

# NAVY MEDICAL CORPS NEWS



## From your Medical Corps Chief, RDML Paul Pearigen

Medical Corps colleagues—

I am very excited about a new opportunity for physician leadership in Navy Medicine. As you may know, this year's CO/XO/MILESTONE Screening Board, for the first time ever, evaluated candidates for Chief Medical Officer (CMO) billets being established in our MTFs. As an MTF Physician Executive, the CMO plays a direct role in driving and overseeing patient safety, process improvement and quality programs. The CMO is also an essential part of the commitment to healthcare quality in a culture of patient safety and robust process improvement, ensuring collaboration among many disciplines and across all Corps.

What does this mean for Navy Medicine's physician leaders of the future? This is not only a remarkable way for physicians to engage in clinical and executive leadership, it is also an important next step in support of Navy Medicine's high reliability journey, as it comes to fruition through the BUMED High Reliability Organization (HRO) Change Plan. This provides an outstanding opportunity for a new generation of physician leaders to shine!

"Milestone" billets are specifically identified and designated for assignment and require screening. You are already familiar with other milestone billets filled by Nurse Corps officers (Senior Nurse Executive/Director, Nursing Services (SNE/DNS)), by Medical Service Corps officers (Director for Administration (DFA)), and by officers of any Corps (Officer-in-Charge (OIC)). Now, with the CMO positions specifically MC-designated (2100) billets, emerging physician leaders can embrace a similar opportunity.

In the first phase of implementation, seven of your fellow Medical Corps officers screened for CMO (three of whom also screened for OIC). Other than one who was slated for an OIC job, all of the screened Medical Corps officers are now slated for CMO billets at MTFs across Navy Medicine, due to assume roles in summer of 2017.

Navy Medicine has a CMO at BUMED, as well as one at each of the two clinical regional headquarters (NAVMEDEAST and NAVMEDWEST).

## WINTER 2017

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## From the Corps Chief (Cont'd)

Nearly all of our MTFs have interim CMOs who are doing exceptional work in quality, safety, and physician leadership while partnering with other executives at their respective commands and in concert with the Medical Executive Committee (MEC) Chairs. CDR Buntin (Acting BUMED CMO) and his team are developing a training program for CMOs and other patient safety leaders, and BUMED's HRO model and change plan are progressing. I invite you to look over Navy Medicine's CMO milSuite site at <https://www.milsuite.mil/book/groups/cmo-connection>. You can also contact CAPT Frank DosSantos (NME CMO) or CAPT Chris Cornelissen (NMW CMO) to talk about the role and vision of the CMO position.

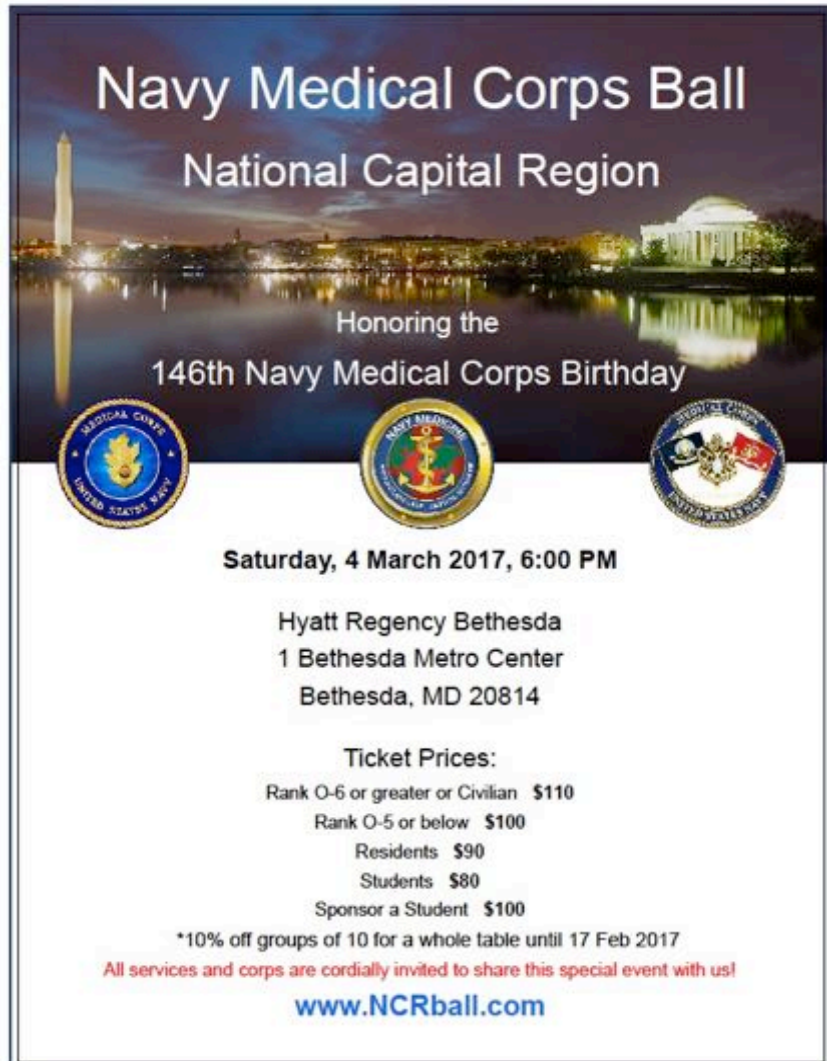
As we continue to roll out the HRO model, and as more MC officers screen and slate for CMO, we will over the next 2-3 years ultimately transition to milestone-screened and slated MC officers in all Navy MTF CMO positions. This will also create a predictable set of anticipated openings, ideally at roughly one-third of the MTFs each year.

