Letter from the Chair

Catherine Kimball-Eayrs, MD, FAAP, IBCLC
COL MC USA
Chairperson, Section on Uniformed Services

Dear Fellow Members in the Section on Uniformed Services,

What an honor to write this letter!!! I stepped into this role in November 2017 following in the very capable footsteps of CAPT Andrea Donalty. The Section was expertly guided through some challenging waters under her leadership and we are grateful.

Over the last year, we have continued the good work that was previously started including holding our annual Educational Seminar (now included within the NCE), awarding Section Awards for both the Outstanding Service Award (Congratulations Col Tom Newton) and the Dave Berry Award (Congratulations MAJ (P) Ryan Flanagan), working with the Chapters, supporting USU pediatric interest groups and continuing to advocate for Uniformed Services Pediatricians and all those who care for our beneficiaries.

However, we have also entered new territory. In June 2017, at the urging of the Section, the AAP News did a feature article on three of our colleagues (COL LoRanee Braun, Col Nicole Thomas and CAPT Gregg Montalto) and the unique career paths they have taken through military pediatrics. All three reflected extremely well on the profession, and we are grateful to the AAP for the article. One of our goals is to work hard to educate AAP members (particularly our trainees) regarding the availability of careers in the Public Health Service. The AAP News is helping us by working on an article highlighting their contributions and available career paths. Look for an article coming soon!

One of the initiatives the AAP has started is to complete oral histories of many influential pediatricians to be sure their knowledge is well documented. You may read more here: https://www.aap.org/en-us/about-the-aap/Pediatric-History-Center/Pages/Oral-Histories.aspx. Last year, an Oral History, sponsored by the Section, on Dr. Andrew Margileth, was completed and is available at https://www.aap.org/en-us/about-the-aap/Pediatric-History-Center/Documents/Margileth.pdf. We are glad that his extensive history and knowledge are now thoroughly documented. Dr. Val Hemming’s history will be published soon.

Finally, the Section has been active in ensuring that the voice of the Military Pediatrician has been heard. We have reviewed policy statements on Kinship Care, Transport Medicine and the Effects of War on Children. We have created a “rapid response team” in order to be able to quickly respond when urgent issues arise at AAP headquarters.

As we continue to move forward, we hope to find ways to better involve our patients and their families in our ongoing evaluation of how we serve our most deserving patients. Please let us know how we can better support you in your efforts. It is truly an honor to serve with you every day.

Would you like to get involved in the Section? Email me at ckimballeayrs@gmail.com or Jackie Burke at jburke@aap.org with your interest!
2017 Uniformed Services Section Election Results

Catherine Kimball-Eayrs, MD, IBCLC, FAAP
Chairperson – Army

Christopher Foster, MD, FAAP
Executive Committee Member – Navy

Lisa Mondzelewski, MD, MPH, FAAP
Executive Committee Member – Navy

Courtney Judd, MD, MPH, FAAP
Executive Committee Member – Air Force

New Term Began November 1, 2017

Thank you to Gary Crouch, MD, FAAP (Air Force), Jeffery Green, MD, FAAP (Army)
and Tony Delgado, MD, FAAP (Navy) for running this year’s election!
Section on Uniformed Services
Executive Committee Roster

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Membership in the Section and Chapters is encouraged for all uniformed services members of the AAP.

Notification of desire for membership, subscription requests and address changes should be sent to:
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Phone: 800/433-9016
Fax: 847/434-8000
E-mail: membership@aap.org
For an application visit https://fs25.formsite.com/aapmembership/affiliate/secure_index.html

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American Academy of Pediatrics
Section on Uniformed Services
Hello from Texas! Serving as your pediatric consultant, I can now even further appreciate all the amazing work you do every day in ALL areas of pediatrics. Many things are going on, so please let me know if you are not getting regular updates via email, and I will update my contact list; I am sending them on average twice a month. For this update, I wanted to highlight some changes and the positive impact of your work in Air Force Pediatrics.

Staff in our Air Force nurseries continue to work towards standardization in many areas. A new blood transfusion protocol and operating instruction, as well as a demonstration video is up and running thanks to JB Langley-Eustis staff; please see ALL of these products on the AF Pediatrics KX website. Maj Amber Barker and Maj Jeanette Brogan, perinatal clinical nurse specialists, worked with a couple of MTFs to research delayed neonatal immersion bathing. They are making great strides in this arena, but still need your help to expand to all AF inpatient MTFs. Finally, hypoglycemia operating instructions and algorithms are in the works across many MTFs.

Our Surgeon General has recommended changes in the way we train staff members engaged in inpatient perinatal medicine as a result of the 2014 Military Health System’s Review. Three courses will now be required for inpatient pediatricians: PALS, NRP and S.T.A.B.L.E. For those of you who have not previously completed the S.T.A.B.L.E. course, it is excellent training and I think you will find it useful, as well as a way to communicate with non-provider perinatal staff.

I know in the past that many of our MTFs had difficulty attracting new Applied Behavioral Analysis (ABA) therapists and/or lost existing therapists with the changes in TRICARE reimbursement rates, and then the testing requirements. The reimbursement rates are recently back to prior levels thanks to your feedback, and our dedicated tri-service developmental pediatricians have been in discussions with TRICARE to modify the testing requirements for ABA therapy, which will hopefully alleviate these concerns in the future, too. We also have a program at Wright-Patterson AFB helping autistic children. It is called Play & Language for Autistic Youngsters (P.L.A.Y.), and Lt Col/Dr. Daniel Schulteis has been spearheading this alternative to ABA therapy. It is a parent-mediated, developmental intervention for autism spectrum disorder, thus it moves with the child. Look forward for more to come on this autism therapy initiative which has shown so much promise.

Remember, if you have questions or concerns, I am happy to help, so please reach out to me – my email is below, and you will often get you a quick response even when I am out of the office traveling to other MTFs. Thank you again for your service.
Air Force Consultant’s Update and Spotlight

Colonel Ryan-Philpott serves as the Maternal Child Consultant for the Office of the Surgeon General (AF/SG) at the Air Force Medical Operations Agency (AFMOA). She provides leadership as the liaison between AFMOA, the Air Force Medical Support Agency (AFMSA), Major Commands (MAJCOMs), and 76 military medical treatment facilities. Colonel Ryan-Philpott directs AF/SG policy execution on obstetrical and pediatric issues supporting 43,000 medics across 11 Commands with 76 military treatment facilities serving 2,600,000 beneficiaries. She also serves as an advisor to Military Health System working groups discussing perinatal, pediatric, immunization, and access issues. As the primary pediatric consultant, Col Ryan-Philpott advises 242 staff pediatricians and 112 resident pediatricians on Air Force level changes in pediatric policies and standardization of this product line.

Col Ryan-Philpott was commissioned as a 2nd Lieutenant from an Air Force ROTC scholarship in 1992. She went to medical school at the Uniformed Services University of the Health Sciences and was recommissioned as a Captain upon her graduation in 1997. When her residency at David Grant Medical Center was finished, she completed her certification with the American Board of Pediatrics.

Since the beginning of her career, she has worked as the Chief / Medical Director of three Pediatric Clinics, Officer in Charge of Allergy and Immunizations, Deputy Chief of the Medical Staff twice, and Chief of the Medical Staff. In 2008, she was promoted, as a Major, into an O-6 position, to become the Pediatric Flight Commander at the largest Air Force military treatment facility, David Grant Medical Center at Travis Air Force Base. As well, Dr. Ryan-Philpott fulfilled the role of Associate Program Director for the Transitional Residency Program while at Travis Air Force Base. In June 2010, she was assigned to Hill Air Force Base as the Chief of the Medical Staff, overseeing the privileging process for 75 providers, as well as providing direct supervision for 26 medical management and quality/patient safety staff. During her tenure at Hill Air Force Base, the 2010 Health Services Inspection was rated an “Outstanding” with a score of 95%; the 75th Medical Group was fully accredited by the Accreditation Association for Ambulatory Health Care and received a level III National Committee for Quality Assurance certification; and, five Command and Air Force level awards were received for their Patient Centered Medical Home. Professional honors include receiving an Air Force Special Experience Identifier for Excellence in Clinical / Academic Teaching, and the American Academy of Pediatrics, Uniformed Services Section, Chapter West Air Force Pediatrician of the Year for 2008. She was an expert medical consultant in the field of pediatrics for the United States Air Force on multiple malpractice claims from 2005 until 2010.

2018 AAP Section Elections are NOW OPEN!

Elect the future leaders of your AAP Sections and vote on any applicable bylaw referendums. Exercise your right to vote as a member and to influence the future direction of the Section.

The elections are open March 1-30, 2018. The elected Section leaders will take office on November 1, 2018. Access https://www.aap.org/vote to view the on-line ballot and biographical information on the candidates (if available). Use your AAP ID and password to log in. Please contact AAP Customer Service at 1-866-THE-AAP1 (1-866-843-2271) if you experience any issues logging in to AAP.org.

If you are a member of more than one Section, you will see ballots only for the section(s) conducting elections this year. Any questions about this service may be directed to the Section Elections Team at sectionelections@aap.org.

Thank you in advance for your participation!
U.S. Public Health Service (PHS) Update

Nurse Named Acting Surgeon General

RADM Sylvia Trent-Adams, a former Deputy Surgeon General and Chief Nurse Officer of the Public Health Service (PHS) Commissioned Corps, was named Acting Surgeon General last year, replacing U.S. Surgeon General Vivek Murthy who was “relieved of his duties after assisting in a smooth transition [for] the new administration.”

VADM Murthy, 39, was in office since December 2014. His noted accomplishments include issuing “Turn the Tide”—an interdisciplinary Call to Action and pledge for all healthcare professionals to combat opioid addiction—as well as sponsoring a national campaign to promote walking. VADM Murthy oversaw 6,600 PHS officers, many of whom were involved in the response to the Ebola and Zika epidemics.

In a statement, VADM Murthy said, “For the grandson of a poor farmer from India to be asked by the President to look out for the health of an entire nation was a humbling and uniquely American story. I will always be grateful to our country for welcoming my immigrant family nearly 40 years ago and giving me this opportunity to serve.”

New Partnership between PHS and Department of Veterans Affairs (VA) Announced

A new Memorandum of Agreement (MOA) signed in 2017 will allow PHS officers to provide direct patient care to veterans in VA hospitals and clinics in underserved communities. The initial agreement is a five-year commitment with the potential to be extended. There will be a limited number of officers selected initially with preference given to new recruits. Additionally, steps are being taken to ensure that this collaboration does not compromise the PHS’ ability to fill essential clinical roles with agency partners, particularly with the Indian Health Service. This MOA is the culmination of over 10 years of interest to establish a formal relationship between PHS and VA hospitals.

