



American Academy of Pediatrics

# Uniformed Services Section **NEWSLETTER**

Summer 2019

<http://www.aap.org/pedsuniform>



## 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,

It has been a busy and tumultuous time for the Military Health System and Uniformed Pediatrics. Leading through change sometimes seems like an impossible task. But, like so much else that we do, taking things one step at a time makes it more manageable and much less daunting. We have worked hard as a Section to help take some of those small steps to manage the ongoing change.

Our leadership at the Academy continues to be very committed to supporting our mission and each of our pediatricians in being able to do their jobs to the best of their ability. They have frequently discussed with Congressional leaders the need to continue to support our deserving beneficiaries, the importance of military pediatric training programs and the presence of uniformed pediatricians in accomplishing this mission. The Board of Directors (signed by AAP President Kyle Yasuda, MD, FAAP) sent a signed letter of support delineating the reasons they are both important. This advocacy on our part by the AAP has demonstrated to me personally the true benefits of membership in this engaged and truly supportive organization. See a copy of that letter on pages 25-29.

In addition, the Section, and the Chapters, have partnered with the State Chapters to work to make local CME more affordable for uniformed connected pediatricians. The Florida AAP Chapter has already made a generous offer for providing a discount to their annual CME to members Uniformed Services East and West Chapters. Many other state chapters have committed to doing the same, so keep an eye out for these offers....or ask your local state chapter leadership.

Our Section and Chapter leadership were actively engaged at the Academy Annual Leadership Forum (otherwise known as ALF) this Spring. The Academy is working hard to delineate the areas where our powerful voice can make a difference. In acknowledgement of this, two major safety campaigns have been launched around preventing drowning and safe sleep and we had the honor of hearing from parents who have lost children to drowning and a sleep related accident. It was an incredibly powerful moment and was an energizing reminder for me of areas I can better emphasize in my anticipatory guidance. The Drowning Prevention Toolkit and the Safe Sleep Campaign information can both be found at this link. I hope you will use them!  
<https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/Pages/default.aspx>

ALF is also a time for all the leaders throughout the Academy to debate and vote on what should be the legislative focus for our AAP senior leadership. This years "Top Ten" adopted resolutions included eliminating non-medical exemptions for vaccinating children and addressing family separations at the border. You can see the complete list, and the Resolveds for each at this link:  
[https://www.aap.org/en-us/my-aap/alf/Documents/alf\\_2019\\_top\\_ten\\_resolutions.pdf](https://www.aap.org/en-us/my-aap/alf/Documents/alf_2019_top_ten_resolutions.pdf)

These resolutions will guide the work of our Board of Directors over the next year and at next years ALF there will be reports regarding the work on each of them. Do you have an idea for a needed resolution? This process starts in the late fall. Let your Section (or Chapter!) leadership know and we will assist you in creating the resolution.

I look forward to the continuing opportunity to being able to advocate for military children and those who provide their care. Please let myself or any of the Executive Committee members know if there is any way we can better support you in your day to day practice. I hope to see you in person in New Orleans in 2019!

*Catherine A. Kimball-Eayrs, MD, FAAP, IBCLC*



### Inside this issue:

Letter From the Chair . . . . .	1	Military Health System	
Section on Uniformed Services (SOUS) Announces 2019 Section Election Results . . . . .	2	Female Physician Leadership Course . . . . .	14-15
SOUS Executive Committee Roster . . . . .	3	Walter Reed Autism Resource Clinic . . . . .	15-16
Air Force Consultant Update . . . . .	4	Graduate Programs in Health Professions Education . . . . .	17
A Guide to Military Pediatric Residences 2019-2020 . . . . .	4	Ode to Endocrinology — A Poem . . . . .	18
Navy Consultant Update: Navy Specialty Leader Update . . . . .	5	AAP Section on Uniformed Services Agenda 2019 NCE—New Orleans, LA . . . . .	19
Section on Uniformed Services Brochure . . . . .	5	COMPRA Call for Abstracts . . . . .	20
Uniformed Services University of the Health Sciences Pediatrics Update . . . . .	6-8	Thank Mead Johnson Nutrition for their support . . . . .	20
Be Informed!! Get Involved!! . . . . .	6	Updated Message from the AAP Department of Membership . . . . .	20
Uniformed Services Chapter East Update . . . . .	8-9	2019 D8SONPM Conference . . . . .	21
Report Updates Guidance for Clinicians Caring for U.S. Military Children . . . . .	10-11	Uniformed Services & the AAP Memtorship Program . . . . .	22-23
Is it time to define military pediatric KSAs? . . . . .	11-12	Editor’s Note: . . . . .	24
Naval Medical Center San Diego: An ABP MOC Portfolio Site . . . . .	12-13	We welcome contributions to the newsletter . . . . .	24
For more information or to join the section . . . . .	13	The Board of Directors SOUS Letter of Support . . . . .	25-29

## Section on Uniformed Services (SOUS) Announces 2019 Section Election Results

The following members have been elected to the SOUS executive committee:

Chairperson (second term) **Catherine Kimball-Eayrs, MD, FAAP**

Executive Committee Member (Air Force):

**Megan McDonald, MD, FAAP (first, three-year term)**

**Eric Flake, MD, FAAP (first, three-year term)**

Executive Committee Member (Navy): **Bridget Cunningham, MD, FAAP (second, three-year term)**

Public Health Service (first three-year term) **Jennifer Wiltz, MD, MPH, FAAP**

Thank you to each person who voted in the election. **The new terms will commence November 1, 2019.**

If you have any questions about the election or future leadership openings, please e-mail our staff at [jburke@aap.org](mailto:jburke@aap.org)

*Thank you to Lauren Wolf, MD, FAAP and Sara Jager, MD, FAAP  
for serving on the Section’s nominations committee.*



## Section on Uniformed Services Executive Committee Roster

**COL Catherine Kimball-Eayrs, MD, IBCLC, FAAP**  
Chairperson – Army, Pediatric Specialty Advisor – Army  
[ckimballeayrs@gmail.com](mailto:ckimballeayrs@gmail.com)

**LCDR Bridget Cunningham MD, FAAP**  
Executive Committee Member – Navy  
[bridget.k.cunningham.mil@mail.mil](mailto:bridget.k.cunningham.mil@mail.mil)

**LCDR Christopher Foster, MD, FAAP**  
Executive Committee Member – Navy  
[christopher.foster2@usuhs.edu](mailto:christopher.foster2@usuhs.edu)

**Lt Col Courtney Judd, MD, MPH, FAAP**  
Executive Committee Member – Air Force  
[courtney.judd@usuhs.edu](mailto:courtney.judd@usuhs.edu)

**COL Keith M. Lemmon MD, FAAP**  
Executive Committee Member – Army  
[klemmon2@gmail.com](mailto:klemmon2@gmail.com)

**CDR Lisa Mondzelewski, MD, MPH, FAAP**  
Executive Committee Member – Navy  
[lisamondzelewski@gmail.com](mailto:lisamondzelewski@gmail.com)

**Lt Col Lauren Wolf MD, FAAP**  
Executive Committee Member – Air Force  
[laurenjwolf@hotmail.com](mailto:laurenjwolf@hotmail.com)