So my message is three-fold:

- (1) Congratulations and thank you to the physicians who stepped forward for screening and assignment as CMOs in this groundbreaking effort (see below for names);
- (2) Thank you to those who are fully engaged as interim CMOs around the organization as we build the bridge to the future in high reliability; and
- (3) A call for others, including the interim CMOs, who wish to pursue the quality/safety career path to submit packages for the FY18 CO/XO/Milestone Screening Board for the opportunity to be assigned as an MTF CMO. Guidance for screening board packages will be forthcoming in the spring.

Congratulations to our inaugural milestone-screened & slated CMOs (and their gaining MTFs)!

- CAPT(s) Marlene Sanchez (NHC Hawaii)
- CDR Harlan Dorey (NHC Patuxent River)
- CDR Jorge Brito (NHC Quantico)
- CDR Gray Dawson (NH Lemoore)
- CDR Jacqueline McDowell (USNH Guam)
- CDR Oladapo Akintonde (USNH Guantanamo Bay)



**Navy Medical Corps Ball**  
National Capital Region

Honoring the  
**146th Navy Medical Corps Birthday**

**Saturday, 4 March 2017, 6:00 PM**

**Hyatt Regency Bethesda**  
1 Bethesda Metro Center  
Bethesda, MD 20814

**Ticket Prices:**

Rank O-6 or greater or Civilian	<b>\$110</b>
Rank O-5 or below	<b>\$100</b>
Residents	<b>\$90</b>
Students	<b>\$80</b>
Sponsor a Student	<b>\$100</b>

\*10% off groups of 10 for a whole table until 17 Feb 2017

All services and corps are cordially invited to share this special event with us!

[www.NCRball.com](http://www.NCRball.com)

## Medical Corps Career Planner: Welcome CAPT Robert Alonso



Happy New Year to all Medical Corps officers! As we prepare for what the new year may bring, I would like to take a few moments to introduce myself as the Career Planner for the Navy Medical Corps and talk about this position and my role as your career advocate and mentor.

I graduated from the University of Louisville with a Biology Degree in 1984 and from Medical School in 1988 and came on active duty after three years on the HPSP. I completed my Family Practice Internship at NH Charleston and then did my GMO tour with 5/11 Artillery Battalion, 29 Palms, CA. I returned to NMC Portsmouth for my Psychiatry Residency and graduated in 1993. My first utilization tour was as Department Head, NH Okinawa Psychiatry Department. I returned to CONUS in 1996 as the 1<sup>st</sup> MARDIV Psychiatrist /Assistant Division Surgeon through 1999, then reported to 1<sup>st</sup> Force Service Support Group (now MLG) as the Group Surgeon from 1999-2001.

I completed my Masters in National Security and Strategic Studies as an in-residence student at the Naval War College, graduating in 2002 and reporting as Joint Task Force Surgeon to JTF-Civil Support, US Northern Command. In 2005, I was selected as Department Head, Psychiatry at NMC Portsmouth and concurrently served as Department Head, Emergency Operations and Contingency Planning. From 2006-2009, I served as Force Surgeon for Naval Construction

Forces (Seabees) before reporting as Executive Officer, EMF-Kuwait for a one year deployment in 2010. From 2011 to 2014, I served as Deputy Medical Officer of the Marine Corps before selection as Executive Officer, NHC Quantico, serving from 2014 to 2016 before reporting to my current position.