Director of CDC’s Division of Reproductive Health (DRH) and Assistant Surgeon General in the US Public Health Service, Wanda D. Barfield, promoted to RADM, April 2017.

Wanda D. Barfield, MD, MPH, FAAP is the Director of CDC’s Division of Reproductive Health (DRH) and Assistant Surgeon General in the U.S. Public Health Service. She received her medical and public health degrees from Harvard University and completed a pediatrics residency at Walter Reed Army Medical Center and a neonatal-perinatal medicine fellowship at Harvard’s Joint Program in Neonatology (Brigham and Women’s Hospital, Beth Israel Hospital and Children’s Hospital, Boston). She has served in a variety of emergency responses – including 9/11, Hurricanes Rita and Gustav, H1N1, Ebola, and Zika. She is a Fellow with the American Academy of Pediatrics (AAP) and is the CDC liaison to the AAP Section on Perinatal Pediatrics (SoPPe) and Committee on Fetus and Newborn (COFN). She is Associate Professor of Pediatrics at the Uniformed Services University of the Health Sciences and Adjunct Assistant Professor at Emory University School of Medicine. Dr. Barfield continues to do clinical work in neonatology, providing care to critically ill newborns in Atlanta, Georgia.

RADM Barfield at her promotion ceremony with longtime friends and colleagues.
Greetings from the Uniformed Services Chapter East! Chapter East is keeping busy advocating for military children, whether locally at our bases or nationally using the AAP platform.

Our resident members have been deeply involved in AAP Advocacy projects, including the HPV Vaccination Hub & Spoke Project, the FACE Poverty campaign, and the Toxic Stress & Promoting Resiliency campaign. Grant awards continue to break records with a recent year total reaching $38,500 for a variety of advocacy-based grants alone. Congratulations to CPT Claire Daniels, CPT Katie Jones, CPT Judy-April Oparaji, Capt Elizabeth Carter, CPT Jennifer Falcon, and CPT Molly Childers for leading these efforts! Please contact our CATCH Grant Facilitators (Resident: sarah.thompson@nccpeds.com; Faculty: amy.r.gavril.mil@mail.mil) if you are interested in learning more about these opportunities.

Check out the awards section for the recognition of our 2016 and 2017 Outstanding Young Pediatricians. The Outstanding Young Pediatrician accomplishments span clinical excellence, research productivity, educational outreach, and military leadership. We look forward to selecting three new OYPs for 2018 and presenting their awards at the NCE in Orlando. Please nominate your colleagues for this honor by sending a letter of support and their CV to our Executive Director, Carolyn.famiglietti@gmail.com, by July 1st.

We continue to expand the CME opportunities throughout Chapter East by supporting the now annual Errol R. Alden Pediatric Symposium (ERAPS) and newly established Tidewater Military Pediatric Symposium (TeMPS). These two events provided countless continuing education credits to military/DoD providers at a significant cost-savings to the military, with an additional benefit of increasing subspecialty referrals to the regional military medical centers. Based on the Staff Education and Training CME cost per hour estimates, just seventy-five 2017 TeMPS registered attendees provided a cost-savings of over $18,000 to the DoD and the 2017 ERAPS team expanded their curriculum to include a nursing track (“Formulas, Growth Charts, and G-tubes, Oh My – Nutrition Care for the Chronically Ill Child”) and a cardiac auscultation laboratory. Now that’s impact! This year also hope to enhance dissemination of “best practices” and other resources across Chapter East, including the successful Healthy Habits program at Walter Reed.

Throughout the year, we work to increase membership from military-affiliates in Chapter East, including resident liaisons from across all programs and ENS Michael Harding as the medical-student liaisons from the USU Pediatrics Interest Group. We are also working to improve outreach beyond the major military medical centers so that we can be a source of support for military/DoD providers at smaller MTFs. New member positions come up occasionally. This is a great opportunity to impact issues at a national level and build service. Last summer three of our Chapter East leaders, COL Jeffrey Hutchinson, COL Catherine Kimball-Earys, and LT Shannon Brockman all received Special Achievement Awards for the impact of their service at the AAP District I meeting in Vermont. If you are interested in being part of AAP leadership at any level, please send your CV to Carolyn.famiglietti@gmail.com. We are proud to work alongside all of our members in Chapter East, and we look forward to having more to brag about in the next newsletter!

President: LCDR Witzard Seide, USPHS
Vice President: Maj Nitasha Garcia, USAF Sec/Treasurer - CDR Alexander Holston, USN Member-At-Large CDR Melissa Buryk, USN Chapter Executive Director, Ms. Carolyn Famiglietti

### Section on Uniformed Services Brochure

The Section on Uniformed Services published a brochure to highlight the work of the Section and its members. See a copy at: [https://www.aap.org/en-us/Documents/sous_brochure.pdf](https://www.aap.org/en-us/Documents/sous_brochure.pdf)
Uniformed Services Chapter West Update

President’s Messages:
Amy Michalski, MD, FAAP

Greetings from Chapter West! We awarded the Young Pediatricians of the Year at USPS and I sat in on the Uniformed Services Section business meeting to hear how pediatrics across the different services was doing. I ran into a former resident colleague who is now a civilian in practice in North Carolina as well as several former residents who I helped train. In San Diego, the interns are settling in and the senior residents are adjusting to more responsibilities. The Chapter West Executive Committee has agreed to help support the pediatric interest group at USUHS by sponsoring 2 lunches a year as well as 2 medical student AAP memberships. From your various vantage points, please continue to let us know how else we can help.

Vice President’s Messages:
Thornton Mu, MD, FAAP

Greetings from San Antonio! I enjoyed seeing new as well as familiar faces at NCE last fall, especially at USPS, where our chapter recognized Drs. Carr, Campagna, and Zucharo as Pediatricians of the Year from their respective Services. In addition, I enjoyed the opportunity to meet our pediatric resident travel grant recipients. I firmly believe our investment in our residents pay dividends years down the road! As the new VP, I am excited to find ways to meet the needs of our chapter members in addition to advocating for our patients. One topic that has come up within the last month or so is the subject of deployment windows for active duty service members following childbirth and its impact upon the maternal/infant dyad, particularly in breastfeeding rates/duration as well as the variability among our Sister Services regarding deployment deferment timelines. Please contact me at thornton.s.mu.mil@mail.mil if you have questions and/or are interested in working on drafting an AAP resolution in support of a uniform standard across the services for 12-month deployment deferment following childbirth.

Resident CATCH (Community Access to Child Health) Corner
CPT Matthew Nestander

Hello everyone! I recently took over as our chapter CATCH Grant Facilitator and I am excited to help any of you thinking about applying. As a relative recent CATCH grant recipient, I can assure you it is worth your time/effort to apply and get a project going in your area. In particular, I encourage residents or recent grads to apply as CATCH grants are a great opportunity to get involved. As we look forward to the next cycle of applications, I hope to see even more submissions from our chapter. Please email me matthew.a.nestander.mil@mail.mil directly if you have any ideas or questions. Additionally, the website has tons of info so check it out.

Pediatric Research in an Office Settings (PROS)
Deborah Ondrasik, MD, FAAP

If you are interested in participating in PROS or have questions the Uniformed Services West Chapter PROS coordinator is Dr. Deborah Ondrasik and can be reached at dondrasik@gmail.com.

Chapter Grant Coordinator
Norman J. Waecker, Jr., MD FAAP

Research Grants: The Uniformed Services West Chapter has been managing research and training grants for our members for the past 10+ years. We have successfully helped several investigators by accepting research and grant funds through the USW Chapter. We have helped in the implementation and managing of these projects. All proceeds from the grants have remained in the chapter to assist with administering current grants and for helping chapter members with future opportunities. Anyone interested in more information can contact either the Chapter Grant Coordinator, Norman J. Waecker Jr. MD. MPH, FAAP, at either pedsid@cox.net, or our Executive Director, Ms. Elina Ly, at elina.h.ly.civ@mail.mil.
AAP Section on Uniformed Services  
Agenda for the 2018 NCE  

Sunday, November 4, 2018 Orlando, FL  

Session Description: This session will highlight topics relevant to military pediatricians, including a program for promoting resilience in military families post-deployment and a military-based program for combating teenage obesity. Awards for outstanding service, research, and career achievement will also be presented.

0900 – 0910 Welcome and Overview of the Section  
COL Catherine Kimball-Eayrs, MD, FAAP

0910 – 1000 Outstanding Service and Dave Berry Awards  
Chapter Outstanding Young Pediatrician Awards

1000 – 1050 Odgen Bruton Lectureship  
ADAPT (After Deployment: Adaptive Parenting Tools) – A Program for Promoting Resilience in Military Families  
Abigail Gewirtz, PhD, University of Minnesota

1050 – 1140 Things I Wish I Knew – Tales from a New Staff Pediatrician  
Capt. Alison Helfrich, MD, FAAP

1140 – 1150 Get boxed lunch

1150 – 1300 Army, Navy, Air Force Consultant Breakouts

1300 – 1350 Healthy Habits: A Promising Program for Teenage Obesity  
CDR Jill Emerick, MD, FAAP

1350 – 1500 Top Oral Podium Presentations for Bruton, Margileth and Johnson SAC awards (10 minutes each presentation with opportunity for Award presentation after the presentation, plus the announcement and presentation of the Hemming and Geppert awards)  
1350 – 1400 = Presentation of the Hemming and Geppert Awards  
1400 – 1420 = Ogden Bruton Top Research Abstract  
1420 – 1440 = Andrew Margileth Top Research Abstract  
1400 – 1500 = Howard Johnson Top Research Abstract

1500 – 1600 Uniformed Services Alumni Reception  
Review of Scientific Award Posters and Time with Pediatric Specialty Advisors

The Guide to Military Pediatrics  
is located on the Section on Uniformed Services web page.  
Attention Uniformed Services Pediatricians: This 2018 NCE call for abstracts replaces the separate call formerly done by the Section on Uniformed Services for the Scientific Awards Competition.

CALL FOR ABSTRACTS
for the
American Academy of Pediatrics
SECTION ON UNIFORMED SERVICES
for the
AAP National Conference and Exhibition
November 2-6, 2018
Orlando, FL

Submission deadline: April 13 at 11:59 pm (EST)
(abstracts must be received by this date)

The Scientific Award Committee of the Uniformed Services Section announces the 2018 Scientific Award Competition. This competition will take place at the NCE during the Uniformed Services Pediatric Seminar (USPS) Program, 4 November 2018 in Orlando, FL.