**Col Brian Faux MD, FAAP**  
Executive Committee Member – Air Force  
[brian.m.faux.mil@mail.mil](mailto:brian.m.faux.mil@mail.mil)

**COL Patrick W. Hickey, MD, FAAP**  
Liaison, USU  
[patrick.hickey@usuhs.edu](mailto:patrick.hickey@usuhs.edu)

**LTC Ashley M. Maranich MD, FAAP**  
Executive Committee Member – Army, Chair, Scientific  
Awards Competition  
[ashley.m.maranich.mil@mail.mil](mailto:ashley.m.maranich.mil@mail.mil)

**CPT Elizabeth Perkins, MD, FAAP**  
Liaison, Section on Pediatric Trainees  
[perkins.liz.m@gmail.com](mailto:perkins.liz.m@gmail.com)

**CAPT David Wong MD, FAAP**  
Executive Committee Member – Public Health Service  
[david.wong@hhs.gov](mailto:david.wong@hhs.gov)

**CAPT John C. Arnold, MD, FAAP**  
Pediatric Specialty Advisor - Navy  
[john.c.arnold.mil@mail.mil](mailto:john.c.arnold.mil@mail.mil)

**Lt Col David Hsieh, MD, FAAP**  
Pediatric Specialty Advisor - Air Force  
[david.t.hsieh.mil@mail.mil](mailto:david.t.hsieh.mil@mail.mil)

**Lt Col Candace S. Percival, MD, FAAP**  
Newsletter Editor  
[candace.s.percival.mil@mail.mil](mailto:candace.s.percival.mil@mail.mil)

### Staff

**Jackie Burke**  
Section Manager  
[jburke@aap.org](mailto:jburke@aap.org)

**Tracey Coletta**  
Section Coordinator  
[tcoletta@aap.org](mailto:tcoletta@aap.org)

**Mark A. Krajecki**  
Journal Production Specialist  
[mkrajecki@aap.org](mailto:mkrajecki@aap.org)

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:

AAP Division of Pediatric Practice  
345 Park Blvd.  
Itasca, IL 60143

Phone: 800/433-9016

Fax: 847/434-8000

E-mail: [membership@aap.org](mailto:membership@aap.org)

For an application visit [https://fs25.formsite.com/aapmembership/affiliate/secure\\_index.html](https://fs25.formsite.com/aapmembership/affiliate/secure_index.html)

Copyright© 2019  
American Academy of Pediatrics  
Section on Uniformed Services

Copyright© 2019

*This newsletter is the official biennial publication of the Section on Uniformed Services of the American Academy of Pediatrics. The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of the American Academy of Pediatrics, the Uniformed Service University, Brooke Army Medical Center, Madigan Army Medical Center, the U.S. Army Medical Department, the U.S. Army Office of the Surgeon General, the Department of the Army, the Department of the Air Force, or the Department of Defense or the U.S. Government.*



## Air Force Consultant Update

*David T. Hsieh, Lt Col, USAF, MC*  
AF/SG Maternal Child Consultant  
Air Force Medical Operations Agency  
(210) 395-9038 (DSN 969)  
[david.t.hsieh.mil@mail.mil](mailto:david.t.hsieh.mil@mail.mil)

Dear Air Force Pediatrics,

Greetings from San Antonio, where the transition to summer has meant a weather change from hot to really, really hot. Summer also brings about personnel transitions that we can expect for which we can intentionally prepare for. If you are a new residency graduate – congratulations! Know that you are well trained and ready to be a staff pediatrician, but also embrace the fact that we will all never stop learning. If you have a graduating resident headed to your MTF this summer, please mentor them and help them get their career off to a good start. For those that are separating or retiring this summer, thank you for your service – hope that you will take with you many positive memories knowing the important impact that you had caring for our children. We also have mid-career pediatricians who are making changes by either going back into training or moving into leadership positions or other special opportunities.

Speaking of change, this summer the Air Force Medical Operations Agency (AFMOA) is being re-designated as the Air Force Medical Readiness Agency (AFMRA), with our new name reflecting the renewed focus on Readiness. Pediatricians have always supported the Readiness mission with the care we give to our military children all over the world, and as usual, pediatricians continue to serve within a variety of leadership positions within the Air Force Medical Service. Still, we are looking for expanding opportunities to make further contributions to the Readiness mission. This summer we are assigning our first pediatrician, a pediatric critical care physician, to a C-STARS (Center for the Sustainment of Trauma and Readiness Skills) platform and will look to support more of these Readiness training platforms in the future. C-STARS is an Air Force and civilian partnership that provides training opportunities for Air Force medics of all corps to maintain readiness and clinical currency with skills during deployment. Our pediatric critical care physicians are also being assigned to Critical Care Air Transport Teams, capable of delivering critical care for all age ranges during aeromedical evacuations. Of course, we have pediatricians who successfully make the transition every year to Flight Medicine to take care of our flyers and their families, and Flight Surgeons also returning back to Pediatrics. However, as previously announced, we are also working through a planned decrease in our overall Pediatric manning while other more Readiness-focused specialties increase in numbers. The details are still being worked through and we must be mindful of this as we continue to plan for the future. The Health Professions Educational Requirements Board (HPERB) was recently released and I will continue to send updates as they come.

For now, thank you for the care and compassion that you put into your jobs every day. I love hearing about the great things that you are doing and especially the academic prowess of Air Force Pediatrics, which speaks for the amazing job that our Military Residency and Academic leaders do in establishing academic foundations in our Pediatricians. We are also always looking for ways to improve the care we give. The DHA Complex Pediatrics Clinical Community has now officially stood up, further enabling Tri-Service collaboration, and we continue to work process improvements through our Pediatric Quality Forum - so keep the good ideas coming!

- David

## A Guide to Military Pediatric Residences 2019-2020

[https://www.aap.org/en-us/Documents/sous\\_military\\_guide.pdf](https://www.aap.org/en-us/Documents/sous_military_guide.pdf)



## Navy Consultant Updates

Navy Specialty Leader Update  
*John C Arnold, CAPT, USN, MC*  
(619) 944-7023

[john.c.arnold.mil@mail.mil](mailto:john.c.arnold.mil@mail.mil)

Hello Navy Peds! Once again, Navy pediatricians continue to show their critical importance in GME, patient care in austere locations, and non-pediatric leadership as CMO's, XO's, CO's, and in significant leadership positions in both the Blue Navy and the Fleet Marine Force around the world. Additionally, in the past 15 months, we've deployed 14 pediatricians on humanitarian missions around the world. During these changing times, I hope that I'm able to reach all of you via the email updates. If you are not on my email distribution list, please contact me and I'll be sure to all you.

Pediatrics saw a "banner year" for promotion to O-6, with eleven highly qualified pediatricians being selected for this prestigious rank. If you are not familiar with the people who were promoted, they personify the path to Captain that has been discussed for many years – hard work and continued excellence in leadership. Successfully navigating the way to O-6 takes years of effort and planning, and there are often course corrections as unexpected opportunities present themselves. For those aspiring to make O-6, I encourage you to discuss your goals and plans with someone from this group who overcame frustration and a very competitive pool of candidates. I'm happy to connect you with someone if you don't know anyone personally.