I leverage these varied experiences in my role as your chief advocate, mentor, and career planner/advisor. The mission of the Medical Corps Career Planner is to mentor and guide all Medical Corps officers by providing support and guidance for your development as clinicians and leaders. The strategic goal is to ensure Navy Medicine selects and maintains a competent and professional Medical Corps ready to meet the needs of the mission and support the Surgeon General's strategic goals.

To achieve this goal, the Career Planner mentors and provides leadership development opportunities through individual career counselling and communicating classes, courses, and billet opportunities to the corps. I serve as President of the Professional Review Board responsible for accessioning MC officers and stand as the subject matter expert on accession issues pertinent to Medical Corps officers. I review litigation and quality assurance reports in determination of reporting to the National Practitioner DB. I serve as a member on multiple counsels and boards including the Medical Education Planning Council and HPSP selection boards. I am responsible for planning and coordinating the MC Specialty Leader Business Meeting and the Annual GME Intern Roadshow. Additionally, I provide periodic briefs to leadership, as well as Medical Corps-centric career planning briefs to AMDOC and Officer Development School courses. Additionally, I serve as the senior advisor to the Medical Corps Birthday Ball Committee supervising the planning and execution of our annual birthday ball!

I look forward to supporting your personal, professional, and career goals during your Navy career.

For any career planning issues, please contact me at 703-681-8937 or [mailto:robert.a.alonso2.mil@mail.mil](mailto:mailto:robert.a.alonso2.mil@mail.mil).

## Policy and Plans Officer: Welcome CDR Frank Mullens



Greetings from the new Policy & Practice Officer; as this is my initial contribution to the Medical Corps Newsletter, it is appropriate to start with an introduction. I entered the Navy in 1996 through the Health Professions Scholarship Program. My first duty station was Medicine internship at Naval Medical Center, San Diego (NMCS). I stayed in Southern California for my GMO tour, serving as the Medical Officer onboard USS Comstock (LSD 45). During that time I deployed for Operation Enduring Freedom and Operation Iraqi Freedom and hence spent a great deal of time turning circles in the Persian Gulf. Following that tour, I returned to NMCS and completed a residency in diagnostic radiology. The Navy then saw fit to make me leave Southern California, which I did grudgingly, and I PCS'ed to USNH Yokosuka for two years as a staff radiologist. Following my utilization tour I completed a fellowship in musculoskeletal radiology at Thomas Jefferson in Philadelphia, affording me the opportunity to return home for a year. Next, I was stationed at National Naval Medical Center, Bethesda where I quickly assumed the role of radiology residency program

director and witnessed the BRAC process and transition to Walter Reed National Military Medical Center. I became radiology specialty leader in 2015 and transferred to BUMED in Aug 30, 2016; as such I still claim to be a newcomer.

Fairly quickly after transferring to BUMED you become accustomed to the question, "what exactly do you do at BUMED?" Realistically, I am still establishing my role in its entirety, but I want to take the rest of page and discuss a specific task that I do perform that may affect you; specifically, managing the nominative position process. Your reflexive response should be, "what are nominative positions?" I will define them broadly and practically as any position available to a Navy Medical Corps physicians which requires an application through the Corps Chief's Office and eventually a "nomination" by appropriate authority, typically the Surgeon General or Corps Chief (though flag level review is not always necessary). These positions tend to have a significant leadership/administrative or operational component; recent examples include multiple Residency/Fellowship Program Directors, Uniformed Services University of Health Sciences Department Chairman, National Capital Region Chief Medical Officer, and Deputy Surgeon, AFRICOM. As you may have noticed, many of these positions are at non-Navy entities and often the Navy nominee will compete with nominees from the other services. Navy specialty leaders are selected by a similar process.

## Policy and Practice (Cont'd)

These nominative position announcements are typically emailed to you by your specialty leader, potentially coupled with other announcements, or simply a forward of an email. Some communities will post announcements on a community website or blog. Frequently, the nomination requests are short-fused; this reality is not likely to change. Hence, I strongly encourage everyone to have the standard application documents ready at all times:

- 1) Curriculum Vitae (CV)
- 2) Navy formatted biography (See your CO's bio for format)
- 3) Letter of Intent – have a general draft which can be easily customized
- 4) Officer Service Record (OSR)
- 5) Performance Service Record (PSR)
- 6) Fitreps (last 3)

Prior to submitting the required documents, ensure that you are eligible for the position. Two individuals will play a central role in the vetting process. If the position involves a PCS move, you generally must have met time on station requirements. Any questions/concerns in this area will be directed to your detailee, you should speak with him/her first. Your Specialty Leader may be asked if your clinical community can support the loss and still meet the mission. You should have Specialty Leader concurrence prior to submitting an application.

