



Medical Corps Newsletter

SEPTEMBER 2020

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From the Corps Chief...

Shipmates,

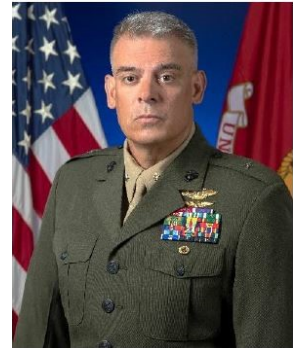
We are living in unprecedented times! I see every day how you all are showing the country the power of Navy Medicine. During the last 6 months, Navy Medicine has deployed hundreds of providers from New York City to Guam. You all have jumped in to assist local communities with the global pandemic, answered the call for new operational deployments, and maintained the normal OCONUS op tempo. This has not gone unnoticed by senior leadership, I want to reiterate the words of the SECDEF and SECNAV in saying how proud I am of all those who deployed in support of the Coronavirus response and to those who stayed behind to support our service members and beneficiaries during this critical time.

This crisis has shown the country just how resolute and deployable Navy Medicine truly is when it comes to supporting the United States. When there is an urgent medical need, Navy Medicine answers the call! The most recent draft versions of the NDAA show clear indications that Congress has recognized your personal sacrifices and acknowledge that you are often times taking on these challenges at dramatically lower pay than the rest of the physicians in the country. Early versions of the NDAA have proposed significant

increases in military physician salaries.

The novel Coronavirus pandemic has highlighted a new operational environment that we must be prepared to operate in. The potential use of the “biosphere” as an instrument of war has driven a review of Fleet requirements and the specialties that will be needed to address all future threats. The utilization of hospital-based specialists like Internists and Pediatricians as critical care extenders is causing them to be recognized as critical wartime specialties. With threats coming from near-peer adversaries with the added complexity of potential biosphere threats, senior leaders recognize how paramount it is that we continue to grow as leaders and educate ourselves in all aspects of our jobs to ensure that we are up for any and every task that is asked of us.

While we continue to be tasked with more ever expanding challenges, let's not forget that we are not only supporting our warfighter missions, we are supporting our hometowns, our communities, and our families through a unique time in history. As always, I am immeasurably proud to serve alongside the finest physicians the United States has to offer and I look forward to seeing the amazing things that you will do in the future.



RDML James L. Hancock
Chief, Medical Corps

Finally, I would like to discuss a topic that is dominating the media and our communities - diversity. We as a Medical Corps have come a long way over the past 149 years. But just as we have dedicated our careers to the continued pursuit of medical knowledge, we must continue to dedicate ourselves to creating an inclusive, diverse team of physicians to serve our Service members and their families. Diversity in all forms makes us stronger. Diversity has historically focused on race, ethnicity, and gender, but there are many types of diversity that have been overlooked that make our Medical Corps unique. Some of the greatest diversity that we have as a Corps includes diversity of thought, experience, education, and background. As medical professionals, we MUST embrace all aspects of diversity in all phases of our professional life. We MUST ensure that our colleagues and our patient's unique requirements are met. I look forward to taking on this challenge with each and every one of you!

- JLH

Getting Promoted in the New Decade

A generation ago, getting promoted in the Navy Medical Corps was considered solely a matter of time in service, barring morbid obesity or criminal hijinks. When the dust settled after the Vietnam era, becoming a Captain became more challenging, requiring some demonstrated leadership chops. Nearly a decade ago, promoting to Commander was no longer a “sure thing”, with selection opportunities falling to a nadir of 65%. For the last five years, we are in a strange inversion, where the O-5 selection opportunities are actually lower than it is for Captain. I don’t see that changing anytime soon.

So if In Zone (IZ) promotion opportunity is 91% for Captain, does that mean that 91% of IZ Commanders select for Captain? Because you are a proven good test taker, you know that the answer is obviously no. IZ opportunities is a percentage of those who are in zone. Officers promoted Above Zone (AZ) and Below Zone

(BZ) take away from the IZ opportunities. On the last O-6 board, actual selection for In Zone Commanders was only 51% despite a published opportunity rate of 91%. BZ and AZ officers accounted for the difference. For IZ Lieutenant Commanders, the promotion opportunity was 77%, but only 53% of IZ Lieutenant Commanders were selected. It’s not the end of the world if you’re not selected but there are definitely areas that you can work on to make yourself stand out for the next boards.

Having recently recorded on an O-6 board, my pearls for getting promoted follow, which are solely my observation and do not necessarily reflect Navy doctrine. It is not intended to be a checklist, but rather a general guideline of what to do, or not to do. Due to the above listed trends, I will not distinguish between O-5 and O-6 boards since both require intentional career management.



*CAPT Anthony Keller
Medical Corps Career Planner*

Be the best doctor you can be.

First and foremost, as a medical specialist, you need to be current in your field and privileged to practice. This is your bedrock. You should be board certified, and making efforts to lead in your field either as an educator or researcher. You

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LCDR Judith Generoso

OPERATIONAL OFFICER SPOTLIGHT



“Being a doc on a ship is like being a doc in a small rural town.” This is the typical response LCDR Generoso gives to someone who asks what it’s like to be a physician on a Navy ship.