Submissions are now being accepted for the Scientific Awards Competition (SAC) for 2018. As part of the call for abstracts, six scientific awards will be given to honor research efforts by Uniformed Pediatricians. The awards are:

**The Ogden Bruton Award** (certificate of merit): for the best paper by a Uniformed Pediatrician on either basic science research or research on the development, evaluation, or application of an emerging technology in pediatrics.

**The Andrew Margileth Award** (certificate of merit): for the best pediatric paper by a Uniformed Pediatrician documenting clinical findings or assessing clinical diagnostic studies, therapeutic regimens, and outcomes leading to improved quality of health care for children.

**The Howard Johnson Award** (certificate of merit): for the best paper by a Uniformed House Officer (of any specialty) on a pediatric topic.

**The Leo Geppert Research Award** (certificate of merit): for the Uniformed pediatric primary care provider describing a topic with a major focus on pediatric primary care, including (but not limited to) innovations in practice management, primary prevention, or educational interventions.

**The Leo Geppert Case Award** (certificate of merit): for the best-case report by a Uniformed Pediatrician. It is the only category that accepts case reports.

**The Val G. Hemming Award** (certificate of merit and a travel award per individual command’s approval): for the USUHS, HPSP, or ROTC medical student submitting the best paper on a pediatric-related topic in clinical or basic science research.

QUALITY IMPROVEMENT PROJECT ABSTRACT SUBMISSIONS AND MOC PART 4 ELIGIBILITY

- This year, we will be accepting abstracts describing quality improvement projects. These abstracts may be eligible for free MOC Part 4 credit through the AAP’s Maintenance of Certification (MOC) Portfolio.
- Please describe the following in your abstract submission. These items MUST be included on the poster or slide presentation in order to be eligible for MOC credit:
  - The specific aim of the quality improvement project that describes the target population, desired numerical improvement, and timeframe for achieving the improvement.
  - The process for improvement (e.g., QI methodology utilized, how the intervention was implemented, how tests of change were used to modify interventions, who was involved, etc).

*Continued on page 11*
Call for Abstracts  Continued from page 10

- Graphical display of data: a minimum of baseline and 2 follow-up measurements.
- A discussion of the degree to which the aim was achieved.
- Factors that affected success.
- Next steps for the QI project.

- To submit an abstract describing a QI project, select the “QI Project” radio button as part of your abstract submission.
- If accepted into the H program, you will be contacted by AAP Division of Quality/MOC Portfolio staff with further information about MOC eligibility.

*Note: authors can still submit a QI project abstract even if not interested in MOC credit. Abstracts may still be accepted into the program even if they do not follow the MOC guidelines. These, however, will not be eligible for MOC credit.*

- *Poster/oral presentations describing projects already approved for MOC Part 4 credit are not eligible for additional credit.*

- Additional details are available here: [www.aap.org/mocabstracts](http://www.aap.org/mocabstracts).

Submit your abstract at [http://www.aapexperience.org/abstracts/](http://www.aapexperience.org/abstracts/)

You can only submit an abstract to one category. If you are unsure which category to submit, contact Ashley Maranich, MD, FAAP, SAC Chairperson at ashley.m.maranich.mil@mail.mil.

Questions about the submission process or technical support should be directed toKFriedman@aap.org.

Regional CME Goes West

The 1st Annual COL Chuck Callahan Educational Conference

On Saturday, March 18, 2017, over sixty providers gathered at Tripler Army Medical Center for the 1st Annual COL Chuck Callahan Pediatric Education Conference. The conference was named for COL (Ret) Chuck Callahan, a leader in Army Medicine and former Chief of Tripler Pediatrics, who served as the keynote speaker for the event. This event, coordinated by LTC Christine Gould, and a team of Pediatric Specialty providers and support staff, provided education for primary care providers throughout the island of Oahu as well as outlying islands on common pediatric conditions. Like its sister conferences in the National Capital Region and tidewater area of Hampton Roads, this conference was also an opportunity for TAMC Pediatric specialists to directly engage with their PCMH providers throughout the day. The event was a HUGE success, reaching providers from all outlying military clinics on the island of Oahu. Planning is underway for this year, so we hope you will consider joining us in March 2018! Please contact LTC Gould (Christine.m.gould2.mil@mail.mil) with any questions.

COL(Ret) Callahan and LTC Gould. Photo Courtesy of LTC Ashley Maranich.
After 22 years of outstanding service as Chair of the Department of Pediatrics, CAPT (ret) Dr. Ildy M. Katona stepped down as Chair of the Department in 2017.

Valedictorian of her medical school class at Semmelweis Medical University, Budapest, Dr. Katona received the highest award given by the Hungarian government for academic achievement. She did her post-graduate training at Georgetown University, Washington, D.C., and was certified in Pediatrics, Pediatric Rheumatology, Allergy Immunology and Diagnostic Laboratory Immunology. She entered active duty in the U.S. Navy in 1980 as a research immunologist at the Naval Medical Research Institute. In 1984, long before it was fashionable, she established a tri-service pediatric rheumatology network in the Washington, D.C. area that served the children of DoD personnel for the eastern half of the United States and Europe for over two decades.

CAPT Katona was recruited to USU by COL Errol R. Alden, second Chair of the Department of Pediatrics, in 1985. With Dr. Alden’s support, she successfully integrated the pediatric rheumatology experience into the training programs in general practice, pediatrics, and rheumatology, and taught and trained countless medical students, residents, and fellow physicians in pediatrics and rheumatology.

In recognition of her academic achievements and dedication and enthusiasm towards teaching, she was elected to the Alpha Omega Alpha Medical Honor Society (Maryland Gamma Chapter) in 1996, and the prestigious American Pediatric Society in 2002. Under her leadership, the Department of Pediatrics’ third-year clerkship won the Ambulatory Pediatric Association’s national teaching award in 2002 for excellence in educational innovation and standardization.

Dr. Katona’s research efforts have been directed towards a better understanding of cytokine regulation of immune responses. She has presented her findings in national and international meetings and published more than 60 articles in peer-reviewed journals. She has also served as a Guest Scientist at the National Institute of Arthritis and Musculoskeletal and Skin Diseases at the National Institutes of Health. In recognition of these achievements she received the William R. Felts, Jr., M.D. award in 1988 and 1992 from the Washington, D.C., Chapter of the Arthritis Foundation, and the Philip Hench award in 1992 from the Association of Military Surgeons of the United States. She is an elected member of the American Pediatric Society and a past Chair of the Rheumatology Sub-board of the American Board of Pediatrics. She also served a full term on the Pediatric Residency Review Committee of the Accreditation Council for Graduate Medical Education.

In 1995, she was named Chair of USU’s Department of Pediatrics by then Dean Val G. Hemming. Over the next two decades

Continued on page 13
she doubled the department’s size and worked tirelessly to build its reputation for excellence in clinical and academic military medicine. In 2012, she was recognized by the Uniformed Chapter of the American Academy of Pediatrics, with its Outstanding Service Award. This is the highest lifetime award given to uniformed officers in pediatrics.

After stepping down as Chair, Dr. Katona will remain as a tenured Professor in the Department of Pediatrics. Soon after her transition, she plans to embark on a sabbatical to learn more about the field of Integrative Medicine, a long-standing interest of hers. Upon completion of her sabbatical, she will collaborate with USU colleagues to further enrich our curriculum for trainees of all levels and specialties.

For the past 22 years, Dr. Katona’s admirable recruiting efforts have drawn outstanding talent to the Department of Pediatrics and greatly contributed to the development of pediatrics throughout the MHS as well as nationwide. Her strategic perspectives, inspirational leadership, spirit of teamwork, and trust contributed greatly to her department’s many accomplishments, and provide a firm foundation for its continued success in the future.

Embracing Public Health in Clinical Practice is Vital to the Uniformed Services

**RADM Wanda Barfield, MD, MPH, FAAP – Assistant Surgeon General, U.S. Public Health Service, and Director, CDC’s Division of Reproductive Health**

I decided I wanted to become a doctor in college, after I learned that black babies died at twice the rate of white babies. This statistic, reported at the time in the U.S. Department of Health and Human Services’ (HHS) Report of the Secretary’s Task Force on Black and Minority Health, shocked me into action.

Why was I so shocked? Because while growing up as the daughter of an enlisted Navy man, I witnessed the opportunities provided to my dad, which changed the course of social determinants for our family and many others, particularly African-Americans. Sure, there was still some discrimination and racism, but access to employment, housing, education, and, particularly, equity in the delivery of health care was very much a part of military life. Our family had access to high-quality health care because of my dad’s service. Learning that wasn’t the case for many non-military families, as I grew up in Los Angeles, shook me to the core.

As I’ve worked and met with other physicians in the uniformed services, I’ve learned that many of us share similar stories. We were inspired to get into medicine because something shocked us. We felt called to action because we thought we could help. In my case, I wanted to find a way to save babies and to address the root causes of why this disparity existed.

In other words, I wanted to find a way to bridge clinical and public health. I may not have thought of it in exactly those terms when I started training, but I was fortunate enough to train at a medical school that gave me the opportunity to earn an MD and an MPH simultaneously; and I was on my way. Leaders during my pediatric residency at Walter Reed – Colonels Thomas Wiswell, Leonard Wiseman, and John Pierce – understood my passion for public health and realized its importance in military pediatrics. I’ve been able to build a career doing both – caring for individual patients as a neonatologist and focusing on populations as an officer, first in the U.S. Army Medical Corps and now in the U.S. Public Health Service. Chances are that many of you have struck the same balance in your careers – focusing on individuals AND sharing information and working to improve the health of all, by doing research, sharing best practices, looking for root causes of health problems that are prevalent in the populations you serve, and getting involved in your communities.

Many of you have been involved in emergency or disaster planning in your local communities. Working as part of an emergency response showcases the inextricable links between clinical care and public health. In an outbreak such as Zika virus, Ebola, or Continued on page 14
Embracing Public Health in Clinical Practice . . . Continued from page 13

H1N1, physicians, nurses, and hospital or clinic staff are the first line of defense. You are simultaneously a provider and a public health practitioner.

But linkages between clinical care and public health aren’t only found in emergency responses. They are found whenever we work together to share information and best practices, such as with the National Network of Perinatal Quality Collaboratives and ASTHO Learning Communities (just two examples). And they are found when we focus on root causes of health problems – when we ask where or how a problem began and how we can keep it from happening again.

When we embrace public health, we not only look at the patient in front of us, but also at the community and culture this patient calls home, whether it is a city, territory, or military post. Embracing public health means considering the social determinants of health that shape the lives not only of your patients, but of the larger neighborhoods, communities, counties, states, and regions where your patients reside.

