.



LT Dave Myles, working his magic in Belize.

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

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



Lessons learned are part of any mission and there are a few we'd offer to our colleagues back home who've never been on a CP/PP mission. First, you won't change the world on a CP/PP mission but you'll appreciate how fortunate we are in the United States and how much work there is still to be done in our own corner of the world. Second, you'll be impressed by what our military is capable of when it comes to delivering medical care around the world. It's less about the ship itself or which service is providing the care and more about the people who pull together to make it work, regardless of the plate that was handed to them or the prep time they had. Third, participation in a humanitarian assistance mission, whether planned like CP-15 or unplanned like the

Haiti earthquake response, should be a career goal for all military Pediatricians, regardless of specialty. If a peds hem/onc doc can do it (Cole is writing this line) anyone can. Don't wait for the tasker to come your way to take courses like MMHAC because by the time you find you're number's up, you probably already missed the course. And one note on that, if you have taken MMHAC, you only need one more similar course to get the Humanitarian Assistance AQD (Additional Qualification Designator) on a CP/PP mission. Unfortunately, SMWDO is no longer possible by doing a CP/PP mission alone, but that shouldn't dissuade you from taking advantage of the opportunity. There are plenty of gray hulls on the waterfront if a pin is what you're interested in.



LCDR Buryk and Capt. Jarman waiting to board the helo in Nicaragua

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

Regards, Team Peds, CP-15



# News You Can Use

## Specialty Leaders

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

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



## ICD-10 is Coming!

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

## GME Applications

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

**[BUMED NOTICE 1524](#)**

## Clinical Best Practices

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

## Board Exam Reimbursement

For those of you who are due to take or retake your boards, or simply paying for maintenance of certification fees (MOC), did you know that there is funding available for you? By BUMED instruction 1500.20, you can receive funding from Navy Medicine Professional Development Center (NMPDC). Go to following website for info:

<http://www.med.navy.mil/sites/nmpdc/professional-development/SitePages/Medical%20Corps%20Funding.aspx>

## MilSuite Update

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

<https://www.milsuite.mil/book/community/spaces/navy-medicine/navy-medical-corps>

## FY-16 CO/XO SCREENING

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

Following the screening procedures, the screened candidates then go before a slating process in which the right person is placed in the right command. Those results typically are released sometime in December or January after final approval by the Surgeon General.

Further details can be found on MilSuite.



## ***Returning to the Depths***

**by LT Mike Parenteau**



In July the first Undersea Medical Officer Refresher Training was conducted at the Naval Undersea Medical Institute (NUMI) in Groton, CT. NUMI is a detachment of the Navy Medicine Operational Training Center. The five students in the course had previously served as Undersea Medical Officers. After successfully completing residencies and hospital staff tours they were returning to operational medicine to assume leadership positions in the Undersea Medicine community.

When asked why he was returning to Undersea Medicine, CDR Thomas M. Baldwin stated, “Working within the Naval Special Warfare Community was definitely the pinnacle of my Naval Career. It was a high paced environment with motivated individuals who treat their medical staff with the utmost respect and gratitude. As a DMO/UMO, I was providing medical coverage and actually getting in the water with the Special Operators. I could not have asked for a better job.” When the opportunity to return to the Undersea Medical community presented itself, CDR Baldwin felt like he was returning to a community in which he thrived due to the high operational tempo and the motivated service members.

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

Three of the five graduates will serve as Senior Medical Officers at the Naval Special Warfare Groups, one will be involved in research at the Naval Medical Research Center, and one will serve as the Officer-in-Charge of NUMI. No matter what the assignment, all of the graduates appreciated the opportunity to learn the latest topics in Undersea Medicine and to refresh themselves in diving medicine.



*Recent attendees of UMO refresher training (from left): CDR Hugh Dainer, CDR John C. Ventura, CDR James J. Mucciarone, CDR Thomas M. Baldwin, LCDR Eric Ramey*

## Pacific Partnership 2015 - Pediatrics Update

By CDR Natalie Burman

Hello from the Pacific! We have enjoyed Fiji and wanted to share our perspective with you regarding Pacific Partnership 2015 (PP15). There are currently 5 pediatricians on the USNS Mercy (CDR Montalto, CDR Burman, CDR Dorey, LT Kringel and LT Enuijoke). We had the luxury of a NGO pediatric intensivist, Aaron Gardner, who joined us for the two weeks we were in Fiji. CDR Montalto has been busy with his role as Director of Medical Operations in coordinating multiple events including and beyond providing direct patient care.

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

We have all been touched by each of the different mission experiences, but here are a few to give you a glimpse into what we have been doing with our time. The CHEs (formerly known as MEDCAPs) are the classic pop-up clinics where we bring all of our own supplies including pharmacy and set up shop. Pediatrics participated in three of these events during our visit to Fiji. At the beginning of these 2-3 days events, we set up canopies, tables, and chairs, usually



in a park or school with each specialty having a dedicated table. Each provider brings their individual tools and references to support their day's work and then as patient admin checks in the patients, the day begins.