LCDR Judith Generoso is currently the Senior Medical Officer (SMO) on the USS MAKIN ISLAND (LHD 8) which is a multi-purpose amphibious assault ship designed to transport and land a Marine Expeditionary Unit (MEU), a force of almost 2,000 marines, ashore by heli-

copter, landing craft, and amphibious assault vehicle. As the SMO onboard the ship, she provides medical care to over 3,000 Sailors and Marines in an operational environment that poses a significant challenge to medical providers given the limitation of resources.

Part of operational medicine is going back to the basics, like doing a comprehensive history and physical exam because you don’t have the assistance of special lab tests or imaging modalities on the ship. A good clinical history and physical exam go a long way toward identifying that one person who is truly

sick and proceeding with a medical evacuation (MEDEVAC).

During her tenure on the ship she conducted multiple MEDEVACs. One notable case was a young Sailor who presented to medical with new onset petechiae and ecchymosis with a complete blood count which revealed significant life-threatening pancytopenia. The patient was expeditiously transferred to the nearest military treatment facility and received the treatment needed.

More recent events include the real

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want your peers to know you to be a great practitioner of your specialty. The board will know who the great doctors are.

Spend time with the warfighters.

Some Navy physicians cling to the MTF within their clinical specialty and avoid the Fleet. As a Navy physician, you should try to deploy or serve in an operational billet roughly once per rank. This can include a GMO tour in the community of your choosing, an individual augmentee tour to some exotic location (i.e. Afghanistan or Djibouti) or a T-AH tour (Mercy, Comfort). Other more senior tours (SMO tours, CATF surgeon, MLG/MARDIV, senior FS) are important as you progress in rank. Some of the small platforms (ERSS, DCS, R2LM) can be done while staying at the MTF, but can give you whiplash depending on the OPTEMPO. The demand for operational medicine is well documented in the convening order for both O-5 and O-6 boards, and very powerful at demonstrating to the promotion board that you are ready to lead in Navy Medicine.

Be a lifelong learner.

The National Defense Strategy of 2018 emphasized "Professional Military Education" and we've seen consistent messaging since then to support that. Joint Professional Military Education (JPME) is specifically noted as being valued in recent convening orders. NAVADMIN 137/20 requires your reporting senior to document your educational achievements. In summary, it took you at least 7 years to complete your medical training so be like a shark and don't stop swimming! But now it's time to build your military and leadership resume

since you've acquired all of your medical certifications.

Step up!

The board is comprised of 6 senior Navy Physicians who know an enormous amount about how Navy Medicine functions (and one line officer). Chair the "Sisyphean Tasks Committee" or become the "Stray Animal Control Officer" (SACO) for the hospital! I didn't want to specifically name what I consider to be the most challenging physician jobs, but you get the idea. Take the difficult assignments, excel, and the board will take note. At the same time, chase your passion and make it align with our readiness mission. You are more likely to excel at something which you have a passion for.

Compete with your peer group.

There is no substitute for an EP at an MTF, you need to stand out amongst your peers. But the fleet is a different animal. Every line commander will say in your block 41, "The best doc I've ever worked with in my 30 years of service!" and give you a trait average of at least 4.67. The board has a hard time with how well you performed compared to the rest of the group. Help that line commander understand our system and get a soft breakout, something like "My #3 LCDR regardless of rank!" Try to get into "traffic" and break out in a competitive group, even if you are relatively junior. If you get a ranked MP as a junior Commander then take a one-of-one operational job, the board will see that you've broken out and you are more likely to promote.

Be brilliant on the basics.

This is my trashcan area for all the obvious stuff and most of this goes

without saying. Don't fail a PRT, or heaven forbid, a urinalysis. Don't have an alcohol related incident. Be a good role model and maintain personal boundaries, especially with enlisted members. Be the doctor everyone raves about. A bad service reputation can be hard to shake.

Make sure your record shines.

If it doesn't show up in your record, then it didn't happen. All your education, awards, schools, and fitness reports need to be documented. It is up to you to check and make sure that your record reflects what you've done. The good news for the MTF dwellers among us is that Chief Medical Officers and Medical Executive Committees are working diligently to hold Career Development Boards (CDBs) for you once per tour, roughly every three years.

Take every advantage of CDBs regardless of where you are in your career: this is free education and advice.

There's certainly more, and many one-offs, but there are too many to list here. If you have other questions or I can assist you, please don't hesitate to reach out to me to discuss your future in Navy Medicine. I can be reached at

Anthony.w.keller8.mil@mail.mil



Photo by Petty Officer 2nd Class Michael Lopez, Photo borrowed from DVIDS

Trauma Burn and Rehabilitative Medicine Program

CDR Jamie Fitch, MC, USN
Trauma Surgeon

Commander Jamie Fitch currently serves as Deputy Trauma Director of the Trauma, Burn, and Rehabilitative Medicine (TBRM) Program, a joint medical partnership between the United States (US) and United Arab Emirates (UAE) to enhance trauma, burn, and rehabilitative medicine capabilities within the military and civilian medical sectors in Abu Dhabi. Offering expertise in trauma surgery and critical care, Dr. Fitch and the rest of the TBRM team are working side-by-side with UAE partners to establish an internationally verified Level-I trauma center at