While all of that may sound like a tall order, consider this: you are already incorporating public health into your practice. You are in the uniformed services – you have shown extraordinary commitment not only to the people around you, but to your country and the wider world. You are a physician – you save lives and make positive impact. You actively participate in building troop strength through public health interventions. Embracing public health as part of your clinical practice isn’t a tall order for you – its business as usual. Specifically naming public health a priority may be new for you but living public health as a priority is not.

Many physicians in clinical practice embrace the link between clinical care and public health – but it is vital for physicians in the uniformed services to embrace these links and to look for opportunities to build bridges and engage clinical and public health communities for maximum impact.

The PHS March

*This mission of our service is known the world around.*
*In research and in treatment no equal can be found.*
*In the silent war against disease no truce is ever seen.*
*We serve on the land and the sea for humanity.*
The Public Health Service Team!

For more information or to join the section…
visit our website at: [http://www.aap.org/pedsuniform](http://www.aap.org/pedsuniform).
Highlights and Awards from USPS 2016 and 2017

The Uniformed Services Pediatric Seminar (USPS) is now a firmly established as a section proceeding within the annual AAP National Conference and Exhibition. The SOUS leadership organizing and planning each seminar work diligently to select content applicable to the military pediatrician at all stages of career, honoring the traditions established in our early military pediatric history, and recognizing the current contributions and scholarship of our members. As separate services gather for break-out sessions to discuss new business, so do residency colleagues, teachers and mentors reconnect to recall old times and make plans for the way ahead. As the last Newsletter edition did not recap the 2016 USPS, this edition will include the highlights and members honored from both the 2016 and 2017 USPS proceedings. If you have not ever had the opportunity to spend the day at USPS, please become part of the legacy with the submission of deserving candidates for awards, scholarly participation in the SAC, or most importantly, your valued presence as our members gather each year.

The Outstanding Service Award honors a uniformed pediatrician who demonstrates a long-term commitment to military medicine. In 2016, the Outstanding Service Award was presented to COL (Ret) Charles Callahan, MD, who in his acceptance speech reminded by his humble example the true gift it is “to lead, to teach, to serve” as we care for America’s Grandchildren, and as leaders, work to lift those around us. Those fortunate enough to hear him speak were treated to just a foreshadowing of the exemplary platform presentation he delivered at the 2017 AAP National Conference and Exhibit entitled, “History of Pediatricians in the Military: A look back as we leap forward.” In 2017, the Outstanding Service Award was presented to Col Thomas Newton, MC, USAF, the current Chief of Pediatrics at Walter Reed National Military Medical Center in Bethesda, MD, former president of the Uniformed Services Chapter East, and AAP District I Representative for the Chapter Forum Management Committee. As both a pediatrician and pediatric hemato/logist/oncologist, Dr. Newton’s marked impact on the care patients receive, from rural Mississippi to OCONUS to within specialized cohorts like adolescent and young adults with cancer, has served as a testimony to his service and leadership. In his acceptance speech, Dr. Newton highlighted the importance of learning from senior mentors and exploring professional opportunities for personal growth as key to succeeding as a pediatrician and military officer.

CAPT John Arnold Navy Pediatric Specialty Leader (right) and Front Row 2017 NCE with Navy Cap
The Dave Berry Award honors the qualities and characteristics embodied by MAJ Dave Berry, MC USA, and encourages the development and career of promising junior staff pediatricians in military education. As a close friend in life, COL Marty Weisse MC USA shares the story of Dave Berry’s life, character and achievements and has presented the award annually. In 2016, LCDR Christopher Foster, MC USN and in 2017, MAJ Ryan Flanagan, MC USA, were the honored recipients of the David Berry Award.

COL Marty Weisse Presents the Dave Berry award to LCDR Chris Foster (left) and MAJ Ryan Flanagan (right).

Lt Col Candace Percival (left) and LCDR Colleen Lail and LCDR Heather Soloria (right).

Continued on page 17
Highlights and Awards . . . Continued from page 16

Chapter East and West Outstanding Young Pediatrician Awards

2016 Outstanding Young Pediatricians LT Chase Groomes, MC USN and MAJ Laela Hajiaghamohseni, MC USA stand with the Chapter East Leadership (MAJ John Campagna, Col. Thomas Newton, MAJ Jennifer Hepps, Lt Col Erik Flake) following acceptance of their awards. Capt Megan McGeary accepted on behalf of Recipient Major Aaron Brady.

Major Aaron Brady, USAF MC was the 2016 Outstanding Young Pediatrician Air Force recipient but sadly was unable to attend USPS.

2017 Chapter East Navy Outstanding Young Pediatrician Recipient LCDR Allison Wessner, MC USN receiving award from Chapter President MAJ Witzard Seide MC USA.

2017 Chapter East Air Force Outstanding Young Pediatrician Recipient Maj Michelle Kiger, USAF MC receiving award from Chapter President MAJ Witzard Seide MC USA.

Continued on page 18
2016 Chapter West Outstanding Young Pediatricians Capt Jun Mendoza MC USAF, LCDR Jennifer Eng-Kulawy MC USN, and MAJ Elizabeth Simmons, MC USA stand with members of the Chapter West Leadership (Dr. Amy Michalski, Ms. Elina Ly, LTC Amy Thompson, Dr. Rachel Dawson, LTC Jay Dintamin, and LTC Keith Lemmon).

2017 Chapter West Pediatrician of the Year Recipients Maj Nicholas Carr, USAF MC and MAJ John Campagna, MC USA with Dr. Amy Michalski following acceptance of their awards.

PP-2016 photo of LT Amy Zucharo MC USN, 2017 Chapter West Navy Pediatrician of the Year, who was unable to attend USPS.

Continued on page 19
Highlights and Awards . . . Continued from page 18

USPS Army Attendees, 2016

Chapter East at 2017 USPS

Chapter West at 2017 USPS

Continued on page 20
Highlights and Awards . . . Continued from page 19

Leo Geppert Case Award

2016 1st Place: “Late Presentation of Glycogen Storage Disease Type Ia and III in Children with Short Stature and Hepatomegaly” by CAPT David Quackenbush

2017 1st Place: “Prevotella melaninogenica Meningitis and Abscess: Normal Flora in an Abnormal Location” by CPT Megan Garcia

Leo Geppert Research Award

2016 1st Place: “Factors Affecting Compliance with 13-valent Pneumococcal Conjugate Catch-up Vaccination” Maj Deena Sutter

2017 1st Place: “Waning Immunity: An Examination of the Duration of Seropositivity after Childhood Mumps Vaccination” by Maj Joshua Duncan

Continued on page 21
Highlights and Awards . . .  Continued from page 20

2016 Andrew Margileth Award
First Place – LCDR Kari Wagner MC USN, “Prematurity and Early Childhood Fracture Risk.”

2017 Andrew Margileth Award
First Place - CPT Jeanne Krick MC USA, “Use of Paralytics for Non-emergent Neonatal Intubation in VLBW Infants.”
Finalist - MAJ Rachel Paz, MC USA, “Disparities in Diabetes Technology Use Among US Military Dependents with Type 1 Diabetes within an Equal Access Healthcare System”
Finalist - Capt Scott Penney, USAF MC, “Pediatric Rapid Response Team: Vital Sign-Based System vs. Pediatric Early Warning Score” by Capt Scott Penney

The Andrew M. Margileth Award, given by the Uniformed Services Section of the American Academy of Pediatrics, is an annual citation and award for the best paper by a Uniformed Services pediatrician for research in a clinical area. The award is named in honor of Dr. Andrew M. Margileth for his many outstanding contributions to military pediatrics, both during his active military career and as a faculty member of the Uniformed Services University of the Health Sciences School of Medicine.
The American Academy of Pediatrics Pediatric History Center is working to preserve and document the rich heritage of the profession of pediatrics. Established through a generous grant from the late Harry A. Towsley, MD, FAAP, the center is located within the Drs Harry and Ruth Bakwin Library at AAP headquarters and guided by the Historical Archives Advisory Committee (HAAC). Interviews with selected pediatricians and other leaders in the advancement of children’s health care are conducted and preserved as part of the center’s oral history project. Thanks to a generous donation from the Section on Uniformed Services, the Oral History of Dr. Andrew M. Margileth was completed during an in-person interview by Col (Ret) Michael Rajnik MC USAF in February 2016 and has been added to the library.

2016 USPS Photo Highlights: Planning Committee Members (above left) and Red Sweater Brigade (above right).

CPT Zachary Weber, MC USA, with Poster.
Highlights and Awards . . . Continued from page 22

The Val G. Hemming Award, given by the Uniformed Services Section of the American Academy of Pediatrics is an annual citation and award for the best paper by a Uniformed Services medical student.

This award was first presented in Washington, DC in 2003 and is named in honor of Dr. Val G. Hemming whose devotion to medical education as Chairman of Pediatrics at Uniformed Services University of Health Sciences is legendary. As part of the AAP Oral History project, an interview with Dr. Val Hemming was recorded in January of 2018.

2016 Recipient 2LT Kayleigh Herrick-Reynolds for her manuscript entitled, “Use of Ultrasound for Prognostication and Surgical Decision-Making in Pediatric papillary Thyroid”. Award presented by SAC Chair LTC Ashley Maranich, MC USA.

2017 Recipient 2LT Julie Fischer for her manuscript entitled “Development of a Minimal Residual Disease Assay for Anaplastic Lymphoma Kinase Mutations Using Digital Droplet Polymerase Chain Reaction”.

Continued on page 24
Faculty mentor CAPT Greg Gorman received the 2017 Howard Johnson Award on behalf of 1st place winner Capt Laura Malchodi USAF MC and presented her work on “Early Antacid Exposure Increases Fracture Risk in Young Children.”

2016 Howard Johnson Award Recipients. 2nd Place Finalist CPT Claire Daniels and 1st Place Finalist CPT Christopher Stark for his work, “Antibiotic and acid suppression medications during infancy are associated with early childhood obesity.” Capt Grant Erickson, 3rd Place Finalist, not pictured.
Highlights and Awards . . . Continued from page 24

2017 Howard Johnson Award Recipients, 1st Place Capt Laura Malchodi USAF MC (not pictured), 2nd Place LT Heather Soloria, MC USN (left), and 3rd Place, CPT Jennifer Falcon MC USA (right).