The most common concern has been and continues to be the proposed changes to military medicine and Navy medicine. In the past 18 months, we have swung from a proposal for a handful of pediatrics billets to be redistributed to combat casualty specialties within Navy medicine (MEDMACRE), to proposed cuts of around 18,000 medical billets DoD wide (POM20/21 divestiture). As I write this, the pendulum appears to be swinging back to a more neutral position, with the House Armed Services Committee proposing a budget which blocks cuts to military medicine until more research is done. An official summary stated that the Proposed National Defense Authorization Act (NDAA) "prohibits the Secretary of Defense and the Secretaries of the military departments from realigning or reducing military medical end strength until analyses are conducted on potential manpower realignments and the availability of health care services in the local area."

As many of you have heard me say in person or in email, Navy Pediatrics is here to serve the warfighter and their family. We do this through ensuring safe and high-quality medical care, especially during neonatal and pediatric emergencies in remote locations, as well as providing expert support in operational and humanitarian missions. All of this starts with a world class military GME process training to those missions. When I am asked about these missions, I can proudly and immediately name any number of you who are currently providing that expert care in support of our warfighters and their families.

While we wait for the dust to settle, please continue provide the wonderful care that I know you give every day and make no assumptions that tough times are coming. I believe this scrutiny will only reinforce what we already know; Navy Pediatrics is a critical piece of Navy medicine.

As always, please do not hesitate to contact me via phone or email.

Very Respectfully,  
John

### 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 University of the Health Sciences Pediatrics Update

Hello from the Department of Pediatrics at the Uniformed Services University (USU) and the F. Edward Hébert School of Medicine. It is our sincere hope that uniformed pediatricians think of USU as their “home” for academic medicine. All of us at USU recognize your contributions to our vast medical education system, and value the incredible diversity that support entails. We also recognize that for some members of the uniformed pediatric family, the faculty promotion system has been something of an enigma. Thus, we want to take an opportunity to help you understand the system and process for academic appointments and promotions at USU.

First, we believe that all pediatricians (uniformed or civilian) involved in military medical education or research should have the opportunity to receive an academic appointment at USU. While direct support to the education of USU medical students is most obvious, this may also include some settings that you may not have considered, to include precepting and instructing military physician assistant or independent duty corpsman students, advanced practice nursing students, as well as support to graduate medical education programs such as Family Medicine that benefit from outstanding pediatric mentorship.

Your initial step as a board eligible/board certified pediatrician is to apply for an appointment through our electronic appointment system. This is a self-initiated process, and in order to access this system, you must visit the following web link: <https://apps.usuhs.edu/account-registration/>. This link will allow you to apply for a USU-SSO (Single Sign-On) account. After obtaining an account, you will visit the following site: <https://workflow.usuhs.edu/>. Here, you will click on the “Request Faculty Appointment” button under the Faculty Appointment Workflow tab and proceed to upload your curriculum vitae (CV), a letter of support from your Department Chief, and two USU specific administrative forms that can be downloaded from the site. A command endorsement memo, for which a template is provided, may also be required depending on your institution’s internal policy. Written instructions, an instructional video, and point of contact information are also available at this site.

Next, we would like to address the process of academic promotion. After a faculty member has been an Assistant Professor for at least four (4) years, they may be considered for promotion to the level of Associate Professor. Promotion to Professor would typically be considered after another four (4) years. This promotion can occur in a “prefixed” or “un-prefixed” manner. The un-prefixed pathway results in a promotion to Associate Professor in one of four pathways: Clinician-Educator, Clinician-Researcher, Research or Educator Pathway. The vast majority of Pediatricians will achieve this through the Clinician-Educator pathway, since most of our positions place the bulk of activities in the clinical and clinical education arenas. To be considered for promotion in this pathway, you will be evaluated by criteria set forth in a policy called the USU 1100 Instruction. While the

*Continued on page 7*

**Be Informed!!! Get Involved!!!**

Join the Section on Uniformed Services **LISTSERV**<sup>®</sup> Today!

If you are interested in joining the Listserv, e-mail [tcoletta@aap.org](mailto:tcoletta@aap.org).





## Uniformed Services University of the Health Sciences Pediatrics Update *Continued from page 6*

USU Department of Pediatrics has a committee to review and make initial recommendations for promotion, the major decision point comes from the University level Committee on Appointments, Promotion, & Tenure (CAPT), comprised of physician and scientist faculty from across all disciplines at the university, including the basic sciences. It is critical that you not assume the members of the CAPT will inherently recognize the nature of your educational impact or leadership by duty title alone. One to two sentences accompanying key items on your curriculum vitae can make this more readily apparent. There are four (4) major areas to be considered:

1. **The Scholarship of Discovery and Integration:** This focuses on the academic pursuits in research and education that are peer-recognized. The most common format that this takes is the publication in peer-reviewed journals and textbook chapters. The minimum number normally needed is five (5) to be considered for promotion to Associate Professor and fifteen (15) for Professor.
2. **The Scholarship of Teaching:** The candidate must demonstrate evidence of the skills necessary to effectively transfer knowledge, and the ability to lead students to think critically and purposefully. For promotion to Associate Professor, your teaching efforts should be at “Level Two” which is defined by activities such as developing curricula for learners, receiving consistently superior evaluations as a teacher, delivering invited presentations at external meetings/Grand Rounds, serving on planning committees for education courses and conferences, developing novel teaching modalities, and serving in leadership roles like program directors or course directors. For promotion to Professor, your teaching efforts should be at “Level Three” which reflects both a higher level of expertise, and a national reputation. Many of you excel in this area, but it is important to communicate this to the CAPT by documenting both your role (e.g. course director, curriculum developer, small group leader, or lecturer) and impact (i.e. the number of learners and amount of time engaged). Clearly identify formal mentorship roles specifying the role (i.e. research, faculty, or professional), the individual’s name, and dates that apply. If you are program director, it would be appropriate to simply specify the number of trainees each year. Invited presentations such as Grand Rounds or lectures outside of your Department should also be clearly identified.
3. **The Scholarship of Application:** This includes excellence in both professional and clinical service. Professional service includes participation in national organizations that develop policy, including DOD/DHA/service-specific committees, and invitations to serve in leadership roles in regional and national medical professional societies. Clinical service normally would incorporate recognition as an outstanding clinician or leader in clinically based administrative and educational duties, as demonstrated either by formal awards or selective appointment to positions of responsibility and academic leadership.
4. **The Scholarship of Institutional Citizenship:** Simply put, this is participation in roles that further the USU School of Medicine and your local medical facility’s missions and programs targeted at ensuring the daily operation and excellence of those institutions. In particular, you should take every opportunity afforded you to work with learners from USU.

Many of you excel, day in and day out, in each of these areas. The major pitfall that most people struggle with is documenting all of your accomplishments. Use your CV to document achievements in the form of academic roles & responsibilities, awards, grants and presentations/publications. While the University CAPT, and the Department of Pediatrics, do not require a specific format for the CV, the template provided by Association of American Medical Colleges (AAMC) is recommended, as it is the standard employed by most civilian medical schools (and will be an asset when looking for post-military employment). A template, CV builder, and other resources are available at [https://www.aamc.org/members/gfa/faculty\\_vitae/150034/preparing\\_your\\_curriculum\\_vitae.html](https://www.aamc.org/members/gfa/faculty_vitae/150034/preparing_your_curriculum_vitae.html). Many will use their CV for this purpose, but you can also build a companion document called a teaching portfolio. In either case, it is essential that you periodically document and take credit for the outstanding contributions you make. If you do not update this on a regular basis, it is not likely that you will be able to easily recreate these experiences from memory years later.