Members of the initial Trauma, Burn, and Rehabilitative Medicine team (TBRM) From left: Col. Brigilda Teneza (USA), Maj. Meghan McHenry (USA), Col. Rob Letizio (USA), Lt. Col. Patrick Marlow (USA), Col. Terry Lonergan (USAF), Lt. Col. Joey Kamerath (USA), Lt. Col. Brian Gavitt (USAF), Cmdr. Jamie Fitch (USN), Cmdr Amy White (USN)

Sheikh Shakhbout Medical City (SSMC), a 700-bed tertiary care facility that is operated jointly by the government of Abu Dhabi and Mayo Clinic. Once completed, the trauma center will support the provision of combat casualty care in the region

and will provide an enduring world-class clinical training platform for US and UAE military professionals in support of worldwide contingency operations.

The TBRM team arrived in the UAE in July 2019, composed of tri-service medical personnel with expertise in trauma surgery, emergency medicine,

rehabilitative medicine, critical care and emergency nursing, and healthcare administration. The TBRM team advises, trains, mentors, and provides technical support to UAE medical forces, SSMC, and referral facilities within the Abu Dhabi network. The importance of US/UAE partnership became evident when the TBRM team became a critical part of the SSMC and Abu Dhabi pandemic response. Despite becoming fully operational in January 2020, SSMC rapidly expanded its bed capacity from 313 to 524 beds, including 134 ICU beds to respond to the overwhelming healthcare demands of the COVID-19 pandemic. With cumulative operational and mass casualty response experience, Dr. Fitch and TBRM members worked with SSMC and UAE medical providers to rapidly double the SSMC ICU capacity, caring for over 200 critically ill COVID patients. TBRM's leadership in the development and execution of the SSMC ICU surge plan were integral to the pandemic

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TBRM Trauma Surgeons Cmdr. Jamie Fitch (USN) and Lt. Col. Brian Gavitt (USAF) team up for the first emergency operation on a known COVID patient at SSMC.



CAPT Norman Barr “hooks-up” an aviator with a radio transmitter prior to take-off, 1954

Captain Norman Lee Barr, Navy Flight Surgeon and Aviation Pioneer

**By André B. Sobocinski,
Historian, BUMED**

On August 10, 1956, a high-altitude balloon carrying two aeronauts—LCDR M. Lee Lewis and LCDR Malcolm D. Ross—landed in an alfalfa field south of Stevens Point, Wisconsin. The balloon had been launched earlier in the day from the University of Minnesota as part of the Navy’s Stratolab Project, a collaborative effort led by Office of Naval Research (ONR), and the Naval Medical Research Institute (NMRI). The project’s mission: to study humans in high-altitude environments, atmospheric conditions and conduct research from—what was termed—the first “space” laboratory.

Among those on hand to witness the historic flight was a Navy flight surgeon named CAPT Norman Lee Barr. Barr used Stratolab to test a biotelemetry system that he had originally developed in 1949. As the Stratolab balloon ascended 40,000 feet into the air, Barr was able to monitor the aeronauts’ body and skin temperatures, electrocardiograms, and respiration rates from the ground station.

How Barr came to spearhead biotelemetry or became an aviation medical pioneer is a curious note in a rather remarkable, and eclectic career.

After graduating from Catholic University in 1929, the Myrtlewood, Mississippi-native, joined the Army Air Corps. He attended the Army Air Force Flying School at Kelly Field, Texas and earned the dual-designation “Airplane Pilot” and “Airplane Observer” in November 1929. Over the next two years Barr served at Mitchel Field, Long Island and later France Field, Panama Canal Zone where he flew reconnaissance missions with the 99th Observation Squadron, 24th Pursuit Squadron and the 25th Bombardment Squadron.

In 1931, Barr started moonlighting as a chief pilot with the Isthmian Airways out of Balboa, Canal Zone. Founded in 1929, Isthmian Airways operated a fleet of Hamilton H-47 seaplanes for special charter flights to Central and South America. With only two full-time civilian pilots in its employ, Isthmian Airways tapped turned to Panama-based US military aviators to run many of its charter flights.

While at Isthmian, Barr earned a reputation for taking on some of the most hazardous flights. He once volunteered to transport repair gear and radio parts to a damaged light house in a tropical storm. Months later he embarked on a night flight from Panama to Costa Rica, landing on an unlit air strip in the mountains to evacuate a wounded soldier. Before flying him to safety, Barr performed an emergency cricothyrotomy using his pocket knife, ultimately saving the soldier’s life. For his efforts, Barr was awarded a letter of commendation from the U.S. Army Chief of Staff.

Barr soon after left the Army to study medicine at Georgetown University. In July 1938, Barr returned to the military, obtaining a commission as a Lieutenant (junior grade) in the US Navy Medical Corps. Following postgraduate work at the Naval Medical School in Washington, D.C., Barr underwent Flight Surgeon training at the Army Air Corps School of Aviation Medicine in Randolph Field, Texas and at the Naval School of Aviation Medicine (SAM) in Pensacola, Fla. Later returning to SAM in 1942 to get his Navy pilot certification, Barr earned the unique distinction as the only naval officer ever authorized to wear five different military aviation wings: Army Air Corps Observer, Army Air Corps Pilot, Army Air Corps Flight Surgeon, Navy Flight Surgeon and Naval Aviator.