2016 Howard Johnson Award

First Place - Christopher Stark MC USA, “Antibiotic and Acid Suppression Medications During Infancy Are Associated with Early Childhood Obesity”

Finalist - Claire Daniels MC USA, “Infant Risk Factors for Eosinophilic Esophagitis”


2017 Howard Johnson Award

First Place - Laura Malchodi USAF MC, “Early Antacid Exposure Increases Fracture Risk in Young Children”

Finalist - Heather Soloria MC USN, “The Experiences of Pediatric Residents Returning to Training After An Operational Medicine Tour”

Finalist - Jennifer Falcon MC USA, “Urgent Care Center Use and Pediatric Asthma Outcomes”

Continued on page 26
Highlights and Awards . . . Continued from page 25

Ogden Bruton Award

2016 Ogden Bruton Award

First Place

“Elucidating the mechanism of 6-Mercaptopurine induced hepatotoxicity and how combination with allopurinol eliminates hepatotoxicity.” by MAJ Bethany Cunningham, MC USA

“Hypoxic-Ischemic Injury alters the expression of MicroRNAs Known to Regulate Oligodendrocyte Progenitor cell Differentiation” by Maj Silena Chapman MC USAF

“Long Term Outcomes in Children Diagnosed with Vanishing CPAM on Prenatal Imaging by LT Laura Fluke, MC USN.

2017 Ogden Bruton Award

First Place

“Use of a Non-Human Primate Model to Evaluate the Interaction Between EGFR and Prostaglandin Expression in Neonatal Gastrointestinal Injury” by LtCol Steven Acevedo

Finalists

“Enhancing Resident PICU Education through Longitudinal Patient Simulation” by LT Noelle Cadotte

“Trends of Magnet Ingestion in Children, An Ironic Attraction” by CPT Patrick Reeves

MAJ Bethany Cunningham (left) accepts 1st Place Ogden Bruton Award, 2016.

LT Laura Fluke accepts 3rd Place Ogden Bruton Award, 2016.

Continued on page 27
Highlights and Awards . . . Continued from page 26

Lt Col Steven Acevedo accepts 1st Place 2017 Ogden Bruton from SAC Chair LTC Ashley Maranich.

LT Noelle Cadotte accepts her 2nd place Ogden Bruton Award, 2017.
Highlights and Awards . . . Continued from page 27

SOUS attendees and speaker, above and (shown left) Dr. Andrew M. Margileth (Red Sweater Brigade) with Past American Academy of Pediatrics, Executive Director, Errol R. Alden, M.D., FAAP.

2017 SOUS Navy Breakout Session
Navigating the ABP MOC Process

Christine L. Johnson, MD, FAAP
CAPT(ret) MC USN
NMCSD

As most of you know, in order to maintain your certification with the American Board of Pediatrics (ABP) you must now enroll in their Maintenance of Certification (MOC) program. If you took your boards prior to 1988, you are off the hook and will continue to have lifetime board certification. But for the rest of us, we must continue to re-certify. Although this used to mean taking a test, it now means completing four different parts.

ABP diplomates, otherwise known as certificate holders, must enroll in the MOC Program. No matter how many ABP certifications one holds (i.e. General Pediatrics and/or Pediatric Subspecialties) each diplomate has only one MOC cycle and all points earned by the diplomate apply to that MOC cycle.

The four areas of MOC are: Professional Standing- Part 1, Lifelong Learning and Self-Assessment- Part 2, Cognitive Expertise (AKA Secure Exam)- Part 3 and Improving Professional Practice- Quality Improvement (Part 4.)

You must earn points in your 5-year MOC cycle and take the test every 10 years. You are required to obtain a total of 100 points, with a minimum of 40 Part 2 and 40 Part 4 points every 5 years. An additional 20 points may be in either Part 2 or Part 4. Per the ABP website “At the end of each cycle, you will enroll again, pay the fee to begin your next MOC activity/points cycle, and submit attestation of your valid, unrestricted medical license.” You can go to the ABP website and log into your Portfolio to see where in the cycle you stand, and how many points you have accrued.

A note regarding the Part 3 requirement……the ABP is currently in the midst of a Pilot Project for secure, on-line questions. It is my understanding that the pilot has been highly successful and it is likely that the need for a “secure test” will go away in the near future. A replacement may look something like the current pilot project with shorter, more frequent assessments of pediatrician’s knowledge with test questions being delivered via computer or mobile devices.

For Part 2, Lifelong Learning and Self-Assessment you have many options for earning points through different learning activities. These can include different ABP approved CME activities. The ABP offers several activities and the AAP has activities as well that qualify for this credit.

For Part 4 credit, many of us think of the modules on hand washing or influenza immunizations, that although are important, don’t always accurately reflect many of the wonderful Quality Improvement efforts that are indeed ongoing at our institutions. I encourage each of you to identify an ABP MOC Champion at your MTF and work to get ABP MOC Part 4 credit for work that you are already engaged in. You can easily apply through the ABP to get credit for 1-10 physicians, greater than 10 physicians, or for many different projects under what is called Portfolio Status. The ABP awards credit for structured, well-designed QI projects that are based on accepted improvement science and methodology.

Regarding ABP MOC Portfolio status, the ABP is looking for new sites to apply for this status. Once you have a few proven QI projects under your belt, you can apply for MOC Portfolio status. Then you can approve your own projects at the local level that can garner ABP MOC credit for many pediatricians within your department. Individuals requesting credit for involvement in QI projects must attest to “meaningful participation” meaning they have taken an “active role in the project” and had “participation over an appropriate period of time.”

At NMCSD we have had an active ABP MOC approved project to improve our Universal Lipid Screening rates in the 9-11 year old patients in our general pediatric clinic. We have had over 15 members of the department garner ABP MOC Part 4 credit for their involvement in the project. We have several other ongoing QI projects and we are in the process of applying for ABP MOC Portfolio status. The ABP has a cadre of individuals standing by to assist with the application process. I would also be available to discuss ABP MOC options with anyone interested in moving forward with getting QI projects approved for ABP MOC credit. I can be reached best via e-mail at Christine.l.johnson2.civ@mail.mil.
Post 9-11 GI BILL Update
CAPT Gregory Gorman, MC USN with input from COL Veronica Baechler, MC USA

Back in 2009 COL (Ret.) Beth Ellen Davis, MC USA wrote a newsletter article on how to use the Post-9/11 GI BILL Benefit and transfer it to your children or your spouse. The NCC Pediatrics Residency has been hosting a link to this valuable article since then, but it is time for an update as the links and process have changed a bit – generally for the better.

Many prior and current active duty personnel qualify for POST 911 GI Bill benefits for themselves. However, only those active duty or retired on or after 1 AUG 2009 with at least 6 years of service qualify for transferring benefits to dependents. For the more seasoned pediatricians out there, there are 5 temporary exceptions for service members nearing retirement or with retirement orders in hand.

Here are the general steps involved (use a CAC enabled computer for easy access):

1. Verify that your additional service obligation is correctly documented in your Electronic Service Record (ESR) or equivalent. Your obligation end date (OED) will be from the date your request is approved and CANNOT be backdated. It is imperative that you remain in the Armed Forces until your OED or your dependents will lose their benefits.

2. See if you qualify for benefits. You have to complete a VA FORM 22-1990. You can do this on line at www.gibill.va.gov. About 6 weeks later, you will get a letter with a “certificate of eligibility” and how many months of benefits you qualify for; the maximum is 36 months (or 4 nine-month academic years).

3. Apply to transfer the benefits to dependents on MilConnect (http://milconnect.dmdc.osd.mil). You will need to logon with your CAC. Click on the ‘Transfer Benefits’ banner and you will be taken to a screen to enter the names of your dependents and the months to transfer. You can transfer 36 months for one dependent, 1 month for 36 dependents, or anything in between. After you submit, check back into MilConnect in 3-5 days and look for a status of ‘Request Approved.’ There will be a link for your approval document too. Check out the screenshot. If your request is rejected, you will need to take the necessary corrective action and resubmit your request.

*Continued on page 31*
Post 9-11 GI BILL Update  Continued from page 30

4. Next, go back to the VA site and submit the VA FORM 22-1990e (http://www.vba.va.gov/pubs/forms/VBA-22-1990e-ARE.pdf) on behalf of your dependents who may take advantage of the benefits. They have to sign the form. Then you will need to mail it into the VA Regional Processing Office for the region of the intended school’s physical address, or if you haven’t selected a school yet, send to the Regional processing Office for your home (addresses on page 2 of the form). After you receive the VA Certificate of Eligibility (4-6 weeks), send it to the intended college. The school’s veterans certifying official will send you VA Form 22-1999, Enrollment Certification, or its electronic version.

5. Some of the benefits (tuition) are paid directly to the school and some of the benefits (BAH for the school ZIP code and a book allowance) are paid to the service member on behalf of the student. BAH can be used for on or off-campus housing. There are special circumstances such as the “Yellow Ribbon” program (participating schools offer a veterans-only scholarship which the VA matches up to the full cost - http://www.newgibill.org/yellow-ribbon-program/). Another option is the Veteran’s Choice Act where a student may be eligible for in-state tuition even if not a resident. There are also situations where spouses get even more coverage than dependent children. Check out how much and what type of benefit is provided at certain schools using https://www.vets.gov/gi-bill-comparison-tool.

The Impact of a Single Cell
A Camp Periwinkle Reflection
Captain Charles Dunn, USAF MC

Cancer begins and ends with people. In the midst of scientific abstraction, it is sometimes possible to forget this one basic fact.... Doctors treat diseases, but they also treat people, and this precondition of their professional existence sometimes pulls them in two directions at once.

– June Goodfield (1975)

What does it mean to be impacted by cancer?

My medical journey began as a senior in college when I was introduced to a young man diagnosed with cancer when he was 4 years old. He changed my life in ways I will never have the opportunity to thank him for again. That seems like a lifetime ago…

The further I tread into what I’m finding to be the deep and sometimes terrifyingly treacherous waters of a medical career, the more the “C” word seems to take on a different meaning for me. I wish I could say it’s been for the better – that my understanding of physiology, pathology, treatment strategies, and medical advancements has equipped me to be able to better comprehend what it means to be impacted by cancer. To be honest, though, I’m not entirely convinced that is the case – and I feel like I’ve never been more aware of that than right now.

You see in medicine, as scientists and academicians, we’re trained to break down complex problems into manageable bite-sized issues with step-wise solutions. The longer you spend in medicine, the more entrenched you become in it, and (ironically) the more people you see - the easier it becomes to reduce a human being sitting in front of you down to a problem list. This problem list comes with it a set of symptoms characterized by a group of vital signs, physical findings, and laboratory values that all add up to tell the story of a specific disease process. It becomes a puzzle, really, almost a game. An unfeeling, understandable, systematic process, that when you’re able to piece it together, adds up to a diagnosis that you then put into a treatment box and pat yourself on the back for solving.

You hear this all the time before you get into medicine…at least I did. And you tell yourself you’ll be different when you make it to that point…at least I did.