If you feel that you fall short in one or more areas, you are not alone. Due to busy clinical schedules some faculty members may not be able to achieve the necessary metrics in every area of scholarship. The most common speed bumps are the number of publications or the level of academic leadership that has been achieved. In this case, the “Clinical” prefix is a way for your accomplishments to be recognized and a promotion can occur to the rank of either Clinical Associate Professor, or Clinical Professor.

*Continued on page 8*



## Uniformed Services University of the Health Sciences Pediatrics Update *Continued from page 7*

In order to be considered for faculty promotion, the first step is to prepare your CV for review by the Faculty Development Committee in the Department of Pediatrics at USU. If you submit your CV to [ped-faculty-promotions-ggg@usuhs.edu](mailto:ped-faculty-promotions-ggg@usuhs.edu), this committee will review your CV, make a recommendation regarding a potential promotion pathway and level, and, if necessary, suggest steps to improve the strength of your application. This determines the number and type of letters of evaluation or recommendation, and other supporting documents, that will be required as part of your packet for the CAPT. We encourage all faculty members who have been at their current academic rank for four (4) or more years to submit their CV to the Faculty Development Committee, using the above e-mail address, for an assessment of readiness for promotion. In the future, USU Pediatrics will continue to work with you proactively through this process in the form of an academic career “check-up”.

In closing, you may ask “why should you care about an academic appointment or promotion?” Faculty appointment and promotion is our way at USU of formally recognizing the incredible work you do and is more than an honorary title. First, just as our military promotions are tied to pay, in the academic medicine world, salaries are determined in part by academic rank. This may be important to your post-military career goals. Secondly, academic promotion can play a discriminating role in selection for military leadership positions and recognitions such as skill / qualification designators, both of which ultimately impact military promotion. Finally, your CV and academic rank represent you as you compete for positions both within and outside of the military health system, setting you on a long term path to success and professional development.

Thank you again for your valued contribution to improving the lives of children through medical education. We look forward to partnering with you on your road to academic advancement as a member of the national faculty of USU and the Department of Pediatrics.

**Mike Rajnik, MD, FAAP**  
Associate Professor  
Committee Chair, PED Faculty Development  
Department of Pediatrics  
Uniformed Services University

**Pat Hickey, MD, FAAP, FIDSA**  
Associate Professor and Chair  
Department of Pediatrics  
Uniformed Services University

\*The views expressed in this manuscript are those of the authors and do not reflect the official policy of the Uniformed Services University or the Department of Defense.

## Uniformed Services Chapter East Update

Hello Uniformed Services Chapter East members!

Just want to start off by saying how much I appreciate your membership involvement. With your support we continue to make great strides towards improving our chapter and partnering together to care for our littlest warriors.

Some of the most recent projects we have worked on include:

### **CME Opportunities:**

- Continuing with tradition we supported the annual Errol R. Alden Pediatric Symposium (ERAPS) which was held at Walter Reed National Military Medical Center (WRNMMC) this past March and the 2nd annual Quality Improvement Conference held at Naval Medical Center Portsmouth this past May. In addition to providing CME, these events provide learning within a multidisciplinary approach and serve as invaluable networking opportunities. Both events were well attended and we look forward to next year's events.
- Chapter East Online CME- Thanks to the diligent work of our amazing VP (Maj Nitasha Garcia) and Executive Director (Carolyn Famiglietti) we were finally able to launch our Online Chapter East CME platform. This past March we had a great

*Continued on page 9*



## Uniformed Services Chapter East Update *Continued from page 10*

interactive lecture by our Infectious Disease colleagues LTC Matt Eberly and Maj Daniel Adams. Continue to follow us on social media for our next event.

Please continue to let us know any other ideas for educational and/or research collaborations.

### Grant Updates:

Closing up our past CATCH Grant regarding Adolescent Health we were able to work with members at both Walter Reed National Medical Center and Fort Belvoir to provide standardized patient simulation and education sessions for trainees and Physicians on HPV Vaccine and Contraceptive Counseling. We were also able to work with Child & Adolescent Psychiatry thru Fort Belvoir to help provide needed CME to our Psychiatry providers who care for Adolescents in the National Capitol Region.

### Member Recognition:

Special Achievement Awards- this year three of our amazing Chapter East members were recognized for their amazing contributions to our Chapter. I received awards on their behalf during our District 1 meeting at AAP HQ. **LCDR Bridget Cunningham** for her instrumental work in expanding formal Chapter involvement in Quality Improvement by proposing collaboration with NMCP; **CPT Kirsten Miller-Jaster** for her integral involvement to ensuring continuation of CATCH grant work with the Mary Center; and **CDR Jill Emerick** for her outstanding leadership and dedication that has been vital to the execution of the annual Errol Alden Pediatric Symposium.

Outstanding Young Pediatrician Award- This year we had robust participation from all three services for the Outstanding Young Pediatrician Award nomination process. It will be quite a difficult task narrowing down an awardee from the outstanding pool of nominees, but we look forward to recognizing those individuals at NCE.

We are also excited to continue providing opportunities for active membership participation, and further leadership roles. Election ballots will go out in August for our vacant Executive Board positions of Member at Large, Senior Physician Liaison and CME Liaison. If you are interested in being an active member or taking on a leadership role, please contact our Executive Director at [Carolyn.famiglietti@gmail.com](mailto:Carolyn.famiglietti@gmail.com). We continue to work on improving our outreach beyond the major military medical centers so we can support all members in our chapter who care for our military dependents.

Looking forward to seeing you all in New Orleans. **Please be on the lookout for information regarding a Chapter East meeting and social event during this year's NCE.**

On behalf of the whole Chapter East Executive Board thank you in advance for your support. We look forward to working together to provide world-class care for our military children.

### Uniformed Services Chapter East Executive Board

President, Witzard Seide, MD, FAAP, LCDR, USPHS

Vice President, Nitasha Garcia, MD, FAAP, Maj, USAF, MC

Immediate Past President, Jennifer Hepps, MD, FAAP, MAJ, MC, USA

Secretary/Treasurer, Kari Wagner, MD, FAAP, LCDR, MC, USN

Member-at-Large, Wendy Schofer, MD, FAAP, CAPT, USNR

CATCH Grant Facilitator, Molly Childers, MD, FAAP, CPT, MC, USA

CATCH Grant Facilitator, Rebecca McConnell, MD, FAAP, MAJ, MC, USA

Executive Director, Carolyn Famiglietti



## Report Updates Guidance for Clinicians Caring for U.S. Military Children

*Cmdr. Chadley R. Huebner, MD, MPH, FAAP*

*From December 2018 AAP News:*

Pediatric health care providers serve an instrumental role in caring for children in U.S. military families. Despite the presence of military treatment facilities throughout the world, up to 50% of military-connected children receive care in the civilian sector. Many clinicians, however, have limited exposure to military culture and encounter challenges in navigating the Military Health System.