For much of World War II, Barr found himself serving as a flight surgeon aboard aircraft carriers USS Wasp, USS Shangri-La, and USS Antietam and at various Naval Air Stations. After the war, Barr reported to the Bureau of Medicine and Surgery (BUMED) to oversee the Aviation Division’s Special Activities Branch. Among the projects Barr helped initiate was Project RAM (Research in Aero-

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CAPT Barr (left) observes the pulse rate and electrocardiogram of a subject at a remote location, 1957

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space Medicine), a joint BUMED-Bureau of Aeronautics (BuAer) program with the objective to develop a biotelemetry system to track a pilot's physiological data in flight.

As part of this effort, Barr established a flying laboratory aboard an R4D transport plane that was equipped to receive, record, and evaluate physiological data and transmit it to the ground through radio transmission. In February 1949, Barr used his aerial lab to monitor the heart rates of patients at a hospital in Greece and relay this data to an aircraft carrier off of Port Lyautey, Morocco. This data was then transmitted into a naval communications system picked up in Washington, D.C. and then transmitted by telephone to the National Naval Medical Center in Bethesda, Md. Four years later, using ultra-high frequency

radio equipment, Barr used his flying laboratory to capture physiological data of a jet pilot flying at an altitude of 52,000 feet and then transmitting it to a ground station at Anacostia, D.C.

In addition to monitoring the pilot, determining his oxygen supplies and pressurization schedules, heart rates, and breathing rates the data also enabled Barr to study the pilot's reaction time, body stress and strain under vigorous flying conditions. Barr noted in a 1954 article, that the project marked the first time in aviation history that "a physician on the ground has been able to conduct a physical examination of a pilot in the air."

Until retiring in 1959, Barr continued to serve as the Navy's lead for the biotelemetry project and would oversee its application in the high-altitude manned balloon project. This very system was later utilized by NASA to monitor the vital signs of astronauts in the first manned spaceflights.

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Meet the New Corps Chief's Office

Medical Corps Reserve Affairs Officer

Mary Marley is the newly named Medical Corps Reserve Affairs Officer, relieving CAPT Jay Shirley. CAPT Mary Marley earned her Bachelor of Art in Philosophy degree in 1991 from Franklin and Marshall College, Lancaster, PA. She earned her Bachelor of Science in Nursing (BSN) in 1995 from Dominican College, Orangeburg, NY. She has continued her pursuit of higher education at Queens University of Charlotte, NC. In 1998, she commissioned as an Ensign in the US Navy Reserve as a Direct Commission Officer.

CAPT Marley affiliated with Fleet Hospital (FH) CBTZ 22, and then FH Fort Dix Det 16, Earle Weapons Station, Earle, NJ and served as Division Officer (DIVO) and Administrative Officer (AO). In 2003, the Fleet Hospital was decommissioned and CAPT Marley selected to serve as the Training Officer (TO), continued to provide peacetime medical care as a medical surgical nurse for Operational Health Support Unit (OHSU) Portsmouth. In 2004, CAPT Marley was selected as the Assistant Officer-in-Charge (AOIC), OHSU Portsmouth Det X, Earle, New Jersey. She supported a Humanitarian Mission to Senegal Africa serving as the triage nurse providing

healthcare training and treatment of 6200 Senegalese military and civilians. In 2006, she was selected as the Officer in Charge (OIC), of OHSU PTS Det X in Earle, New Jersey.

In 2009, CAPT Marley transferred to OHSU Camp Lejeune Det A and was selected to the Command Diversity Officer. In 2010, she was deployed to the NATO MMU Role 3 Hospital in Kandahar, Afghanistan where she served as both an emergency trauma nurse and DIVO in the trauma bay. Following her deployment, she accepted Active Duty for Special Work (ADSW) orders from 2013-2014, to serve as clinical staff at Naval Hospital Camp Lejeune emergency department.

In 2015, CAPT Marley returned to OHSU Portsmouth, served on the command staff as the Deputy Manpower Officer. Served as primary member of the Nursing Executive Committee (NEC) for the Bureau of Medicine and Surgery (BUMED) from 2015 -2019, and as Deputy Chair of NEC from 2019 to 2020. CAPT Marley mobilized in 2017 in support of Operation Enduring Freedom, to the Joint Medical Group in Guantanamo Bay, Cuba where she served as the Director of Quality, Training and Credentialing.



CAPT Mary Marley

Selected as the Reserve Specialty Leader for Emergency Trauma Nursing in 2017. She has recently completed her tenure as reserve team leader on a strategic goals group for BUMED that focused on Operational Readiness - Jointness. Supported COVID-19 Mission aboard USNS Comfort. CAPT Marley was selected as Medical Corps, Reserve Affairs Officer, June 2020.

In her civilian capacity, CAPT Marley is a full time emergency nurse at the W.G (Bill) Hefner VA Medical Center, Salisbury, North Carolina. She is a parishioner and co-catechist at Saint Peter's Church in Charlotte, NC. She lives in Matthews, North Carolina with her husband, three children and two dogs.