I think it’s pretty safe to admit that, prior to this past week, the word cancer meant something completely different to me than what

Continued on page 32
The Impact of a Single Cell  Continued from page 31

it means to parents, siblings, friends, and people that have directly experienced it. To be honest, that’s probably still the case… but I do feel something has changed…

Last week, I had the incredible privilege of serving as a cabin counselor for Camp Periwinkle – a week-long summer camp for children impacted by cancer and blood disorders designed to “provide a safe, emotionally healing and fantastic adventure that gives every camper the opportunity to grow in independence and self-esteem…”

I was tasked with helping to provide a cabin full of 12 and 13-year-old amazing young men – survivors, siblings, people on maintenance therapy and undergoing active treatment – an unforgettable week, one in which dreams come true (had to be said). I’m honestly not sure exactly what I expected…but what I witnessed, for the first time since I cracked my Netter’s Anatomy book open on day one of medical school, was the deep seeded over-arching physical, mental, social, emotional, financial, educational, and heart-felt toll that this disease process has on children and their families. It’s hard to imagine all these colossal down-stream impacts from something as basic, small, and simple as improper proliferation of a single cell line…but it’s real; a young man struggling to walk next to his friends because portions of the equilibrium center of his brain were removed to stop the effects of a growing tumor or an older brother skipping his favorite activity in camp to sit with his younger brother while he receives treatment in the medical center. Kids forced to grow up faster than I ever did – having to grapple with concepts no child their age should have to (or probably do) think about.

What impressed me more than this simple realization, though, was that fact that, in spite of this enormous impact (one camper actually even told me that it is BECAUSE of this impact…) I witnessed the most unbelievably resilient, talented, caring group of young people enjoying life on a more deep level than anything I thought possible. The simple zest I saw to unabashedly attack new experiences every single day as ones to be carpe’d is something I have indelibly burned into my brain as being a way I want to live – and I learned that from a bunch of 12-year olds.

So, what does it mean to be impacted by cancer? I’m not sure if I will ever truly understand - to its fullest extent - the answer to that question. What my week at Camp Periwinkle provided me with, though, is an invaluable reminder that the answer is big…and an understanding of that fact has again reminded me that the pulls of treating diseases and treating people are not necessarily separate.

Thank you so much Camp Periwinkle.

This reflection piece was written by Captain Charles Dunn, USAF MC during his pediatric residency. Captain Dunn graduated training from Naval Medical Center Portsmouth in 2017 and is assigned to the Department of Pediatrics, Joint Base Elmendorf-Richardson, Alaska.
My Experience as an AAP Federal Affairs Intern

CPT Saira Ahmed, MD (PGY-2, NCC-Pediatrics)

Throughout my journey to become a pediatrician, I have always been interested in advocating for children’s health. As a former high school mathematics teacher, I saw the need to optimize children’s health in order to help them succeed in the classroom. Now, as an Army Pediatrics resident at Walter Reed, I aspire to continue to fight for the best health care for our children, whether they are affiliated with the military or not.

I learned more about the month-long Federal Affairs Internship at the American Academy of Pediatrics Federal Affairs Office in Washington, D.C. through some of my co-residents. I applied and was luckily accepted to participate in the internship this past September. As a Federal Affairs Intern, I was able to learn more about child health policy, how bills are made into law, and how I, as a pediatrics resident, could best advocate for my patients at the federal level. It seemed as if a new issue related to children’s health care developed every day in our government while I was interning there from the Senate trying to pass the proposed Graham-Cassidy health care legislation to the Children’s Health Insurance Program funding expiring without speedy reauthorization. One of the best parts of this rotation was being able to go to Capitol Hill to attend various congressional hearings and meetings, including a Senate hearing on Deferred Action for Childhood Arrivals (DACA). I also met with the staff members for my state’s senators to discuss the urgency of the reauthorization of the Children’s Health Insurance Program. As a military pediatrician, I immersed myself in military-specific projects which included analyzing research conducted on child abuse in military families during deployment periods, investigating recently introduced bipartisan legislation regarding current transgender service members, and evaluating current TRICARE policy as it relates to pediatrics and the definition of medical necessity.

I was also introduced to new ways to get my voice out there and advocate for children during my time as a Federal Affairs Intern. I recently became a “tweetatrician” and have been using my Twitter account as a means to relay information to my friends and fellow residents about child advocacy. The AAP Federal Affairs staff also helped me write and submit a Letter to the Editor that was published in my hometown’s local newspaper discussing the importance of the Children’s Health Insurance Program in the state of Florida. It was so exciting to see my name in print in the newspaper!

Through this experience I learned that there is so much that goes on behind the scenes at a federal level to ensure that all of our children have access to affordable and high-quality health care, no matter what how much money their family makes or what their zip code is. Being in the military, we are very lucky that all of our dependent children have easy access to health care. As a pediatrician though, it is very important that we continue to fight for all children, whether they are from a military family or not. I highly encourage any residents or fellows interested in federal advocacy to participate in this internship at the AAP Federal Affairs Office in Washington, D.C.

Be Informed!!!       Get Involved!!!

Join the Section on Uniformed Services LISTSERV® Today!

If you are interested in joining the Listserv, e-mail tcoletta@aap.org.
The Domino Theory of Medicine

Dr. Colleen Lail is active duty USN, currently completing her final year of residency in Portsmouth, Virginia, following a GMO tour. Dr. Allison Wessner is active duty USN, currently stationed in Jacksonville, Florida. Dr. Elizabeth Schulz is active duty USAF, currently stationed in Okinawa, Japan.

Around the globe, we gathered with leadership, sailors, airmen and civilians as we reported for an urgent Commander’s Call. In light of recent social media events affecting a sister military treatment facility, the United States Surgeon General released a mandated stand-down for all Navy Medicine. Sweating in the heat and near complete humidity of the summer among our respective bases/ports/stations, we were reminded of our oaths, our commitments, and, perhaps most importantly, our honor. So many thoughts and emotions raced through each of our minds.

How could the actions of a few enact a ripple effect that would involve the entire military medical community? Regardless of the train of thought in our minds that day, the question remains: Do we all need reminders? No matter our job title, no matter our stature, does everyone need reminding they are part of a team? It’s easier to say but often, much harder to feel. Each new station, each new city, each new job…is all a bit different than the last. For many of our corpsmen and techs, their jobs change from one specialty to another, simply by virtue of a PCS. As medical officers, time in grade institutes new administrative roles that may not have been foreseen to the clinical provider. And yet we persevere. With each new opportunity, each new experience, each new duty station, each new role…we endure and we build resilience. We have to. We have a commitment to resilience. It is at the very core of our country’s principles, our military ethos and, if nothing else, our pledge to our patients.

Hiccups in our mission from misguided teammates invoke uncertainty throughout the military, not just the world of medicine. Consider a small operational team in the field, where depending on your teammates is a necessity for survival. What if this team could not trust each of their teammates? The repercussions of one individual’s misjudgment could render the team, literally, lifeless. The parallels to the aforementioned events are echoed throughout the operational teams we provide care for daily. How then, do we create this team in medicine? How do we, as leaders in medicine, build a foundation and foster a team spirit within our version of operational teams in our clinics and hospitals?

Dr. Lail, Pediatric Resident

“No problem…One team, one fight.” I’ve said it many times, and I suspect I will say it many more. It is somewhat a reflection of my real-time emotions and, maybe even more truthfully, a reminder to myself in those busy and challenging moments that we are all in it together. Someone needs help and you’re already swamped? Someone needs a shift covered and you were excited for your first golden weekend in weeks? One team, one fight.

As a third-year resident, I feel that my experience as a member of a team will never be stronger than it is in this moment. I feel as if I am truly a part of my work family, my residency family, and I hold my colleagues (and myself) to the same standards as any other tight knit group of interdependent individuals. As residents, resilience and perseverance get us to work every day. These values get us through each work week. They lift us through our particularly tough patient outcomes or losses and they are rekindled and reignited by our finest days and proudest achievements. When we leave this place we call home and these people we call our family, I hope that we are all inspired to translate these values to our operational duties as staff physicians and general medical officers. I hope that we are inspired to continue a tradition that is above and beyond any particular service, uniform, or sacrifice; a tradition that will build and sustain our homes and our families at each new billet, post, and duty station. Perhaps just a simple reminder can leave a lasting ripple effect on motivation and dedication. No problem… one team, one fight.

Dr. Wessner, Staff Pediatrician

What a wake-up call. How unfortunate that it takes a sentinel event to remind ourselves that no one is immune. I will be the first to admit I am one of the people who needed a reminder. Reminders have no boundaries. They are warranted for all ranks and all uniforms. In the hustle and stress of patient workloads, it is easy to become jaded, to feel battered. I can only imagine what my corpsmen feel. It is easy for morale to suffer in times like this. Is feeling undervalued during a time of duress normal? What is the responsibility of the “daily” provider, not only for themselves but to be a support system for their team? How do we take care of ourselves AND our shipmates effectively? Is my thanks enough?
The Domino Theory of Medicine  
Continued from page 34

In the current climate of widely publicized mishaps, everyone is affected. Whenever I am in a “woe-is-me” mode, feeling like I am in a thankless job at times, I remind myself how foolish it is to have such a selfish mindset. Of course, I am supported; of course I have the appreciation of my patients, my co-workers, my family and my command. I love taking care of children. I understand the opportunity to make a difference is not always tangible or readily acknowledged. If I feel that way at times, how does my support staff feel? It is not about me, it is them I worry about the most. I see it on their face. Do they enjoy what they do, or do they wake up begrudgingly each day fearing what the day will bring, what they will be told they did wrong, or what detail they missed? They need to know that they are needed, and not just as a minion, but as a vital cog. They need to know that they are appreciated. I try to engage them on cases that I think they would learn from. I try to thank them daily for a job well done, especially if there is something specific they did to make my life easier. But is that enough? These are often kids, living away from their parents for the first time, often forgoing college to serve. College—a time in one’s life which is often viewed as a time of personal growth, many failures and many mistakes. These liberties are not afforded to our junior service members. So again I ask, is thanks enough for the sometimes thankless job that they do? I do not believe my college self would have thought so, so why do we expect it is for the junior service members? I often feel like I am just one person, how can I make a difference? How can I alone improve morale? But I know at the end of a long day, spent away from my own family, a simple “thank you” sure does go a long way.

Dr. Schulz, Staff Neonatologist

I am a United States Airman, but having spent residency at Naval Medical Center Portsmouth, I am Navy trained. I share a proud heritage with fellow wingman, but in my current position, I work amongst sailors. Standing with the masses that reminder day, the uniform of service was not noticeable. Instead, I stood with the next generation of military medicine and a new legacy to uphold. We were silent as we listened intently to our new Commanding Officer as she demonstrated her core values: lead, learn, and love. As she recounted the events that lead us to this point, I couldn’t help but feel torn. These aren’t my shipmates she’s describing, but this could have happened to one of my airmen. While I can recant my Airman’s Creed and strive to be a better wingman, I ask myself, are we ALL airmen, shipmates, soldiers together?