An updated AAP clinical report, *Health and Mental Health Needs of Children in U.S. Military Families*, offers practical guidance to assist pediatric health care providers caring for military children and includes resources to help families, especially during transitions and relocation.

The report, from the Section on Uniformed Services and the Committee on Psychosocial Aspects of Child and Family Health, is available at <http://pediatrics.aappublications.org/content/early/2018/12/20/peds.2018-3258> and will be published in the January issue of *Pediatrics*.

### **Military culture**

Military personnel are ethnically and geographically diverse and comprise a relatively young workforce. Nearly 60% of the 2.2 million active duty and National Guard/Reserve members have families, and 40% have at least two children. Of the estimated 1.7 million military children, almost 40% are 5 years of age or younger.

Military children often share common experiences, such as living on military installations, frequent relocation and parental deployments, which can build a sense of camaraderie and can serve as a sense of identity throughout their lives.

Research exploring the impact of stressors experienced by military families shows evidence of emotional-behavioral challenges, increased mental and behavioral health visits, and more frequent health care utilization in children during parental deployment. Furthermore, increased psychosocial stress and poor mental health of the non-deployed parent have been associated with more challenges for children dealing with deployment.

Emerging research also has examined resiliency in military families. There are multiple factors associated with resiliency, including social connections through shared experiences and effective support networks. Several interventions have been designed to promote increased resilience, combat stress and improve family functioning before and after deployment. Pediatricians can help families connect with military support networks and community resources.

### **Military Health System**

The Military Health System serves 9.4 million beneficiaries. Each service branch is responsible for ensuring medical readiness of its operational forces and provides health care to beneficiaries in military treatment facilities throughout the world.

TRICARE is the health care program for uniformed service members, retirees and their families. The Defense Health Agency manages regional TRICARE insurance contracts while integrating direct and purchased health care systems. Multiple TRICARE insurance plans are available to service members, and eligibility may be determined by service status and geographic location.

Various Department of Defense programs assist families who have children with special health care needs, including the Exceptional Family Member Program. The program provides services to active duty families and helps ensure that the child's medical and educational needs can be met when service members are considered for duty stations.

Children with autism spectrum disorder can receive applied behavioral analysis therapy through the TRICARE Autism Care Demonstration, although contractor requirements may depend on the family's TRICARE plan.

*Continued on page 11*



## Report Updates Guidance for Clinicians Caring for U.S. Military Children *Continued from page 10*

### Cultural competency

Physicians in military residency programs receive early exposure to military culture, leading to awareness of the needs of service members and their families. However, programs addressing military cultural competency in U.S. medical schools and civilian graduate medical education programs remain limited.

Competency training in medical schools as well as enhanced collaboration between military and civilian pediatricians may improve health care delivery to children in military families.

### Recommendations

The clinical report provides recommendations to assist providers caring for military-connected children, including the following:

- Establish a clinical process to identify children who are connected to the military, and take a thorough military history that includes parental deployment and relocation history.
- Connect families with community-based resources and support networks during deployment and family relocation.
- Work with local schools to identify military children and provide resources to assist with school transitions.
- Familiarize the medical home with programs available to military children and families, including resiliency interventions and programs for children with special health care needs.

*Dr. Huebner, the lead author of the clinical report, is a member of the AAP Section on Uniformed Services.*

*Disclaimer: The views expressed herein are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense or the U.S. government.*

### Resource

- [Military OneSource is a comprehensive resource for pediatricians caring for military children. The clinical report includes additional resources.](#)

## Is it time to define military pediatric KSAs?

*CAPT Gregory Gorman, USN, FAAP*

The Military Health System is undergoing transformation. All operations are being sharpened and focused on the readiness of the fighting force, with readiness as the center of the quadruple aim of better health, better healthcare, and decreased costs. Beneficiary care has and will have a place for maintaining the readiness of our armed services. Line commanders know that family-member health problems are one of the leading reasons their troops leave theater, miss training, or get distracted from the mission.

Beneficiary care also maintains the readiness of the medical force. The services we offer in our military treatment facilities to family members and retirees will be better focused on the knowledge, skills, and abilities needed by our medical personnel to maintain their own readiness to provide care in the deployed and overseas environments. Patients, clinical problems, and procedures which sharpen and maintain these 'KSAs' will have priority in our hospitals and clinics; recapture efforts for primary care enrollment, OR cases, and inpatient care will align with KSAs.

To date, KSAs have been developed for general surgeons and orthopedic surgeons and are in the works for anesthesia, emergency medicine, and emergency and critical care nursing. KSAs for pediatrics have not been defined. As MHS transformation occurs, it behooves us - as military pediatricians and the experts on care for military-connected children in the U.S. & overseas - to define those KSAs before they are defined for us. We have several sources to build upon: knowledge content specifications from the

*Continued on page 12*



## Is it time to define military pediatric KSAs? *Continued from page 11*

American Board of Pediatrics, ACGME residency training competencies, and the wealth of experience of our military pediatric community.

Military pediatric KSAs need to be concise and unique among the toolkits of all military medical officers in the MHS. Military pediatricians have tremendous skills in providing preventive care, caring for common chronic illnesses of childhood, and providing acute care. However, we need to isolate KSAs that we don't share with physicians, PAs, and NPs in other specialties such as family practice, emergency medicine, and surgery. If you were asked to make a list of KSAs that fit those guidelines, what would be on it? Resuscitating & stabilizing sick newborns, evaluating cases of suspected child abuse and neglect, and providing pediatric advanced life support might easily come to mind. Are there other potential KSAs - although technically overlapping with other specialties - on which the MHS relies heavily on military pediatricians due to other specialties' actual experience or manning shortfalls? Diagnosing developmental delay, diagnosing and managing autism, and caring for inpatients with acute respiratory distress, the need for IV fluid therapy, or potential serious bacterial infections might fall into this category. The lack of access to specialists when stationed outside of the continental U.S., especially pediatric mental health providers, may expand our list of KSAs as well.

Once a list was generated, an analysis of the experience of general pediatricians OCONUS might be the best place to start to generate how many sick newborns our military pediatricians resuscitate per year, how many times they prescribe IV fluids, etc. With normative data, a threshold can be set (e.g. 25th or another percentile) that corresponds to the number of cases or exposure to simulation we believe as a community maintain those KSAs.

This is just a back-of-the-napkin proposal, but we need to start somewhere. And a first step is acknowledging the need and value of military specific pediatric KSAs. We, as the military pediatric clinical community, would use data and consensus to outline the blueprint from which to develop, track, and validate military pediatric KSAs. Those KSA thresholds can then inform our GME and UME training program curricula, MTF recapture efforts, and PCMH enrollment decisions.