Medical Corps Plans and Policy Officer

CDR Wendy Arnold, M.D. hails from Allentown, Pennsylvania. Dr. Arnold earned her Bachelor of Arts from the University of Pittsburgh, PA with a dual major in business administration and journalism in 1994. After college, she was commissioned as a Second Lieutenant in the United States Marine Corps following completion of Officer Candidates School in Quantico, VA. She then graduated from Alpha Company of The Basic School (TBS) in April 1995 where she was selected to be the first student company commander for 250 peers. After TBS, Dr. Arnold completed her military occupational specialty training at Ground Supply Officer School at Camp John-

son, NC. Dr. Arnold's Marine Corps duty stations as a Marine Officer included the FMF (Fleet Marine Force,) drill field (as a series commander and executive officer,) recruiting, and ceremonial duties at Marine Barracks Washington, DC.

One month prior to being promoted to major in the Marine Corps, Dr. Arnold resigned her commission in 2004 and accepted a Naval officer commission as an Ensign in order to attend medical school at the Uniformed Services University in Bethesda, MD. While there, she served as the Naval Student Company Commander for four years, graduating with a Doctor of Medicine degree in 2008. Next she com-



CDR Wendy Arnold

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response and received high recognition from the Surgeon General of the UAE Medical Services Corps and SSMC CEO. The collaborative relationships developed in response to this unexpected crisis have advanced opportunities for trauma system development which will form the basis for sustainable high-quality trauma care for US, Emirati, and other partner nations in the Middle East for years to come.

CDR Fitch joined TBRM in February 2020, and with 13 years of active duty experience, she comes with a broad

range of clinical and operational experiences that have prepared her for this unique mission. As a flight surgeon, Dr. Fitch participated in disaster relief efforts in Haiti after the 2010 earthquake, which was her first real exposure to global medicine and mass casualty management. Dr. Fitch subsequently completed surgical residency at Portsmouth, served a tour as ship's surgeon aboard USS Eisenhower, and then completed trauma and surgical critical care fellowship at Baylor in Houston. While aboard the USS Eisenhower, CDR Fitch was involved in both the planning and execution of mass casualty management plans. Upon returning to

NMCP in 2018, she was part of the well-established military-civilian partnership at Norfolk General mentoring and teaching residents and students from both NMCP and Eastern Virginia Medical School until she deployed aboard USNS Comfort in support of Operation Continuing Promise 2019. These broad experiences have proven critically important to the TBRM mission and have solidified CDR Fitch as a key expert advancing this first-of-its-kind international military-civilian partnership.

- CDR Jamie Fitch, MD, FACS

What's New in the O5 Promotion Board Convening Order?



Guest Article taken from MCCareer.Org

There were a lot of changes in the FY21 O6 promotion board convening order that emphasized operational medicine and readiness, but what about the recently released O5 order? While there are some minor changes from last year's order I won't address, here are all the important changes...

Page 2 of the FY21 Order

The promotion opportunities went from 85% down to 83% for the Dental Corps and from 63% down to 55% for the Medical Service Corps. The Medical and Nurse Corps remained the same at 77% and 70%, respectively.

Pages 8-10, Paragraph 6 – Medical Community Considerations

Language was added that emphasized operational medicine and readiness. I put the new language in underlined italics:

“Knowledge and proven performance/

experience in a variety of settings including operational medicine, joint medical operations, and current garrison health care and fleet/FMF support is necessary.”

“Additionally, Navy Medicine greatly values joint experience and formal education, including JPME with knowledge and experience in a variety of settings including joint medical operations and current garrison health care delivery and operational support initiatives.”

“They must understand and use best clinical practices and business tools in managing the health and readiness of our operating forces to ensure they are healthy and on the job.” A reference to “population health” was changed to “health and readiness.”

This statement was added, “Excellence in operational support settings should receive special consideration as Navy Medicine shifts greater focus to readiness and operational support.”

“Best and fully qualified officers for the rank of commander and below will be those who have demonstrated superior sustained performance in jobs that demonstrate increasing responsibility, scope and complexity across the spectrum of military medicine, especially inclusive of operational platforms.

The Bottom Line

Operational medicine and readiness is emphasized in the new O5 promotion board convening order.

Meet the new Corps Chief's Office (continued...)

(Continued from page 7) pleted Family Medicine Residency training at Naval Hospital Camp Lejeune in June 2011. During this residency, she was selected to attend acupuncture training with McMaster University and is certified in this unique, complementary medicine technique. She was also voted as the residency program's first resident teacher of the year in 2011.

Her next assignment as a board certified family physician was as the 2nd Marine Special Operations Battalion Surgeon with MARSOC. There she deployed as the first female Special Operations Task Force (SOTF) Surgeon in Afghanistan. As a surgeon with special operations, she mentored 57 joint service medical personnel from Marine Special Operation Teams (MSOTs,) Naval Special Warfare platoons (NSW,) and Operational Detachment Alphas (ODAs) in an

area of operation (AO) covering 1/3 of the geographical area of Afghanistan. Over 19 forward operating bases, she trained special operations medical personnel in auricular acupuncture and maintained 100% accountability of narcotics in a highly kinetic AO. While at this command, she was selected for the competitive female leadership symposium associated with the annual MHS conference.