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

We saw quite a few patients and made a difference for as many as we could. Occasionally we came across patients that we could better help on the ship, which required some finesse to communicate and transport them back to the ship. Some of these patients included a 4-year-old girl with a treadmill injury to her hand with skin contractures of two of her PIP joints that were able to be treated by the dermatologist with laser to increase her range of motion and a 14-year-old boy with acute abdominal pain that had been brewing for two years



## Pacific Partnership 2015 - Pediatrics Update, cont.

which turned out to be hepatitis of unknown etiology (AST >750 and ALT >1000) but good synthetic function. Unfortunately, we didn't have the ability to do a full workup on him so we don't know the actual cause, but we were able to tell him to stop taking Tylenol to treat his pain that had been the recommendation of his local providers. The most challenging aspect of providing care is limitation of the variety of tests for workup, but we often have more capabilities than the



hospitals and clinics with which we interact. It is not unusual to run out of a few medications during the course of the day, so we get creative. At times, we write down the recommended medication on the national formulary and ask the family to go to a local pharmacy. Follow-up for patients' depends often on the financial resources of the family. Care is free, but medications, medical supplies and food in the hospital are the patients' responsibility. Our surgical mission, as duty pediatricians on board the Mercy, is to help with

postoperative pediatric patient care and ensure dosages are all pediatric-friendly.

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

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



*Long lines for those patients wishing to be seen by the Pacific Partnership 2015 team*

## Female Physician Leaders Gather

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



## Inaugural EMDP2 FY 15 Marine Class Welcomed

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





## News From the Detailers

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

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

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

Check your professional record online:

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Selection Boards:

<http://www.npc.navy.mil/Boards/GeneralBoardInfo/>

Request Extension:

<http://www.public.navy.mil/bupers-npc/officer/Detailing/r1staffcorps/medical/Pages/default.aspx>

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### Medical Corps Chief's Office (M00C1)

#### Mission Statement

To provide support and guidance to active duty and reserve Navy Medical Corps Officers and the commands in which they serve.

#### Vision Statement

We shall empower and embolden all medical corps officer to achieve professional and personal excellence.

#### Guiding Principles

To earn the trust of our MC officers by consistently demonstrating our service, information, value, and innovation.

To recognize the diversity and contribution of our people. We create a work environment that is challenging and provides the opportunities and support for everyone to learn and succeed.

The ultimate outcome of the Corps Chief's Office is the quality of care and the quality of life of Navy Medical Corps officers.

Our office has a culture that encourages, rather than punishes, staff members who identify errors or system breakdowns.

The Medical Corps Chief's office makes decisions based on data, which includes the input and experience of specialty leaders, program directors, leadership at all levels, individual officers, and other subject matter experts.

**Helpful Tip: Always keep an updated Bio and CV handy as unique job opportunities are always presenting themselves.**





**OFFICE OF THE CHIEF OF THE NAVY  
MEDICAL CORPS**

**Deputy Chief of the Medical Corps**  
CAPT Mae Pouget, MC, USN  
Direct: (703) 681-8917 DSN 761-8917  
[mae.m.pouget.mil@mail.mil](mailto:mae.m.pouget.mil@mail.mil)

**Medical Corps Career Planner**  
CAPT Jamie Oberman, MC, USN  
Direct: (703) 681-8937 DSN 761-8937  
[James.P.Oberman.mil@mail.mil](mailto:James.P.Oberman.mil@mail.mil)  
[jamieandmeg@msn.com](mailto:jamieandmeg@msn.com)

**Plans and Policy Officer**  
CAPT Greg Thier, MC, USN  
Direct: (703) 681-9128 DSN 761-9128  
[gregory.t.thier.mil@mail.mil](mailto:gregory.t.thier.mil@mail.mil)

**Reserve Affairs Officer**  
CAPT Alison Eagleton, NC, USN  
Direct: (703) 681-8938 DSN 761-8938  
[alison.p.eagleton.mil@mail.mil](mailto:alison.p.eagleton.mil@mail.mil)

**HPSP/Recruiting Fellow**  
LCDR Jami Peterson, MC, USN  
Direct: (703) 681-8928 DSN 761-8928  
[jami.j.peterson.mil@mail.mil](mailto:jami.j.peterson.mil@mail.mil)

**NAVY PERSONNEL COMMAND  
MEDICAL CORPS DETAILERS**

**Head, Medical Corps Assignments  
Surgical/Executive Medicine Detailer**  
CAPT Anthony Battaglia, MC, USN  
Direct: (901) 874-4094 DSN 882-4094  
[anthony.g.battaglia@navy.mil](mailto:anthony.g.battaglia@navy.mil)

**Non-Surgical Medical Specialties**  
CDR Joel Richard Childers  
COMM: (901) 874-4046 or DSN 882-4046  
[richard.childers@navy.mil](mailto:richard.childers@navy.mil)

**Family and Operational Medicine**  
CDR Samya Cruz, MC, USN  
Direct: (901) 874-4037 DSN 882-4037  
[samya.cruz@navy.mil](mailto:samya.cruz@navy.mil)

**GMO and GME Detailer**  
LCDR Deepak Devasthali, MC, USN  
Direct: (901) 974-4045 DSN 882-4045  
[deepak.d.devasthali@navy.mil](mailto:deepak.d.devasthali@navy.mil)



Office of the Chief of the Navy Medical Corps  
U.S. Navy Bureau of Medicine and Surgery  
7700 Arlington Blvd., Suite 5135  
Falls Church, VA 22042-5135

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