The question I am left with...have I told you today? I scoffed at her when my mother would ask me daily as a teenager. My two-year-old daughter returns the question with an eye roll and an “I know mommy,” when I say it to her. And it is a question so important that I engraved it within my husband’s wedding band. Have I told you today? For my family members and close friends, the follow up to the question is always, “...that I love you.” For my military family (because we are all part of one) and my coworkers, the follow up to the question is always “…that you are an important and VALUED member of this team.” It is written on the dry erase board in my office, raising an eyebrow of those who enter and inevitably ask what it means. It is an opportunity for me to point out to my work family and my fellow airmen how integral their role is into our team—no matter how small their daily tasks may seem. Perhaps we all need this reminder more often than we think. We don’t all share the same rank and we don’t all share the same uniform, but we all share core values that we made an original oath to serve.

Our lasting remark is for encouragement. Encouraging you as leaders in medicine around the world, remind your teammates, whatever uniform or attire they wear, what being a team member is and why it is critical to not only local mission support, but our worldwide operational team.
Many military pediatricians, having fulfilled their commitment to the service, contemplate departing the military for the civilian world. Motivations vary and can lead to a number of emotional and rational conflicts regarding the best way to proceed. I reached this crossroads in 2012, with just over a decade of time in the Navy. I trained in a civilian residency but otherwise knew only military practice, first as a general pediatrician and then as a neonatologist. To say the very least, I only possessed a vague notion of what my life would be like if I were to leave the Navy. There were no shortages of opinions helping to inform me; however, these came mainly from colleagues still in the military. I had no close friends who had transitioned out. I can say unequivocally it was a very confusing and daunting decision. I heard all the reasons why I would be sorry once I left and also all the reasons why I would never look back. The best advice I received came from Col. Jay Kerecman, who I worked with at WRNMMC-B. Jay noted “it’s not better, it’s different” in the civilian world. Now, having spent the last 5 years in the civilian world, Jay’s sentiment rings more true every day. There are numerous reasons to get out or stay in and there is no way to cover them all in a short essay, so I will simply tell my story. I decided to leave active duty for the simple reason that I did not desire to move my family unless it was on my terms. To me, my desire to root my family in one place was incongruous with continued honorable service, so the decision became easy.

I left Bethesda to assume the role of NICU medical director at East Carolina University. I settled on ECU after interviewing at a number of private and academic practices. Throughout the interviewing process I realized academic jobs seemed to be more in line with my notion of cutting edge modern practice. I quickly realized on the interview trail that many private groups lagged behind in their adoption of the most recent practice trends. I realized that the military system I was leaving has a very well-formed safety and quality culture, similar to what the academic world possessed — thus I chose an academic job. The consequence of that choice was that I did not fully realize the financial benefits of leaving the military, though the pay was better than what I made while on active duty. Currently, a large part of my research is focused on health safety science, and I am certain my formative years in military medicine established a sound foundation on which my career is built. I am also now very aware that the military, despite some criticism and minor flaws, possesses an extraordinary health system. I believe the structure, organization, and attention to best practices in training and care are well ahead of the civilian sector in many ways.

Since arriving at ECU I have advanced from NICU medical director to NICU Division Chief and most recently to the Chairman of Pediatrics at ECU. Each step along the way my CV was scrutinized. Consistently, the university leadership commented on the numerous roles I held while in the military. My military career set me apart from the civilian applicants vying for the same positions. I realized the breadth of leadership and growth opportunities available to the military physician are so much greater than those available to many in the civilian world. I feel very fortunate to have had numerous leadership opportunities while on active duty. If there is any advice proffered in this essay it is this: seek out and accept leadership roles, they are more available to you in the military and will serve you well whether you stay or go. The availability of leadership opportunities does have a price for military health. I realized quickly when I left military medicine there is at times a lack of stability and tenure due to the sometimes transient nature of assignments. I moved from the 25 bed NICU at WRNMMC-B to ECU, which at 72 beds is the second largest in North Carolina. I was quickly comforted by my two senior partners, who between them had nearly 80 years of practice experience, most of it at ECU. I rarely, if ever, had partners with similar longevity while on active duty. The practice and academic mentorship of very senior clinicians is valuable.

I have remained in the reserves since my departure from active duty. I am glad I made this choice. I briefly contemplated departing fully and having no military affiliation. I even received complete separation paperwork. I quickly realized the Navy formed a significant part of my identity and there is nothing in the civilian world similar to being part of the military family. One of the upsides of joining the reserves is that my years on active duty can be transformed into a retirement benefit to augment my personal retirement plan. Anyone who thinks they will get rich in their civilian job needs to sit down with a financial planner and get a real sense of how much military retirement is really worth — hint, hint, it is very valuable. If money is your motivator, consider the cost of your desired retirement carefully.

I have continued to augment my skill set through the numerous opportunities available in the reserves. I was able to complete JPME at the Naval War College, excellent free education. I have served as the reserve component pediatric specialty leader, I am a member of the reserve medical executive committee, and I have filled numerous leadership roles in my reserve unit. These
It’s Not Better, It’s Different  Continued from page 36

continued experiences are very valuable and continue to pay dividends both for my military and civilian careers. More importantly, in the reserves I have made numerous new friends, traveled, and maintained old relationships from my time on active duty. The reserves do take a lot of my free personal time and much of the work is uncompensated and performed once I leave my “real” job. I am lucky to work for ECU, an employer who makes reserve affiliation easy. Your employer is a key consideration if you plan to stay in the reserves after active duty. I am very lucky to have a supportive wife and family who tolerate absent weekends, annual training, and so far one short overseas trip!

I will note a nice surprise in the civilian world was the realization that financial incentives do exist for taking expanded roles and seeing more patients. The down side of the financial incentives available in the civilian world, however, is the civilian world has a very large focus on the financial aspects of practice. As chairman of our department much of my job is financial stewardship, something that while attended to in the military, is a minor aspect of medical practice. Every member of my department at ECU is acutely aware of their billing and coding, productivity, and the department’s financial situation at all times. For me, the heavy financial focus of civilian medicine is one of the largest negatives about getting out. One a lighter note, as I am mired in financial considerations and wondering why I left the relative unburdened existence of military medicine, I am brought back to reality by my reserve time. When I arrive at drill my Navy nostalgia evaporates when I see I am on the urinalysis list, late on my NKO training and GMTs, messed up a DTS voucher, and the CO wants to see me about a possible overseas “opportunity.”

In the end, it isn’t better—it’s just different. There is good and bad on both sides, and your personal situation and preferences will determine what is best for you. John Wooden sums it up best, noting “things turn out best for the people who make the best of the way things turn out.” I am happy to talk with anyone who needs help making this tough decision. Higginsonj@ecu.edu.

Section on Uniformed Services Honors 2017 Career Retirees

Continued in this edition of the SOUS newsletter are the following Honor Pages. So often our splendid pediatricians and pediatric sub-specialists quietly leave active duty after twenty years or more of service or with wonderful local recognition only. Yet those of us who served alongside them know their careers spanned reaches far greater than their departing MTFs. Here we recognize them for the Section and offer our tremendous thanks for their service and congratulations on their military careers.

Colonel Thomas Burklow, MC USA

COL Thomas Burklow ended thirty years of privileged service to military children and their families, retiring as pediatrician and pediatric cardiologist in June 2017.

He graduated with honors in 1983 from Washington University, St. Louis with an A.B. in Biology and was commissioned through the Army ROTC where he was a Distinguished Military Graduate. He attended Washington University School of Medicine where he received Alpha Omega Alpha Medical Honors, graduating in 1987. Following residency training in pediatrics at Walter Reed Army Medical Center, he was assigned to the 130th Station Hospital, Heidelberg, Germany. He then deployed with 3rd Armored Division as a general medical officer assigned to 54th Support Battalion (Forward) during the Persian Gulf War, returning to Europe in June 1991.

After completing a pediatric cardiology fellowship at Children’s National Medical Center, Washington, DC, COL Burklow was then assigned to Walter Reed. In 2003, he was selected as the Chief of Pediatrics. In 2005, the Department of Defense announced the plan to merge Walter Reed Medical Center with National Naval Medical Center, establishing the Walter Reed National Military Medical Center. As the senior clinical leader for children’s health in the National Capital Region, COL Burklow developed and implemented a concept of operations which entailed the realignment of children’s health services to WRNMMC and the expansion

Continued on page 38
Section on Uniformed Services Honors . . . Continued from page 37

of services at Ft. Belvoir Community Hospital, Virginia. These efforts were recognized by senior leadership as accomplishing the “most successful clinical departmental integration at the medical center”. COL Burklow served as the Chief of Pediatrics at WRNMMC until 2013. From 2014 to 2016, he served as the Director for Healthcare Operations, working with partners in the National Capital Region Medical Directorate and regional military healthcare facilities to improve healthcare delivery to the nation’s warriors—past and present—and their families. As director, he implemented a primary care access improvement action plan, led the restructuring of the HEDIS population health, and developed partnerships with senior leaders with the Defense Health Agency, VA Health Administration, and the National Institutes of Health Clinical Center to achieve success in improving the delivery of health care through quality-focused, cost-efficient initiatives.

COL Burklow is board certified in pediatrics and in pediatric cardiology by the American Board of Pediatrics, and is a Fellow in the American Academy of Pediatrics and the American College of Cardiology. He has deployed to combat theater operations in support of both the Persian Gulf War, and Operation Iraqi Freedom with the 115th Combat Support Hospital. He holds the academic rank of Associate Professor of Pediatrics at the Uniformed Services University, has published in the fields of pediatric cardiology as well as issues related to weapons of mass destruction and children, and served on the Executive Committee of the Uniformed Services Section of the American Academy of Pediatrics. He has received numerous teaching awards including the General Claire L. Chennault Award for teaching excellence and leadership, the WRNMMC outstanding pediatrics faculty award, and the Uniformed Services University Dept of Pediatrics Clinical Educator Award. His military awards include the Legion of Merit (1OLC), the Bronze Star Medal, the Defense Meritorious Service Medal (1OLC), the Army Meritorious Service Medal, the Army Commendation Medal (3OLC), and the Army Achievement Medal (1OLC). COL Burklow holds the Army Surgeon General’s “A” clinical proficiency designator, he is an inducted member of the Army Medical Department’s Order of Military Medical Merit, and he was recognized this spring by Washington University School of Medicine with its Alumni Achievement Award, for outstanding achievement and professional accomplishment. COL Burklow celebrates 30 years of marriage to his indispensable life partner, COL(ret) Carolyn Sullivan, and they are proud parents of Emily, an analyst at the Chartis Group in New York City, and Elliott, who graduates this summer from the industrial engineering program at Northwestern University.
Captain Sandra Hearn, NC USN

Captain Hearn, a native of Boston, Massachusetts, graduated from Northeastern University in 1987 with a Bachelor of Science in Nursing. Following her commissioning, she served one tour at Naval Medical Center, Oakland, California as a staff nurse followed by her tour from 1990-1994 in Camp LeJeune Naval Hospital, Jacksonville, North Carolina.