If you are interested in joining a working group on the topic, please contact me at [gregory.h.gorman.mil@mail.mil](mailto:gregory.h.gorman.mil@mail.mil)

## Naval Medical Center San Diego: An ABP MOC Portfolio Site

*Christine L. Johnson, MD*

*CAPT(ret) MC USN*

I am pleased to write an updated SOUS newsletter article in follow up from my 2017 report on a successful American Board of Pediatrics (ABP) Quality Improvement (QI) Project at Naval Medical Center San Diego (NMCS D.) Many of you are aware that we had an active ABP Maintenance of Certification (MOC) approved project to improve our Universal Lipid Screening rates in 9-11 year old patients in our general pediatric clinic from 2016 to 2018. We gave ABP MOC Part 4 credit to 18 members of the department for their involvement in this project over the 2 years and we improved our screening rates from 15% to over 45% screened. This led to a full IRB-approved protocol for a database review of lipid screens and correlation with BMI in military children in this age group.

In October of 2018, NMCS D became an ABP MOC Portfolio site. This status allows us to approve our own projects at the local level and garner ABP MOC credit for many pediatricians within our department and potentially at other sites as well. 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." We currently have 3 officially approved projects at NMCS D and several more in the planning phases. The goal is that we all become meaningfully involved in quality improvement initiatives that ultimately improve the care we provide to our patients, and while doing so, we maintain our official board certification.

*Continued on page 13*



## Naval Medical Center San Diego: An ABP MOC Portfolio Site *Continued from page 12*

As a reminder, in order to maintain your certification with the ABP you must now enroll in their 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 or MOCA Peds)- 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 or participate in MOCA- Peds. 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 which is moving away from secure testing and MOCA or Maintenance of Certification Assessment is now available. MOCA is an online, non-proctored assessment platform. You will receive 20 timed, multiple-choice questions quarterly and you can use resources to help you answer the questions. General Pediatrics and several Pediatric Subspecialties have this available as an option now, with several additional Pediatric Subspecialties coming on line soon.

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 the program called Portfolio Status. The ABP awards credit for structured, well- designed QI projects that are based on accepted improvement science and methodology.

The ABP is looking for new sites to serve as Portfolio sites. Once you have a few proven QI projects under your belt, you can apply for MOC Portfolio status, just like NMCSO. The ABP has a cadre of individuals standing by to assist with the application process. I am also 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](mailto:Christine.l.johnson2.civ@mail.mil).

**For more information or to join the section...**

visit our website at:

<http://www.aap.org/pedsuniform> and our Collaboration Site at: [collaborate.aap.org/sous](http://collaborate.aap.org/sous)



## Military Health Service Female Physician Leadership Course

*LCDR Kristie E. N. Clarke, MD MSCR FAAP*

In April 2019, I was honored to be selected to attend the Military Health Service Female Physician Leadership Course. One hundred outstanding O-4/junior O-5 female physicians from the Army, Navy, Air Force, Public Health Service, and Coast Guard are selected each year to attend this course, which was founded to promote the development of emerging female physician leaders due to the relative paucity of senior female physician leaders in the Military Health Service.

Those are the facts of the program, but allow me to share my own experience. When I walked into the room that first day, I was deeply proud and humbled as I met outstanding female physicians from across our uniformed services. Physicians had flown in from around the world, in some cases self-funded, to benefit from 3 days of concentrated time to develop leadership skills. The presenters were outstanding and included leadership panels consisting of female flag officers from all services sharing their wisdom and breakout small-groups providing the attendees with the opportunity to seek support from each other and develop project ideas. Additional breakout sessions by military service provided the opportunity to connect with other emerging female physician leaders on service-specific issues. Topics included developing greater emotional intelligence, tips for finding and effectively engaging relationships with mentors and sponsors, crafting your CV, and effective communication.

Most of all, as an officer who works in a busy and travel-heavy position while caring for my toddler at home, having dedicated time to reflect on leadership and career development was a true gift. It has caused me to think differently about my job and my career trajectory, and I would highly recommend applying to this opportunity to any interested medical officer. I'm happy to share more information and reflections, and can be best reached at [kclarke2@cdc.gov](mailto:kclarke2@cdc.gov). Keep an eye out for this opportunity, which typically solicits applications in December.





## Walter Reed Autism Resource Clinic

*Subodh Arora, MD, Capt, USAF (PL-2, Pediatric Resident, NCC)  
Sandra Salzman, MD, Capt, USAF (PL-2, Pediatric Resident, NCC)*

*The views expressed in this newsletter are those of the author and do not reflect the official policy of the Department of Army/  
Navy/Air Force, Department of Defense, or U.S. Government*

The Autism Resource Clinic (ARC) was established at Walter Reed National Military Medical Center to address the unique challenges facing military families that require access to services considered standard-of-care for autism management. The primary care provider, though uniquely positioned to act as a hub of information, can rarely afford the time and may not have enough resources on hand to provide information regarding each service available. This project was implemented more than 6 months ago, with sustainment plans and grant proposals submitted to continue it for the foreseeable future.

This clinic is a three-hour session held at quarterly intervals to accommodate patient needs in a forum where parents/guardians are introduced to specialists from each venue involved in their child's care—medical, insurance, educational, social, community, and local military resources. Patients are referred at initial diagnosis, when approaching transition to a new age group with new distinct developmental needs, upon family PCS to a new location, or when directed by primary care physician to become familiar with local resources. During the ARC, volunteer specialists in critical areas of autism support provide a brief ten to twenty minute summary of the type of care they provide, how it helps the child/family, and how to engage the service, and answers questions from parents. Speakers are contacted from the list of suggested resources given to families upon diagnosis, transition, or arrival to station and are those who are willing to attend the conference free-of-charge in order to support the military autism community.

Speakers include professionals from the following agencies and offices:

- ◆ Pediatric Primary Care and Developmental Pediatrics - Role of PCM, medical home, introduction of specialists.
- ◆ ABA Applied Behavioral Analysis - Therapy for daily function and social integration.
- ◆ P.L.A.Y. Therapy – Civilian based resource
- ◆ Occupational Therapy
- ◆ In-Clinic Behavioral Health Psychology
- ◆ Child and Adolescent Psychiatry
- ◆ Nutrition/ Feeding Clinic
- ◆ Social Workers - Social Development Class
- ◆ Tricare Insurance and Social Work assistance in transition to civilian insurance - registration and maintenance of eligibility
- ◆ Legal – Considerations of guardianship and powers of attorney
- ◆ Child Find and Early Childhood Identification & Services
- ◆ Montgomery County School District Representative - Considerations of 504 plan development vs IEP
- ◆ Exceptional Family Member Program Liaisons – Family Support Joint Base Andrews
- ◆ Police- Special operations division
- ◆ Pathfinder's For Autism Technical training and Community Activities
- ◆ State Of Maryland - Autism Services Self-determination, advocacy and decision making, job exploration, work responsibilities and expectations, job readiness, drivers education
- ◆ Defense Health Agency - Overseeing Department for military medicine.