Once you have the documents and detailee/specialty leader approval, and Command endorsement, if required, you may submit your package to the Corps Chief's Office. Information should not be sent directly to the POC listed in the position announcement. The Corps Chiefs Office will manage the nomination process. Given that flag level approval is typically necessary, this process lasts several weeks at a minimum. If you have questions/concerns about process, positions or anything else please contact the Medical Corps Chiefs Office.

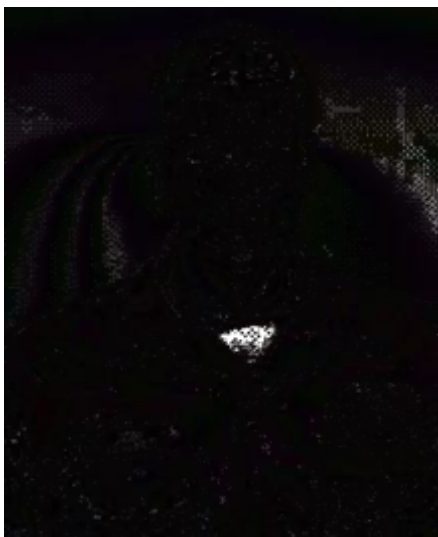
In summary:

1. Nominative positions are career enhancing and often out of the box positions – you should consider them.
2. Short fused tasking is the norm; make sure you are in the communication loop.
3. Have your updated CV/Bio – be ready.
4. Get detailee and SL concurrence.

Questions, please contact:

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Policy & Practice Officer  
Navy Medical Corps Chief's Office  
Bureau of Medicine and Surgery  
[Frank.e.mullens.mil@mail.mil](mailto:Frank.e.mullens.mil@mail.mil)  
Office: 703-681-9128  
Mobile: 571-214-7376

## MC Liaison Officer: Welcome LCDR Brett Chamberlain



Greetings! I recently had the honor of replacing LCDR Jami Peterson as the Medical Corps Liaison Officer in the Office of the Corps Chiefs.

I was born in El Paso, Texas and raised across several Army duty stations before entering the US Naval Academy in 1998. I service-selected Medical Corps and accepted an HPSP scholarship to attend Texas A&M University College of Medicine. After a one-year research fellowship in immuno-endocrinology at Virginia Commonwealth University, I graduated medical school in 2007 and began internship training at Navy Medical Center San Diego in Internal Medicine. The following year, I volunteered for assignment as a general medical officer with the 1<sup>st</sup> Marine Division. I deployed to Fallujah, Iraq as an assistant Battalion Surgeon with 1<sup>st</sup> Battalion, 4<sup>th</sup> Marines and then as a Battalion Surgeon with the 15<sup>th</sup> MEU in 2010. I served as the Battalion Surgeon for the 3<sup>rd</sup> Assault Amphibian Battalion before returning to NMCS D to complete a residency in internal medicine. Afterwards, I was assigned to NHC Cherry Point as a staff internist where I was selected Medical Corps

Officer of the Year in 2015. I was also selected to serve as the Chairman of the Medical Executive Committee before being selected to my current position.

My primary responsibilities include recruiting, retention, and advocacy for Navy physicians; as well as lending opinion to policy where appropriate. As a liaison, I help coordinate interdisciplinary projects between the Nurse, Dental, and Medical Service Corps. For any junior officers working on their 5-year plan, this billet is a great professional opportunity to develop your leadership acumen, gain strategic and organizational insight, and potentially influence ‘the big picture.’

Both as an advocate and a liaison, I am also here to help get your conference approved. My best advice is to realize that this is a very involved process that ultimately results in a formal request from the Surgeon General to the Director of Navy Staff or Secretary of the Navy. Ensuring a complete package, on the correct forms (downloaded from the BUMED Conference Approval website), submitted well before the deadline will help the conference approval team ‘bullet-proof’ your package and result in timely conference approval. We are strongly advocating for a more streamlined system, but until then, if any problems arise, please contact me and I’ll be happy to help in any way that I can.

LCDR Brett Chamberlin, MC, USN  
Medical Corps Liaison Officer  
Office of the Corps Chiefs (M00C1)  
Comm: (703) 681-6622 DSN: 761-6622  
Email: <mailto:brett.m.chamberlin.mil@mail.mil>

## NMCP Honors Master Clinicians & Associate Master Clinicians

*By CDR Nam Ly*

On November 8, 2016 Naval Medical Center Portsmouth (NMCP), Virginia recognized the achievements of 41 of its over one thousand active duty, federal employees (GS), and contract medical staff members as Master Clinicians and Associate Master Clinicians. These men and women, coming from a wide spectrum of specialties, are recognized by their peers to represent the highest standards in clinical acumen, professionalism, graduate medical education, productivity, and clinical research that NMCP offers. Their induction into this elite rank of clinicians, representing only ten percent of the medical staff, underscores NMCP's simultaneous dedication to honoring its staff while meeting its mission to provide superb patient care and graduate medical education experience.