While assigned at National Naval Medical Center, Bethesda, Maryland as Assistant Division Officer on a surgical ward followed by the pediatric clinic, she was selected to attend graduate school at The Catholic University of America and received a Master’s degree from the Pediatric Nurse Practitioner program in 1999.

While in Okinawa, Japan, she served as Department Head of Pediatric services from 2002-2005 and then transferred to Naval Medical Center, Portsmouth, Virginia, where pediatric residents first had the privilege of working with and learning from her. She volunteered as an Individual Augmentee in Operation Enduring Freedom, Afghanistan in 2006 attached to the Cooperative Medical Assistance Team with Combined Joint Task Force-76, United States Army.

In 2007, she deployed on the USNS COMFORT in support of SOUTHCOM’s humanitarian mission as a Medical Operations Officer to 12 countries in South America and the Caribbean, known as Partnerships for the Americas, now Continuing Promise. While at NMCP, she continued to practice as a nurse practitioner and served as Associate Director Medical Services from 2009-2011.

In 2011, transferred to NAS Patuxent River, MD and served as the Senior Nurse Executive and Director of Health Services at the health clinic from 2011-2014. She will retire from her current position as the Naval Medical Center Portsmouth Senior Nurse Executive and Director of Nursing Services. Captain Hearn is married to Lieutenant Colonel (ret) Brent Hearn and they have 5 children residing in Onancock, Virginia. Captain Hearn’s decorations include Meritorious Service Medal (2), Navy Commendation Medal (4), Navy Achievement Medal (3) and various unit and service awards.

In Case You Missed It

The Section on Uniformed Services is increasing the awareness of military pediatricians in the AAP. See: “It’s Not Just a Job, It’s an Adventure for Military Pediatricians” at http://www.aappublications.org/news/2017/06/20/MilitaryPeds062017. This article was on the front page of the July 2017 edition of AAP News that highlighted three military pediatricians from each of the services.
Legacy Stories from the Section on Uniformed Services

Submitted by John Pierce, COL, MC, USA (Ret)

Colonel Bedford H. Berrey, MC USA

Bedford H. Berrey graduated from the University of Kansas and received his MD from the University of Colorado in 1945. He completed his pediatric residency at Children’s Hospital, Denver Colorado, finishing in December 1947. After 2 years in private practice, he completed a fellowship in adolescent medicine at Tulane University and the Ochsner Clinic in New Orleans. He was certified by the American Board of Pediatrics in 1950. In 1951, he volunteered for the Army requesting duty in Korea but because he was one of two board certified, fellowship trained pediatricians in the Army he was assigned to Fitzsimons General Hospital in Aurora, CO as Chief of Pediatrics. After a 3-year tour in Europe, his lack of association with the American Academy of Pediatrics (AAP) concerned him. In 1957 he attended the annual AAP meeting in Chicago and led a group of military pediatricians that met at the Palmer House Coffee Shop in what became known as the “coffee shop forum” where they discussed the future of military pediatrics within the AAP.

After this meeting in Chicago, Dr. Berrey sent a letter to career military pediatricians to determine their interest and the need for organizing a Section on Military Pediatrics within the AAP. Dr. Berrey received numerous positive responses including one from Ogden Bruton that congratulated and thanked him for taking the initiative on forming a military section. Through Dr. Berrey’s leadership, the three Surgeons General agreed and in April 1958 the AAP Executive Board was presented the proposal. Favorable action by the Executive Board resulted in the appointment of an ad hoc Committee to further develop the concept. During the summer of 1958, a proposed set of rules and regulations were drafted and presented to the AAP Executive Board in October 1958. They approved the establishment of a Committee on Military Pediatrics composed of Major Berrey, USA as Chairman, and members CAPT William Neikirk USN, CDR Frederick Becker USN, and Major Thomas Holcomb USAF.

There was another meeting of military pediatricians at the spring meeting of the AAP in San Francisco in April 1959 led by Major Frederick Biehusen. The AAP Executive Board also convened in San Francisco reconsidered the Committee on Military Pediatrics and approved a Section on Military Pediatrics. The officers on the Committee were retained until the organization of the Section could be completed and officers elected. This was accomplished at the annual AAP meeting in 1959 and the Section on Military Pediatrics was born.

This was information gained from several sources, one was COL Berrey’s son US Army Colonel (R) Hud Berrey, an orthopedic surgeon whom I knew at Walter Reed Army Medical Center. Some years after retirement from the Army, Hud Berrey volunteered to return to active duty and served a tour in Iraq.

Oral History of Andrew M. Margileth, MD, FAAP

Interviewed by Michael Rajnik, MD, FAAP
February 22, 2016 – West Miami, FL

The AAP Pediatric History Center works to preserve and document the rich heritage of the profession of pediatrics. The Center produces oral histories of leaders in the advancement of children’s health care. Funded by the Section on Uniformed Services, the oral history of Andrew Margileth, MD, FAAP is now available to help preserve his contributions and his role in important topics and developments in the health care of children.

36th Annual COMPRA
Conference on Military Perinatal Research (of Aspen)

Nicholas Carr, DO, FAAP
Maj, USAF, MC
AAP COMPRA Conference Chair
Medical Director, Newborn Medicine
San Antonio Military Medical Center
nicholas.r.carr8.mil@mail.mil

The COMPRA meeting was held on 3-5 November 2017 in San Antonio, TX.

The Conference on Military Perinatal Research (at Aspen) has been in place since the 1970’s thanks to the dedication of many individuals over the years. This conference has traditionally offered a forum for the presentation of neonatal-perinatal research by both young and established physician scientists currently serving in or affiliated with the military.

Attendance at the meeting is limited. All investigators with a military affiliation participating in perinatal-related research are encouraged to apply. All applicants must submit an abstract for presentation. Abstracts will be selected for presentation and meeting attendance based on scientific merit, and preference will be given to fellows and/or residents in training.
2018 COMPRA
Call for Abstracts
Nicholas Carr, DO, FAAP
Maj, USAF, MC
AAP COMPRA Conference Chair
Medical Director, Newborn Medicine
San Antonio Military Medical Center
nicholas.r.carr8.mil@mail.mil

The Conference on Military Perinatal Research (at Aspen) has been in place since the 1970’s thanks to the dedication of many individuals over the years. This conference has traditionally offered a forum for the presentation of neonatal-perinatal research by both young and established physician scientists currently serving in or affiliated with the military. Thanks again this year to the continued generous support of Mead Johnson Nutrition (MJN) and the AAP Uniformed Services Section, the 37th annual COMPRA is scheduled for Friday, October 19, through Sunday, October 21, 2018. This year we will be located at the Eilan Hotel and Spa. It’s a fantastic 100-acre retreat nestled in the foothills of the Texas Hill Country located just 20 minutes away from the San Antonio airport (www.eilanhotel.com).

Attendance at the meeting is limited. All investigators with a military affiliation participating in perinatal-related research are encouraged to apply. All applicants must submit an abstract for presentation. Abstracts will be selected for presentation and meeting attendance based on scientific merit, and preference will be given to fellows and/or residents in training. The deadline for submission of all abstracts is Wednesday, August 1. Applicants will be notified of selection for attendance and presentation of abstracts by September 1. Please email your submission abstract (following the attached guidelines) and any other meeting correspondence to nicholas.r.carr8.mil@mail.mil.

All travel expenses for attendees, as well as lodging and meals, will be covered via an educational grant from MJN. You are welcome to bring your spouse/guest to the meeting on a space available basis; however, you must pay their individual travel/ lodging/meal costs. All official travel arrangements need to be made through the AAP travel office after your notification of acceptance to attend. Please do not make travel arrangements on your own as you will not be reimbursed for these expenses. If you do not receive an e-mail confirmation within a few days of any correspondence, please re-notify me to insure I have received it.

I look forward to seeing everyone at this year’s meeting. Please contact me with any questions.

The AAP Section on Uniformed Services
would like to thank Mead Johnson Nutrition
for their support of COMPRA.
Editor’s Note:

I hope you enjoyed this edition of the Section on Uniformed Services Newsletter. While there is an official call for articles about twice a year, contributions and photos are accepted on a rolling basis so please do not hesitate to send me your news at shannon.m.marchegiani.mil@mail.mil or shannon.marchegiani@gmail.com.

If you missed being honored as one of our recent retirees, or know someone who has, the Newsletter would happily continue this feature in our next edition. The careers of our pediatricians offer inspiration and guidance to our junior members, so please share your story and be a mentor.

Have a concern about a feature or story that appeared in a past edition of the Uniformed Services Newsletter? Just want to comment on something related to uniformed services? These can be addressed in a “Letters to the Editor,” section. Send any comments or concerns to me, or Tracey Coletta tcoletta@aap.org. We will publish the letters and do our best to respond to your concerns.

Finally, thank you for entrusting me to share your stories and experiences. It is one of my greatest pleasures as a member of the Uniformed Services.

Respectfully,

Shannon M Marchegiani, MD MS
LCDR MC USN
Shannon.marchegiani@gmail.com

Updated Message from the AAP Department of Membership

If your AAP membership expires soon, please watch your mail for your renewal invoice. You will receive an e-mail notifying you when your renewal invoice has been mailed. When you receive your invoice, please review it for accuracy. If you currently hold other AAP memberships, they will be on your renewal invoice in the following order:

- National membership
- Chapter Membership (Uniformed Services and State)
- Section membership(s)
- Council membership(s)

A couple of things to note:
1) The state chapter is added to all national renewal invoices regardless of current state chapter membership status.
2) Uniformed Services chapter membership is added to your invoice if you are currently a member or if you are associated with the military in the AAP database.
3) Chapter membership is not mandatory, though is strongly encouraged.
4) The Section on Uniformed Services does not charge dues. You can easily join the section online. Log on to the Member Center, in the Member Community section click the “Join a Section or Council” link.

Please Note:
Members can pay and/or edit their membership renewal invoice online at https://shop.aap.org/account/my-account/. Log in with your AAP ID and password. Chapter, section, or council memberships can be removed from your invoice prior to entering credit card information. If you wish to change your member type or add additional chapter, section or council memberships please contact Member Services at 800-433-9016, ext 5897 or e-mail us at membership@aap.org.

Thank you for your continued membership and support of our mission.