

Opening Remarks:  
42<sup>nd</sup> Annual Uniformed Services Pediatric Seminar  
Honolulu, Hawaii.  
March 10, 2008  
COL Chuck Callahan  
Walter Reed Army Medical Center

Aloha.

On behalf of COL Mark Thompson and the Staff of Tripler Pediatrics,  
Welcome to Honolulu Hawaii, my home, and to the 42<sup>nd</sup> Annual Uniformed Services Pediatric Seminar – the old “Tri-Service” Pediatrics Meeting – from the day when we were only three services.

I cannot tell you how good it is to be home – to be back with my ohana in Hawaii after nearly two years of life in Washington D.C. I can promise you that many, many were the times when I tapped together the tan rubber heels of these boots and recited the Dorothy “Wizard of Oz” mantra, “There’s no place like home...there’s no place like home...”

Looking out the window of my office toward Georgia Avenue on a winter evening and realizing that the string of bright lights was not the reflection of the sunset on windows across the street but a row of news channels doing their live evening

reports from Walter Reed in the midst of a scandal... "There's no place like home..."

When the White House called for the fifth time with some change in the venue for the President's upcoming visit – which meant yet another revision and rounding up of more staff or patients and families, and personal information... "there's no place like home..."

Or yet another call from my secretary to tell me that there was a Congressmen from somewhere sitting in my office who said he was not leaving until he had a chance to talk to me about some important issue regarding the care of one of his constituents ... "There's no place like home..."

It is a far cry and a long journey for a simple pediatrician.

But I am here to tell you this morning that I am an Army Pediatrician first, foremost and always. Hanging in my office proudly is the sign Soo Kim had made for me in the Philippines that says "Pediatrician," next to one of my greatest treasures, The 1995 Tripler Pediatrics James Bass Teaching Award and a picture of my friend and mentor, Colonel Jim Bass.

It was Dr. Bass who tried to keep me on the narrow road when I was first promoted to Lieutenant Colonel. He called me into his office over in the adolescent clinic and told me, "Now Chuck, now that you're a lieutenant colonel, they're gonna tell you that you can be a general someday. They tell that to all the lieutenant colonels. They do it so they can get you to do all the lousy jobs that they can only get someone to do if they think that somehow they might get to be a general." Well, I don't know about the general part, but I can speak with some authority on the "lousy job" issue! I joked with someone when I came back to work in June last year after convalescent leave for an abdominal lymph node biopsy that mine was the only job in the AMEDD where cancer was a blessing.

No, but I am thankful. I am thankful for the opportunity to serve soldiers and their families in my current job. But more so, for the opportunities I have had serving their children as a pediatrician. For the younger members of this audience, I was a three year HPSP scholarship student who entered Active Duty in 1984 with every intention of staying my three years and getting out. I can tell you, my wife sure had that intention! But each time I have thought about leaving, the Army and Army Pediatrics have offered me another opportunity – and I have decided to stay:

In 1990, after three great years as a general pediatrician at Ft. Hood Texas – seeing “same day” appointments at a clip of three every fifteen minutes (yes, that’s one every five minutes in a clinic that ran 365 days a year – Saturday clinic was 72 patient slots in six hours...) after three years and they were wonderful years, I was offered a fellowship in pediatric pulmonology.

I was sent to Hawaii against my will with a three year obligation after fellowship and every expectation that I would return to Philadelphia to work in the children’s hospital where I had trained. We stayed in Hawaii to provide continuity for our foster kids, and intended to leave in 1997 – when Bruce Cook asked me to consider applying for the Program Director’s job – split from the Department Chief in Peds for the first time in its forty year history. I was given the job – over who I thought was really a better candidate – and agreed to stay three more years.

A year later he asked to speak with me again in September 1998. He told me that he had decided to retire, and told me that he wanted me to replace him as Chief, though I had worn Lieutenant Colonel for only two years. General Adams gave me the job that winter with the ringing endorsement, “Well, nothing like being in the right place at the right time!”

Needless to stay – I stuck around. COL Bass, COL Don Person, COL Walt Imai and Colonels Judy and Dale Vincent all mentored me as Chief – along with a host of other leaders at Tripler. COL John Roscelli brought me into the Consultant fold and I took over as Pediatrics Consultant from 2003 to 2007 – a job that I still think is the best one in the Army.