Photograph from left to right:

CDR Luke Balsamo, Mrs. Lauren Hughes, CDR Susan Clark, CDR April Breeden, CAPT Angela Earley, CDR George Conley, LCDR Thomas Douglas III, CDR Michelle Morrison, CDR John Devlin, LCDR Adam Sischy, Dr. Michelle Kuperminc, CDR Bryan Davidson, LCDR Glenda Robles, CDR Christopher Ennen, LCDR Aaron Poole, CDR Nicki Tarant, Ms. Tracey Medeiros, CAPT Geoffrey Wright, CAPT Christopher Culp, CDR Christopher Ellingson, Jan Henderson, Dr. Scott Raber, CDR Stephen Foster, Dr. Joseph Slakey, CDR Michael Gentile, CDR Michael Franks, CAPT Viviana Johnson, CDR Shauna O'Sullivan, CDR Andrew Sellers, Mrs. Christine Zirpoli, CDR John Duerden, CAPT John Vanslyke, Mrs. Donna Gaines, CDR Rustin C. Walters, LCDR Kristina StClair, CDR Daniel Sutton. Absent from picture: CAPT Daniel Seidensticker, LCDR Tod Morris, Ms. Lucinda Brown, and Dr. Julie Rose.

## NMCP Honors Master Clinicians Cont'd

During the ceremony, CAPT Christopher Culp, Commanding Officer, stated:

We [the Navy] should not connote that what a CO does is more important to our mission than doing research, taking care of our patients, teaching. What we are honoring you for is ground zero. It is true north of Navy Medicine. Taking care of patients, teaching, increasing the body of knowledge—that is why we have high survival rates in theater. That is why we have the one of the highest quality health care systems in the world....Honoring, recognizing, celebrating those masters of ground zero is what we are doing today.

In CAPT Culp's speech reverberated the echoes of the Hippocratic Oath that is universally sworn to by all physicians, and was keenly felt by the medical staff of NMCP that day. For military staff whose career progression has led them further into administrative roles, this was a reminder of the honor inherent in their clinical and academic roots. Patient care, the passing on of hard earned knowledge to a new generation of clinicians, and research have made a difference in countless lives and will continue to do so far into the future. For civilian staff, this ceremony was a moment of rejuvenation of a long career in the federal work force and affirmation of respect and teamwork at NMCP.

As each of the award recipients were called to walk across the stage, with their portrait projected in the background, CAPT Culp presented them with a signed certificate and a pin. The ceremony ended with a group photograph with the Commanding Officer, thus completing the third annual Master and Associate Master Clinician Ceremony at NMCP.

## Perspective on the Naval War College In-Residence Experience: Got JPME?

*By CDR Lanny Littlejohn*

I rolled out of bed at 0700 this morning to finish my paper on corruption in the Ukraine. Ukraine is currently the most corrupt country in all of Europe; its corruption destabilizes it to the point that it is subject to influence from its eastern neighbor, Russia. Russia is currently in a "hybrid" war with Ukraine, a new type of warfare that Russia has been perfecting for the past decade. The Chinese are perfecting a different type called "unrestricted" warfare. Then there is ISIS. Two months ago, I had very little insight into these issues.

After finishing the paper, I went to class at the Blue Plate Diner in Newport wearing jeans, flops, and sweatshirt since it is cooling off a bit up here in RI. I have not put a uniform in quite some time. This week we have "seminar" for three hours each morning (M-Th), with the afternoons, and all of Friday, off to work on assignments. While not a walk in the park, it is different enough from medicine to serve as a well-deserved breather I have enjoyed so far. You should strongly consider getting your Joint Profession Military Education (JPME) on.

### Programs and Prerequisites

There are two primary programs of study at the Naval War College (NWC): the junior (JPME-1) and the senior program (JPME-2). The junior program (JPME-1) is completed as a resident or nonresident. Nonresident options include the fleet seminar program, NWC online program, and from war colleges of other services. I received my JPME-1 via the NWC online program several years ago. There is also a rare opportunity for officers at the 12-15 year mark (O4 or O5) to attend JPME-1 as a resident here. However, medical officers will likely need to obtain JPME-1 as a nonresident.