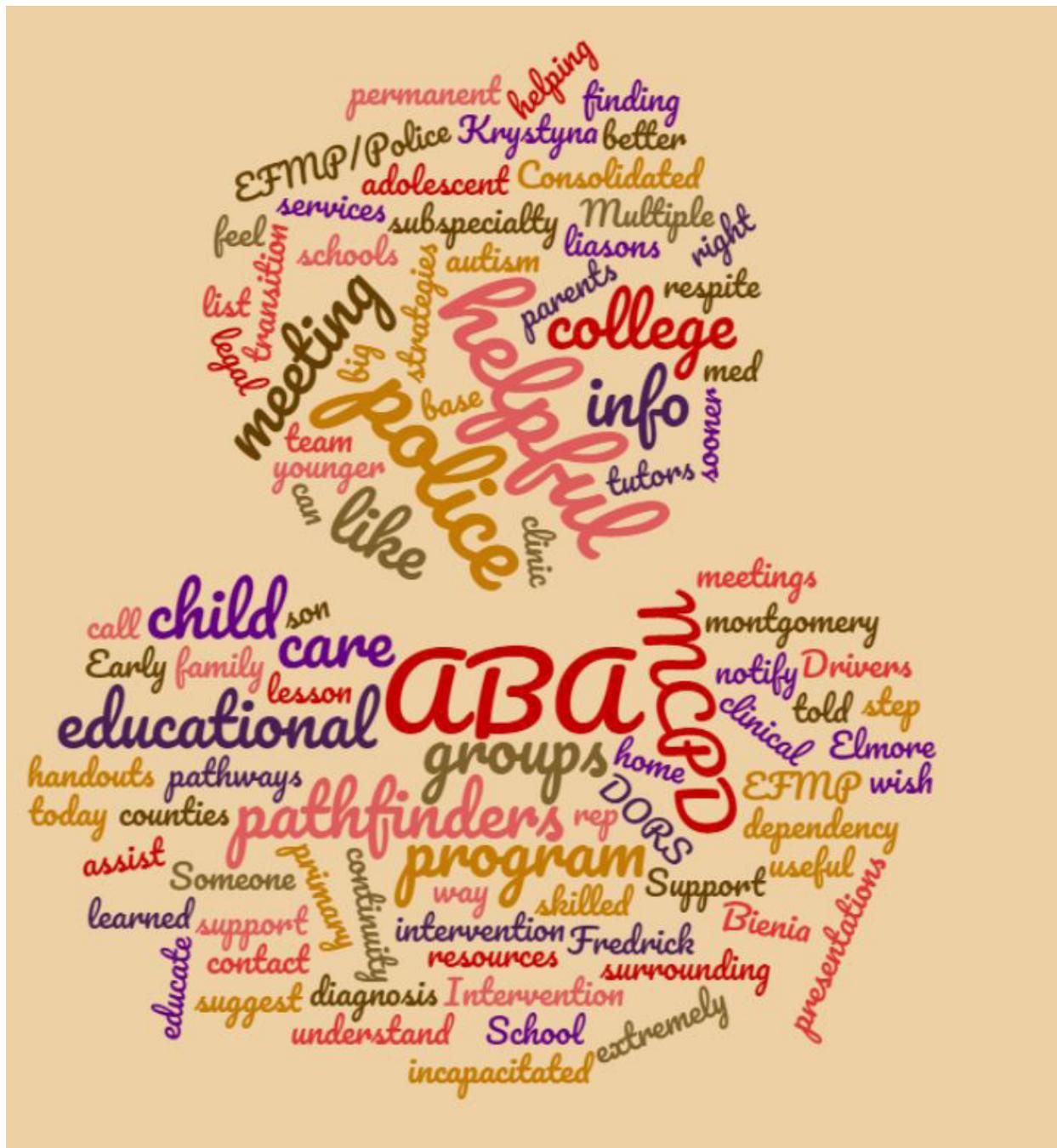
This project has demonstrated benefit to patient care with face-to-face introduction to medical, educational, community support services and peer network in a one-day event with almost no cost and relatively small amount of invested coordination time. Moving forward, we anticipate an increase in efficiency and a secondary decrease in general pediatrics and adolescent clinic appointments and telephone encounters that would otherwise be spent organizing this care on an individual basis. Likert scales of

*Continued on page 16*



Walter Reed Autism Resource Clinic *Continued from page 15*

parental perception regarding connectedness with Autism community, knowledge of resources and familiarity with the medical home have shown significant improvement in post-clinic surveys compared to pre-clinic surveys. Moreover, parents are connected to a support network of military peers in similar situations as well as the myriad of resources from the experts in each field in a timely and efficient manner. Participating parents have often found solace and bonded over shared experiences. In the words of one parent “This clinic has made things so much easier.” We hope to be a pilot program that other military and civilian treatment facilities could use as a model to serve their communities with autism.



Word cloud from actual parent comments after ARC



## Graduate Programs in Health Professions Education

Director, Dr Steven Durning ([steven.durning@usuhs.edu](mailto:steven.durning@usuhs.edu)),  
 Deputy Director, Dr Tony Artino ([anthony.artino@usuhs.edu](mailto:anthony.artino@usuhs.edu))

- Formal graduate education in Health Professions Education (HPE) is increasingly important for those working in our field (e.g., physicians, nurses, dentists, etc.). The HPE programs at the Uniformed Services University (USU) are designed to **educate health professionals** to serve as **academic leaders** (e.g., program directors, deans, clerkship directors, chairs, core faculty, clinic directors, and research directors). These programs prepare **academic leaders** with education in **leadership, teaching, educational research, educational theory, curriculum design, learner assessment, and program evaluation** through coursework, mentored experiences, and a variety of scholarship opportunities (e.g., research, grants, innovations). The HPE programs cater to part-time students, using distance learning technologies for its blended learning programs. You don't need to move to Bethesda to be a part of this program!
- We offer **three certificates** and **two graduate degrees in HPE**. The **certificates** include: (1) Introduction to Foundations in HPE (I-FHPE), (2) Foundations in HPE (FHPE), and (3) Advanced Foundations in HPE (A-FHPE). The certificates are designed to be completed within one year (full or part time) with the exception of the A-FHPE, which is designed to take up to 18 months (part time). The **graduate degrees in HPE** include: (1) Master of HPE (MHPE), and (2) PhD in HPE. The MHPE is designed to be completed within 2 years (full time) or 3 years (part time). The PhD in HPE is designed to be completed within 4 years (full time) or 5-6 years (part time).
- We are thrilled to have several pediatricians in our program. Over 90% of HPE learners are in uniform and the remainder are civilians in the MHS, VA, or AAMC. Our MHPE graduates are currently serving as program directors or deans in the MHS.
- The HPE learner population is truly **inter-professional**, including physicians, nurses, dentists, social workers, clinical psychologists, administrators, and simulation professionals from the military and other federal health care systems. Learners include medical students, residents and junior to senior faculty in our system.
- All HPE programs (certificate, Masters, and PhD) are built on a competency framework organized around three domains: **leadership, education, and research** (see figure).
- Please consider applying to one of USU's HPE programs.





## Ode to Endocrinology

*Capt Lindsey Cline, MD, FAAP  
Pediatrics, Kirtland AFB, New Mexico*

*\*To the tune of Supercalifragilisticexpialidocious from Mary Poppins\**

Normal hypothyroidism, Synthroid for your doses.  
Even if you check your blood, your A1Cs atrocious.  
If you get weird hair when young, it's likely you're precocious.  
Androgen insensitive, let's get him some cajones.

Adrenal hyperplasia, oh I need my steroid doses,  
I think I have the Addison's my skin is quite atrocious  
Puberty is quite delayed, I need hormone mimosas,  
My skin looks funny, I don't know, maybe it's acanthosis?!