I can look back and say that I had the honor and privilege of holding every job that Army Pediatrics had to offer – resident and intern, staff general pediatrician, subspecialty fellow, staff subspecialist, service chief, program director, teaching chief and consultant. I had opportunities to teach and to do research including really exciting work in Asthma education and technology – a paper published in 2007 and cited just this week in Pediatrics as part of a meta-analysis of the impact of successful asthma education – tremendous credit to Dr. Debbie Chan and Dr. Ginnie Hatch-Pigott who ran that project and really did all the work.

But the Army wasn't finished. Mine was a by-name deployment tasker in the spring of 2004 to head into theater in a role that many senior pediatricians have held since – Felicia Pehrson, Tom Jefferson, Glenda Lucas – Chief of Professional Services for a medical brigade or higher headquarters. At one point in fact, Felicia and Glenda held the Chief's position in

Multinational Force Iraq and Multinational Corps Iraq in Baghdad at the same time.

General Weightman, a mentor and tremendous leader, took me aside at one point in 2006 and told me that I was the poster child for the medical corps "crossover;" someone who crossed over from academic Army Medicine to "the dark side" of Command and Hospital Administration...

But in my heart, I remain an Army Pediatrician.

And I am enormously proud of the impact you have made in Army Medicine and on military medicine across all services.

In 1971, there was a major push by the Nixon administration to eliminate military medicine and move to a contracted medical system. We have faced similar threats repeatedly in our half-century of caring for the children of service members.

But never before in the history of uniformed Pediatrics, has our leadership in the AMEDD and on the line been more convinced of the value of military pediatrics – and not just in the Army – Navy pediatricians have served downrange with the Marines. Air Force pediatricians will staff the hospital in Bagram. And while I was deployed, three Air Force Colonels commanded expeditionary hospitals across the CENTCOM theater.

These are astounding times for military pediatrics.

It is not because of my efforts, nor those of the senior leaders – it is because of the impact that captains and majors have made working to save lives in the sand alongside line leaders who have told me things like, “This is the finest brigade surgeon I have ever worked with in all my years in the military.” He was speaking about an Army Pediatrician.

I even got to know a Major at Walter Reed very well – who in a session with Congressmen and Senators told them that it was an Army Pediatrician who successfully evacuated him after he stepped on a mine – an Army Pediatrician to whom he owes his life. The Major works now directly for the Army Surgeon General...

Astounding times for military pediatrics.

I believe in military pediatrics, in Army Pediatrics.  
If I didn't, I would not still be wearing ACU's.

COL Thompson and I will talk more about this in our sessions later today when we talk about the narrative, the story, and how it shapes the way we see ourselves and the world we live

in, tension between “the story we tell ourselves, and the story we find ourselves in...”

But for now, I want to leave you with a creed.

It is a creed I believe in – one I think we all believe...one I have seen played out clearly over more than two decades in military pediatrics... Ten things I believe are true – and ten reasons why we cannot stop fighting for the children of our soldiers, sailors, airmen and marines...

One.

We believe that military families are best cared for by military physicians in a military health care system.

No one can better understand the needs and stressors of a mother or father with small children whose spouse is in theater – better than a pediatrician who has been there him or herself.

Two.

We believe that doctors can be good soldiers and good physicians.

More than twenty years ago, my program director told me that the day would come when I would have to make a choice

between being a good doctor and being a good soldier. I am still waiting for that day. I am both a soldier who practices as a pediatrician and a physician who practices in the military. There is sometimes tension. But we can do both. And we can do both well.

Three.

We believe that we are caring for tomorrow's military in our pediatric clinics today.

Twenty-three years ago this month, my son Tim had his one year well baby check in the back hallway at the Walter Reed pediatric clinic (looks exactly the same, by the way!) He received care throughout his school age and teenage years at the clinic at Tripler. Today he is a Second Lieutenant in the Air Force serving as an engineer at Davis Monthan Air Force Base in Tucson Arizona. (He got his brains from his mother and steered away from sleeping on the ground...) This morning, across the globe, military pediatricians are caring for the military of the next generation in our clinics and hospitals.