The senior program is via the College of Naval Warfare (CNW). Officers selected have typically completed JPME-1 and apply through their detailer at the 15-20 year mark (O5 or O6). Completion of this residency program grants a Master of Arts in National Security and Strategic Studies. Accreditation is via the New England Association of Schools and Colleges.

## Got JPME? Cont'd

For both JPME-1 and JPME-2, there are three courses: Joint Military Operations (JMO), National Security Decision Making (NSDM), and Strategy and Policy (S&P). The main difference between the two programs is that the junior course focuses on the Tactical/Operational level and the senior course on the higher Strategic level. As a resident at the NWC, you are also required to take an elective each trimester. I just finished the Political Warfare elective – super cool. Additional Qualifier Designations (AQDs) are awarded for JPME-1 and JPME-2. Many elective pathways also result in an AQD. So that's three AQDs you can receive if you are an AQD collector – I know you're out there.

### The Environment

NWC is academia at its best. Students wear business casual so that neither service nor rank are distinguished. All services are in attendance including the coast guard. You will find that there are several interagency (State Department, Justice Department, CIA, etc.) students and many international students as well. There may be one lecture per week with the entire student body, but most classes are in a seminar (12 students, two instructors). My seminar includes students from Greece, Lebanon, and Singapore along with two "agency" students and six other service students. Teaching is Socratic (You know, that method you thought you would be using before receiving the letter of rejection from Harvard). Exams are essay – not multiple choice. You do not have to publish, but many of the best papers are submitted for publication. This should definitely help your Google H-index.

### Follow on Assignments

Medical officers who complete JPME-2 are highly valued at the higher levels in operational medicine. This may be as a joint force command surgeon, fleet surgeon, a Pentagon tour, or in any of the various naval service operational commands. This follow-on assignment is not a requirement, however. Your detailer and specialty leader will ultimately work with you on what your next assignment will be. Some have returned to the MTF after NWC only to go operational on the very next tour. Commitment after obtaining JPME-2 is two years, served concurrently with any existing obligations.

### Benefits

There are several beneficiaries of a tour at the NWC. First, you and your family; Newport and the surrounding vicinity are a great place to live with good schools and lots of history and activities. If you have been in the MTF for multiple tours, you may need a break so a brief sabbatical here can help recharge the batteries. You will still work hard (tons of reading and paper writing) but the time structure is on your terms. Second, your specialty and our Navy will benefit. Every specialty in Navy Medicine (with rare exceptions) has elements that operationalize to support the mission of the Navy. To have the 30,000-foot strategic view of how your part comes into play is a great benefit to your specialty and service. Third, the nation needs thinkers and leaders. We all have the feeling that something has gone sideways in the last few decades. We need strong leaders who have the integrity to make the tough calls and argue for the right decisions on the national level. After you leave the naval service, this education and degree will go with you and will likely have great utility no matter how large your future circle of influence may be.

*Note from the detailer: We are currently seeking interest for Naval War College (NWC) billets to fill this coming summer. Please contact us if interested. CDR Lanny Littlejohn, a current student at the NWC, wrote this piece to whet your appetite.*

## NEWS YOU CAN USE

### Helpful Hints:

### Board Certification and Maintenance of Certification Funding Requests

*From CAPT Mae Pouget  
Deputy Medical Corps Chief*

Communicate with Navy Medicine Professional Development Center (NMPDC) early! Request funding when you sign up for your Board exam or when you pay your Maintenance of Certification (MOC) fee. Please do not wait until you receive your exam results, or your board certification process is complete, to submit a request. Requests can only be paid in the same fiscal year you paid the Board.

If you are submitting a funding request that **includes travel** less than 20 days prior to your travel date, write **\*\*\*SHORT FUSE\*\*\*** in the subject line of your email to NMPDC ([usn.bethesda.navmedprodevctrmd.list.nmpdc-cme-funding@mail.mil](mailto:usn.bethesda.navmedprodevctrmd.list.nmpdc-cme-funding@mail.mil)). If you are waiting on your CO's endorsement, or are missing any other required documentation, please submit what you have to NMPDC so we can begin processing your funding request.

NMPDC may reimburse MOC fees. NMPDC may not reimburse prior fiscal year MOC fees. Instruction and law does not allow us to cross fiscal years with funding. This is not waivable.

Funding requests are required to be received six weeks prior to your exam. NMPDC can process funding for board fees after the fact, provided the exam was in the same fiscal year of payment of fees to the board exam. We are not authorized to fund travel after the fact; this cannot be waived.

Submitting your funding request in advance (more than six weeks) is fine and assists us in ensuring we have all required documents in a timely manner. All exam funding requests are processed one month prior to the exam without regard to the date received by NMPDC. MOC requests are processed in order of their receipt.