She was then selected for the only Naval family medicine Obstetrics fellowship, at which she spent a year learning cesarean deliveries and complicated obstetrics. She served a utilization tour for this fellowship starting in 2014 as family medicine faculty for Naval Hospital Camp Pendleton residents. During this tenure, she was voted 3 consecutive years as the Family Medicine Staff of the year by the residents. In addition, she obtained a second board certification in Integrative Medicine and was selected by The Top 100 Magazine as a top 100 physician for the Nation in 2018. Her most gratifying job

at NHCP was serving as the Associate Program Director for 42 family medicine residents annually for close to two years.

As the 1st Marine Logistics Group (MLG) Surgeon on Camp Pendleton, CA, she was the special staff advisor to the commanding general for a combat logistics element with 8,700 personnel and a \$100 million budget in direct support of 1 Marine Expeditionary Force (IMEF) and subordinate units. During this tenure she was selected as Top 100 Healthcare Leaders for 2020 by the International Forum on Advancements in Healthcare and the Top 100 Integrative Medicine Physician of 2020 by the International Association of Top Professionals.

Currently, CDR Arnold is the Plans and Policy Officer for the Bureau of Medicine and Surgery (BUMED.) In her free time she enjoys training her German Shephard and racing sport bikes on a track.

Medical Corps Liaison Officer

LCDR Eng-Kulawy first entered the U.S. Navy via the Armed Forces Health Professions Scholarship Program in 2006. She attended medical school at Albert Einstein College of Medicine and was commissioned as a Lieutenant upon graduation in June 2010.

LCDR Eng-Kulawy graduated top of her residency class in pediatrics at Naval Medical Center San Diego in 2013, during which she deployed with Pacific Partnership 2012. During residency she published her abstract titled *Improvement in Joint Manifestations in a Patient with Mucopolysaccharidosis Type I Treated with Etanercept*.

Upon completion of residency, LCDR Eng-Kulawy was assigned to Naval Hospital Yokosuka, Japan where she served as a staff pediatrician and was appointed as the Senior Medical Officer for the pediatric clinic. LCDR Eng-Kulawy received board certification as a diplomate of the American Board of Pediatrics in October 2013. At the end of her tour she was selected for promotion to LCDR and was awarded the Navy Pediatrician of the Year award from Uniform Services West Chapter of the American Academy of Pediatrics (AAP) for outstanding per-

formance in Pediatrics.

In August 2016, LCDR Eng-Kulawy reported to Naval Hospital Camp Pendleton where she served as the command's first Pediatric Hospitalist and Pediatric Inpatient Medical Director, earning her Lean Six Sigma Green Belt AQD through the completion of multiple projects. Her project on improved neonatal hearing screen rates was awarded the 2018 Advancement toward High Reliability in Healthcare Award. She was appointed as the first Multi-Service Ward Senior Medical Officer and was then hand-selected for Head of the Pediatric Department where she supervised 44 physicians, nurse practitioners, corpsman, LVN and RNs. She was also chosen as the Regional Site Director for the Military Medical Humanitarian Assistance Course for San Diego, training medical personnel across the region in disaster relief and humanitarian aid. Due to her extensive knowledge in Global Health, she was selected to serve on board the USNS COMFORT during the Secretary of Defense directed deployment in 2019.

In June 2020, LCDR Eng-Kulawy reported to the Bureau of Medicine and Surgery where she is the Medical Corps Liaison in the Office of the Corps Chief. In her new role, she is the editor in chief of the MC Newsletter, reaching over 4300 readers,



LCDR Jennifer Eng-Kulawy, MD, FAAP

works with Navy Recruiting Command to recruit students and physicians into the Medical Corps, and is the special projects coordinator and the liaison to the other Corps Chief Offices.

LCDR Eng-Kulawy has furthered her education by completing her Graduate Certificate in Global Health through the Uniformed Services University of the Health Sciences and was awarded the Global Health Specialist AQD and Associate-Level status. She also completed her board certification in Pediatric Hospital Medicine and plans to increase her involvement in the global health field.

Senior Leader's Interview

A native of Pittsburgh, Pennsylvania, Commander Hudson graduated as a Secretary of the Navy Distinguished Graduate from the United States Naval Academy in 1999, earning a Bachelor's of Science degree in Weapons and Systems Engineering. She graduated from the Uniformed Services University of Health Sciences (USUHS) with a Doctorate of Medicine in 2003. Dr. Hudson completed post-graduate training in Obstetrics and Gynecology at Naval Medical Center Portsmouth, completing residency in 2007. She has previously served as a staff obstetrician-gynecologist, deployed for nine months as an Individual Augment, serving with the U.S. Army in Kabul, Afghanistan, deployed in support of Continuing Promise 2015 on the USNS Comfort, and served as the Head of Operational Fleet Liaison Medical Services.

In July 2019, CDR Hudson assumed her current job as the Officer in Charge of Medical Readiness Division (MRD), Norfolk, at SURFLANT (CNSL). She also concurrently serves as the Deputy Force Surgeon for SURFLANT. During this tour, she served as the interim Executive Officer on USNS COMFORT (T-AH 20) from January 2020 through June 2020, participating in the National Tasking for the COVID-19 Mission to support New York City in March 2020. She was asked to share some of her insights and thoughts from her deployment....