Four.

We believe that no specialty is better prepared to provide medical support to peace operations and irregular warfare than uniformed pediatricians.

The Army's new operations manual "FM-3.0" was published in February 2008. It is worth a read. In stressing "full-spectrum operations" it includes peacetime joint exchange training, peace keeping, peace building, peacemaking and peace enforcement operations. The role of the military and military medicine is key in stability operations. And pediatricians by nature of their public health focus and critical care capability are unmatched in their ability to function in this role.

Five.

We believe that uniformed pediatricians are the best choice for the expeditionary, modular force.

In the four decades between 1950 and 1989, the Army deployed ten times – including the Korean and Vietnamese conflicts. In less than two decades between 1989 and 2007, the Army deployed 43 times – more deployments with fewer troops. Pediatricians have proved their mettle in each deployment, best exemplified in the current conflict that will reach its seventh anniversary this autumn; the longest war in American History fought by volunteers. Pediatricians were among the first deployed in 2001, and from the Army side of the house – still are among the top three or four specialties in

terms of number of man days deployed and among the longest for average length of deployment.

Six.

We believe that the access to care and excellence of military pediatrics can serve as the model of the health care that should be available to every child in the United States.

This next administration will face the challenge of the shame of the medically uninsured and those without access to health care. What could military pediatrics, perhaps in concert with the Public Health Service do to meet the needs of the eight million uninsured children in the U.S.? Whatever the answer, the model should be military pediatrics which consistently boasts some of the highest population vaccination rates in the nation.

Seven.

We believe that our training programs make something that money cannot buy; that our residency graduates are the best in the world and that our graduates are capable of doing things “shot out of the gun” that civilian residency graduates cannot. Men and women like CPT Jeremy Edwards, Major Soo Kim, Major Michelle Flores, and Lieutenant Colonel Chris Soltis exemplify this “product” that you help to “make” day in and day out.

Eight.

We believe that the success of the soldier is inexorably linked to the success of the Army Family. The same is true in every service.

Military pediatrics is completely dedicated to the success of the military family and I would argue on the whole, military pediatricians spend more man-hours every day, week, month and year working with military families than any other sector of the military: more than social work, more than the chaplains, more than any special project staff. Military pediatricians are the key to the success of the military family.

Nine.

We believe that the people skills and team-minded approach which characterize successful pediatricians also make them exactly the kind of leaders that the military needs today.

Last week, Lieutenant Colonel promotable Maureen Tate, a neonatologist at Walter Reed, was selected to become the next "DCCS" of the famous 44<sup>th</sup> Med Brigade as they deploy for the third time into theater. Along with Felicia Pehrson, the next DCCS of Walter Reed Army Medical Center and former MNF-I Chief of Clinical Operations, and a number of others, they

demonstrate the tremendous versatility and talent of senior pediatricians in every service: COL Dave Crudo in the USARPAC Surgeon's Office here in Honolulu, Col Dom DeFrancis in the Air Force Surgeon General's office, and CAPT Joel Lebow who until relatively recently, ran GME for the Navy...

Ten:

We believe that our patients are the most deserving of all Americans.

They deserve the very best care that money can buy – and the complete dedication of those who provide it. Whether they are young adults or middle aged reservists on the battlefield in Baghdad, new recruit adolescents at the Troop Medical Clinic at Ft. Jackson or Randolph Air Force base, or the children and adolescents in clinics from Yokota Japan to Ft. Polk Louisiana, to Rota Spain...

Ours is not merely an occupation or a career.

It is a "vocare'" a calling.

A mission.

Using an Old Testament metaphor, we defend the fatherless and the orphan – those whose fathers and mothers are far

away – as well as those in battle who are far from their fathers and mothers.

Those children abandoned in violence by their parents and those tortured and violent in response...the ill and the infirmed, the anxious and the angry, those youth who are pounding on the doors of hell and those about to close their eyes in death to open them before the gates of heaven.

We are the pediatricians of our nation's forces in arms.

We touch the children of the world, and in so doing, forge bonds of peace on the stage of war.

We care for America's sons and daughters on the battlefield.

And we care for Her grandchildren here at home.

It is our honor.

It is our duty.

It is our call.

Thank you for your dedication to that call.