The NMPDC Funding Office will notify you if there is a problem with your request. Consult with your command travel clerk if it seems there is a delay in processing, as DTS may require electronic signatures prior to final processing.

If you are (or will be) deployed with limited access to computer and internet resources, and require travel to take your board exam, please make NMPDC aware of the dates of deployment. Please provide an alternate contact number or email if possible.

Contact Mr. Stephen Fisher, [Stephen.p.fisher2.civ@mail.mil](mailto:Stephen.p.fisher2.civ@mail.mil), for detailed DTS, receipt, or SF1034 questions/assistance.

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



## NEWS YOU CAN USE Cont'd

### PCS Funding Constraints

*By CDR Richard C Childers, MC  
Non-Surgical Medical Corps Detailer*

Members up for orders this fiscal year should be aware that our PCS budget is scheduled to be cut ~20%. Some skepticism is warranted as we say money is tight every year. However, all indicators point towards a new reality and we are proceeding as such. To mitigate PCS costs, we are maximizing the number of no-cost moves and critically examining expensive moves. Some expensive moves have already been canceled. Bottom line: money must now be a part of the detailing process for every set of orders negotiated. (See table 1 to get an idea of the costs involved.)

This does not mean that those of you homesteading are guaranteed the opportunity to stay. While we recognize the value of homesteading for families and institutional continuity, extended shore tours can provide members an unfair career benefit. We all generally need a period of time at a command before we can get the jobs that lead to competitive fit-reps. By ensuring some turnover, we encourage equal career opportunities for our members.

Also, sometimes there are billets for which there are no volunteers. When we select members for these positions, a primary variable we look at is prolonged time-on-station. For example, a qualified member who has been in San Diego for 15 years may get picked over a similar member who has been there for only 3.

Thanks for your patience as we try to balance equitable moves with cost constraints.

Table 1. PCS Cost of moving to various homeports. All origins are San Diego except the final one.

Rank	Gaining Command	Dependents	Cost
LCDR	Okinawa	0	\$11,696
LCDR	Okinawa	3	\$25,281
CAPT	Okinawa	3	\$28,812
LCDR	Bremerton	0	\$4,664
LCDR	Bremerton	3	\$17,039
CAPT	Bremerton	3	\$19,347
LCDR	National Capital	0	\$5,143
LCDR	National Capital	3	\$25,141
CAPT	National Capital	3	\$28,885
LCDR	Rota, Spain	0	\$18,318
LCDR	Rota, Spain	3	\$31,335
CAPT	Rota, Spain	3	\$36,118
CAPT	Lima, Peru to NCR	4	\$83,339

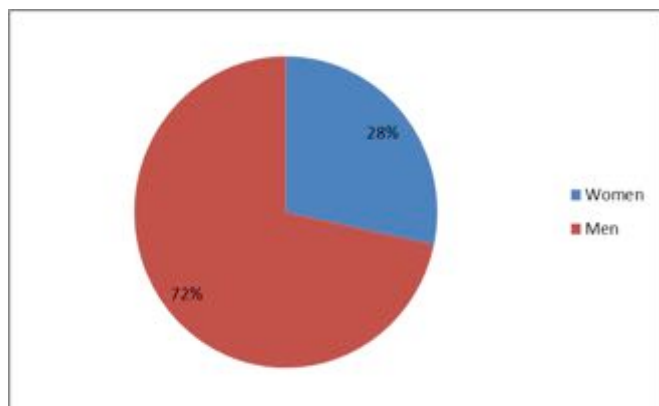
## NEWS YOU CAN USE Cont'd

### What Does the Navy Medical Corps Look Like?

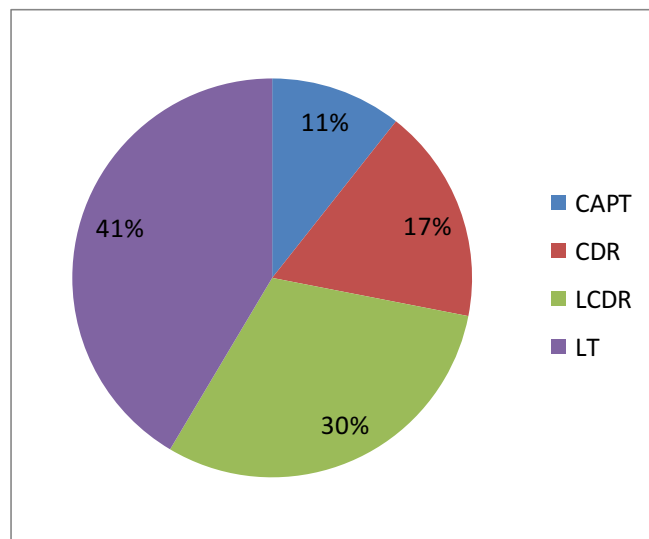
*By CDR Richard C Childers, MC  
Non-Surgical Medical Corps Detailer*

Here in Millington, Tennessee at Navy Personnel Command, we detailers are leveraging the unique power of our DOS detailing software. (For reference, CHCS runs on DOS.) Some of you may be interested in the Medical Corps demographic data we pulled.