Serving as the acting Executive Officer onboard the USNS Comfort during the pandemic represents the pinnacle of my Navy leadership career. That said, I think it is significant that I reflect on the myriad of experiences, tutelage, and mentorship that enabled me to fill this billet. I started my naval career as a graduate of the US Naval Academy in 1999. As a newly minted Ensign, I was fortunate to be among the 13 officers selected to apply for medical school. Despite multiple acceptances, I chose the Uniformed Services University of the Health Sciences in Bethesda, MD. Being saddled with a 20 year commitment is a daunting endeavor at such a young age. How-

ever, the personal and professional development I have received along my journey has been invaluable, and I can honestly say I do not regret a single day served in the Navy.

If I could offer one piece of advice to junior officers and new accessions, it would simply be: *do not pass up a single opportunity*. This career has led me down paths I never imagined I would go, and has offered me experiences I considered out of my reach. For example, upon graduation from my obstetrics and gynecology residency, I was certain I would be stationed onboard a Military Treatment Facility where I would deliver babies and treat gynecologic diseases. I later found myself serving as a General Medical Officer inside Kabul, Afghanistan for 9 months. Prior to deployment, I made sure I had three critical items: (1) a stethoscope; (2) my intern peripheral brain – the journal in which I wrote down everything I did not know, which included everything from how to manage electrolyte replacements to how to do knee and shoulder exams; and (3) a list of people who I could call for help. I learned that I could rely on my skillset for which I had been trained. If I did not have a lighted speculum, I could use a headlamp to complete a pelvic exam. A blue light served as a Wood's lamp. I learned how to calculate a drip rate when I didn't have an IV pump, or how to turn an up-armored SUV into a make-shift ambulance, equipped with securing locks for gurneys and racks attached for IV bags and O2 canisters. I learned that my stethoscope was adequate and could be trusted when I didn't have an x-ray. Decreased breath sounds unilaterally were decreased breath sounds, teaching me to trust my exam skills. I also learned that no matter where in the world I was physically located, I was never alone. Alone and afraid is a state of mind that does not have to exist. I always found a way of communicating with the trusted advisors on my contact list, clearly a precursor to "telemedicine" as we know it today in the forms of HELP, PATH, ADVISOR and other platforms.

Navy Medicine continuously excels in the development and maturation of outstanding clinicians. In fact, the US military makes some of



CDR Kerry Ann Hudson

the best doctors this country has to offer. Pick a top US hospital or a leading reference text and you will invariably find at least one of the staff members/authors is a previous member of the military medical system. The same can be said for medical journals and periodicals. That said, it can be easy to neglect the leadership and teaching roles that are vital to the success of Navy Medicine. To be successful, junior physicians must devote equal time to developing themselves as officers. Fortunately, leading up to my time on USNS Comfort, I received significant leadership experiences in the Navy. Some, if not all, of these experiences were absolutely enjoyable, while others were extremely challenging. Regardless, each experience left an indelible mark on me and molded me into the person, leader, and officer that I am today. For example, while in Afghanistan, my Army Combat Medic stole narcotics utilizing my DEA license. One of the other providers maintained questionable practice standards. Learning to make the right choice, despite it being the hard choice, proved to be a lesson that served me well in future challenges and prepared me for my time as an Executive Officer. I also gained valuable leadership experience during my time on USNS Comfort during Continuing Promise 2015, where I served as the lead for shore detachments and duty crews. Additionally, while working as the Fleet Liaison at Naval Medical Center Portsmouth (NMCP), I learned how to effectively and efficiently account for a large number of personnel in a challenging environment. These experiences also taught me the importance of planning for multiple contingencies because no

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plan ever survives first contact. The culmination of these experiences, at 20 years, gave me the confidence to serve as the active Executive Officer on USNS Comfort. Not only was I capable of serving in this capacity, but I was able to succeed during a Global Pandemic in uncharted waters.

So what exactly was my experience like on USNS Comfort as the acting XO during a Global Pandemic, in uncharted waters? It was scary and exciting, but overall an amazing learning opportunity from which I grew immensely! I had the opportunity to work with talented people from across the US Navy (USN) and the Military Sealift Command (MSC). I experienced unparalleled teamwork between MSC and USN sailors that miraculously brought this ship out of its maintenance period early and prepped it for a disaster relief mission in less than 5 days with more than 1000 embarked Naval personnel. As a unified team under a dual chain of command, medical and non-medical teams come together with unprecedented ease to make a mission work on every level. It was nothing short of inspirational.

I learned the need for objectivity while serving as the Executive Officer. I am

passionate about caring for others; however, it was vital that I understood the operational and administrative restrictions that defined the COVID-19 response mission. My role as an Executive Officer required me to routinely interact with staff in a role other than that of a healthcare provider. Being able to unite the line and medical communities towards a common goal was a critical component of my job and what creates success in any humanitarian mission upon which the USNS Comfort embarks. In order to accomplish these missions, it requires clear lines of communication, common objectives, and strong leadership. Melding the operational and medical sides of the Navy is an intricate and extremely challenging part of our jobs as physicians and leaders.