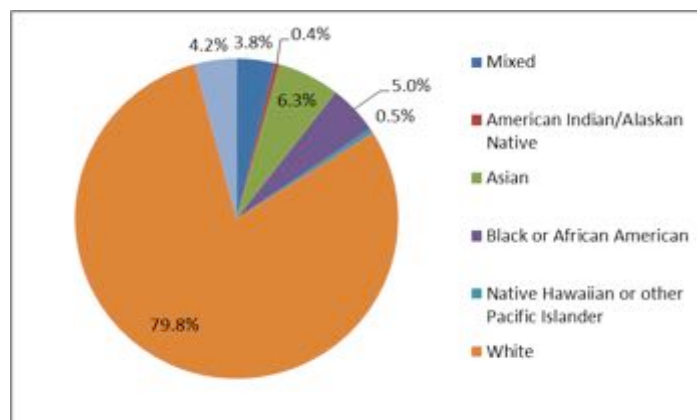
#### Gender, Navy Medical Corps, spring 2016



#### Rank, Navy Medical Corps, spring 2016



#### Race, Navy Medical Corps, spring 2016



Medical Specialty Demographics	Number	Percentage
GENERAL MEDICAL OFFICERS	583	15.3%
FAMILY MEDICINE	446	11.7%
INTERNAL MED	386	10.1%
AVIATION MEDICINE	286	7.5%
SURGERY	235	6.2%
EMERGENCY MED	217	5.7%
ANESTHESIA	195	5.1%
PEDIATRICS	183	4.8%
ORTHOPEDIC SURG	178	4.7%
DIAGNOSTIC RAD	178	4.7%
PSYCHIATRY	148	3.9%
OB/GYN	140	3.7%
UNDERSEA MED	117	3.1%
PATHOLOGY	77	2.0%
AEROSPACE MEDICINE	65	1.7%
OTOLARYNGOLOGY	65	1.7%
PREV MED	57	1.5%
OPHTHAMOLOGY	53	1.4%
DERMATOLOGY	47	1.2%
OCC MED	46	1.2%
UROLOGY	43	1.1%
NEUROLOGY	26	0.7%
NEURO SURG	25	0.7%
RADIATION ONCOLOGY	13	0.3%
PHYS MED & REHAB	9	0.2%
NUCLEAR MEDICINE	2	0.1%
TOTAL	3820	

## NEWS YOU CAN USE Cont'd

### Article 88, UCMJ: Contemptuous Speech against the President and other specified civilian officials and institutions

*From CDR Karla LePore  
MSC, Plans & Policy Officer*

In November 2016, Republican Donald Trump was elected to become the next President and was inaugurated as such on January 20, 2017. According to Article II, Section 2, Clause I of the Constitution, the President of the United States is Commander-in-Chief of the United States Armed Forces.

The current provision of military law criminalizing disrespectful **criticism of the President**, and other specified civilian officials and institutions, is contained in Article 88, UCMJ.

Article 88 provides:

Any commissioned officer who uses contemptuous words against the President, the Vice President, Congress, the Secretary of Defense, the Secretary of a military department, the Secretary of Transportation, or the Governor or legislature of any State, Territory, Commonwealth, or possession in which he is on duty or present shall be punished as a court-martial may direct.

Article 88 serves to enforce discipline within the military. The President is more than just another politician. He is the **Commander-in-Chief**, and as such, is entitled to no less protection under the UCMJ than the most junior officer or noncommissioned officer who suffers disrespect at the hands of an insubordinate private.

By virtue of his superior position, the President is entitled to the highest degree of obeisance.

The Uniform Code of Military Justice (UCMJ) does not only apply to those actively serving in the armed forces, but also to "**Retired** members of a regular component of the armed forces who are entitled to pay."

Contemptuous **Facebook** posts or **Tweets** can fall under Article 88. Sailors using social media must abide by the Uniform Code of Military Justice at all times. Commenting, posting, or linking to material that violates the UCMJ or basic rules of Naval conduct is prohibited.



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