When does the learning stop? When are you at the pinnacle of your career? I would offer to you, that the learning never stops. If you feel like you don't need backup or don't need help, now is a good time to re-evaluate where you are and what you are doing, because you may be in a bad



CDR Hudson with USNA classmate during the USNS COMFORT deployment

spot. Humility in both medicine and leadership is vital to survival and success. No one succeeds as an individual. We succeed as the team that we build. Why was Comfort so successful in minimal crew having COVID (less than 1%)? Because Comfort built an amazing team. Why have I been successful in my career? Because of the team that has surrounded me – my students, my teachers, my colleagues, my leaders, my subordinates, and my family. Not because of me, but because of the team built around me. Surround yourself by amazing people and you will be amazing.

(Operational Officer Spotlight, Continued from page 2)

time ongoing fight against COVID-19 on a Navy warship. Navy ships, including the USS MAKIN ISLAND, have developed extensive mitigation strategies on ways to reduce the transmission onboard ships. As the virus has become the global pandemic that it is, there have been a number of ships that have unfortunately been stricken with an outbreak. Recently the USS MAKIN ISLAND was called upon to provide aid to the USS KIDD which reported multiple COVID-19 positive patients who were symptomatic. As the numbers continued to increase the USS MAKIN ISLAND was sent to deliver aid. The medical team developed a comprehensive COVID-19 shipboard response plan which was the first ever at sea evacuation of COVID-19 patients. Included in this plan was the creation of a negative pressure space within the medical department that helped

isolate the virus to just the medical spaces, ensuring decreased transmission throughout the rest of the ship. The fact that the ship pulled off this mission speaks volumes of the hard working, innovative and professional nature of the USS MAKIN ISLAND crew. LCDR Generoso never thought she would have to fight a rapidly spreading virus on a Navy warship during her SMO tour but her staff and her have lived up to the challenge.

Another aspect of her tour is to ensure the integration of the Fleet Surgical Team (FST) and Marine Expeditionary Unit (MEU) medical is a smooth process. Integrating a large team of various medical specialties can be a daunting process; however, the MEU easily integrated with the FST and they have transformed into

one solitary team ready to receive any medical casualty.

LCDR Generoso states that she "would recommend a ship tour to any Navy physician because it's a once in a lifetime experience that many physicians don't have. As cliché as this sounds, it is an experience that really makes you feel like a true sailor in the United States Navy." This has been her second operational tour, and each time she has a daunting learning curve getting accustomed to fleet shipboard life when compared to life at a clinic or hospital. "Seeing what our active duty personnel go through on a day to day basis helps me provide better care and treatment to help them continue operational requirements. If anything, it better prepares you to grow as a physician and as a naval officer. And it's especially an honor to be able to take care of the women and men who serve their country selflessly."

Questions and Answers!

We are starting this new section of the newsletter just for you! Ever have burning questions for Admiral Hancock or someone in the Corps Chief's office? Well, you probably aren't the only one with that question and we want to let the entire Corps contribute. Whether from the reserves or active duty, we are

here to answer your questions. Please email [LCDR Jennifer Eng-Kulawy](mailto:LCDR.Jennifer.Eng-Kulawy) with any questions that you'd like answered. If the question is something that is relevant to the group, we will add it here.

Also, if you are doing something at your command that you feel is unique and exciting as a Medical Corps Officer,

please reach out and let us know so we can add it to the Newsletter.

Looking forward to hearing from you!

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

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

Corps Chief's Office

Deputy Corps Chief

CAPT Joel Schofer, MC, USN

Joel.m.schofer.mil@mail.mil

(703) 681-8917; DSN 761-8917

Career Planner

CAPT Anthony Keller, MC, USN

Anthony.w.keller8.mil@mail.mil

(703) 681-8937; DSN 761-8937

Reserve Affairs Officer

CAPT Mary Marley, NC, USN

Mary.c.marley.mil@mail.mil

(703) 681-8938; DSN 761-8938

Plans and Policy Officer

CDR Wendy Arnold, MC, USN

Wendy.a.arnold4.mil@mail.mil

(703) 681-9128; DSN 761-9128

MC Liaison Officer

LCDR Jennifer Eng-Kulawy, MC, USN

Jennifer.k.engkulawy.mil@mail.mil

(703) 681-6622; DSN 761-6622

Navy Medical Corps Detailers

Surgical and Executive Medicine

CAPT Todd Gardner, MC, USN

Todd.a.gardner2@navy.mil

SURGICAL_SENIOR.FCT@NAVY.MIL

(901) 874-4094; DSN 882-4094

Non-Surgical Medical Specialties

CDR Roderick Doss

roderick.h.doss@navy.mil

NON_SURGICAL.FCT@NAVY.MIL

(901) 874-4046; DSN 882-4046

Family and Operational Medicine

CDR Tara O'Connell

Tara.Oconnell@navy.mil

(901) 874-4037; DSN 882-4037

GMO and GME Detailer

LCDR Jennifer McNab, MSC, USN

Jennifer.mcnab@navy.mil

GME_GMO.FCT@NAVY.MIL

(901) 874-4045; DSN 882-4045



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Contact Career Planner for further details

Anthony.w.keller8.mil@mail.mil