I got the diabetes, shoot! Hope it's not acidosis  
Graves' Disease has gotten me, my eyes have quite the proptosis  
Empty sella syndrome, can you tell me my prognosis?  
Don't take too much! You sure don't want thyrotoxicosis

Turner Syndrome ovaries went through early meiosis  
DI wants the water 'cause they have too much osmosis  
Hyperparathyroidism, ouch! That probably calcinosis  
With Kallmann Syndrome you can't smell, that parts got apoptosis

Watch the lipids! You don't want arteriosclerosis  
"Take your vitamins" they say, stop osteoporosis  
Staying small, oh have you thought, might be cystic fibrosis  
It's some endocrinopathy, more labs 'til diagnosis!

*Written during Resident PL-3 Pediatric Endocrinology Rotation in the midst of reading and researching endocrine topics leading to the eventual diagnosis of a close family member with an endocrinopathy.*



## AAP Section on Uniformed Services Uniformed Services Pediatric Seminar (USPS) Agenda for the 2019 AAP National Conference

Sunday, October 27, 2019 —New Orleans, LA  
Hilton New Orleans Riverside, St. James Ballroom

- 0900 Welcome and Overview of the Section  
COL Catherine Kimball-Eayrs, MD, FAAP
- 0910 60th Anniversary Section Retrospective (1959–2019)  
CAPT David Wong, MD, FAAP
- 0915 Outstanding Service and Dave Berry Awards  
Chapter Outstanding Young Pediatrician Awards
- 1000 Ogden Bruton Lectureship  
Leading in a Rapidly Evolving World—Lessons for Uniformed Pediatricians  
MG Sean Murphy, MD, FAAP
- 1050 Smallpox Vaccines: Past, Present, and Future  
CDR Brett Petersen, MD, MPH
- 1140 Boxed lunch, poster viewing, and speed mentoring
- 1300 Abstract Oral Presentations—Part 1  
Ogden Bruton Top Research Abstract  
Andrew Margileth Top Research Abstract
- 1340 The Past and Future of Autism Spectrum Disorder Treatments  
LTC Eric Flake, MD, FAAP  
LTC Daniel Schulteis, MD, FAAP
- 1430 Abstract Oral Presentations—Part 2  
Howard Johnson Top Research Abstract  
Presentation of the Hemming and Geppert Awards
- 1500 Army, Navy, Air Force Consultant Breakouts
- 1600 Adjourn



## COMPRA Call for Abstracts

The Conference on Military Perinatal Research (COMPRA) 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 to the continued generous support of Mead Johnson Nutrition (MJN) and the AAP Uniformed Services Section, the 38th annual COMPRA is scheduled for **Friday, November 8, through Sunday, November 10, 2019**. This year we will be returning to the Grand Hyatt San Antonio. It's a fantastic location right along the Riverwalk in heart of San Antonio (<https://sanantonio.grand.hyatt.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 Friday, August 16. Applicants will be notified of selection for attendance and presentation of abstracts no later than September 16.** Please email your submission abstract (following the attached guidelines) and any other meeting correspondence to [nicholas.r.carr8.mil@mail.mil](mailto:nicholas.r.carr8.mil@mail.mil).

*The AAP Section on Uniformed Services would like to thank Mead Johnson Nutrition for their support of COMPRA.*

## 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 <http://eweb.aap.org/myaccount>. 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](mailto:membership@aap.org).

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



## 2019 D8SONPM Conference

District VIII was organized in 1976 under the Neonatal-Perinatal Section of the American Academy of Pediatrics and encompasses Uniformed Services West. We are a non-profit organization with a primary goal of providing a mechanism for the interaction and education of health care professionals within the district who share a common goal of improving the outcome of pregnancy. The 43rd annual District VIII Conference on Neonatal-Perinatal Medicine was held **Thursday, June 27, through Sunday, June 30, 2019 in Anchorage, Alaska**. The theme was Technology and its integration into Neonatology. This year’s keynote speaker was Mark Del Monte, JD, CEO/Executive Vice President (Interim) for the AAP, speaking on Advocacy in Neonatology. Additional guest speakers included Robert Digeronimo, Erika Fernandez, Mark Hudak, and more. Optional breakout sessions included point of care ultrasound hands-on skill building for an additional fee. For additional updates, please follow us on twitter (@D8Neonatal) or contact [christy@logisticsllc.com](mailto:christy@logisticsllc.com) directly.



The sharing of knowledge and experiences, as well as the beauties of Alaska, were evident at the D8SONPM Conference. See Mark Del Monte, JD, enjoying a moose-ride above. Below, see Dr. Will Sherman from the TAMC Neonatal fellowship with civilian colleagues from Seattle Children’s Hospital. Also, see Dr. Nicholas Carr, Dr. Hava Haischer-Rollo, and Dr. Zachary Weber from the SAUSHEC Neonatal fellowship program.





# Uniformed Services & the AAP Mentorship Program

## Overview

Mentorship is an important tool for professional development and has been linked to greater productivity, career advancement, and professional satisfaction. There is an opportunity among uniformed services pediatricians to mentor each other on training choices, focused career development, professional development, and promotion. The AAP recognizes that mentorship is critical in helping to nurture and grow future leaders and that a mentorship program is key to career development.

The AAP Mentorship Program seeks to establish mentoring relationships between trainees/early career physicians and practicing AAP member physicians.

Connect with others and strengthen the field of pediatric uniformed services.

## What are the **goals**?

**The AAP Section on Uniformed Services (SOUS), Uniformed Services Chapter East, and Uniformed Services Chapter West** aim to promote career and leadership development. Physician mentors will have opportunities to further develop leadership skills and learn about emerging trends from the next generation of their peers. Physician mentees will gain a trusted advisor and learn methods to enhance career training and advancement.

## How does it **work**?

Participants will complete an online mentor/mentee profile form. The profile form collects information on education, training, subspecialty interests, practice/professional/clinical interests, and the amount of time the participant is willing to commit; these factors all facilitate the matching process. Mentor/mentee pairs will have the ability to meet traditionally in person (if they choose a local match) or use one of several online tools to meet virtually.

## What is the **time commitment**?

The program offers opportunities for long-term (one full academic year) or short-term “flash” mentoring. Mentors/mentees will be asked to set regular phone meetings to discuss mentee goals, objectives, and progress. Mentors/mentees should also answer all communications in a timely manner.

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®





# Uniformed Services & the AAP Mentorship Program

## Who can **participate**?

All national AAP members in good standing are invited to participate. Visit <http://bit.ly/2wluh3N> for information about how to become an SOUS member or renew your membership.

## How can I **find another uniformed pediatrician**?

You can search for other users in the Mentorship program as a mentor or mentee easily. Simply filter by the 'designation' field and look for those with the 'Uniformed Services' credential.

## How do I **get involved**?

Visit <http://bit.ly/22rvQVx> to access the AAP Mentorship Program. You'll be asked to sign in with your AAP login and password. You can sign up to be a mentor, mentee or both, as well as long-term or flash mentoring.

## How do I **get more information**?

- Send an email to [mentorship@aap.org](mailto:mentorship@aap.org).
- Visit <http://bit.ly/2eHOcRj>.
- Contact Tina Morton at [tmorton@aap.org](mailto:tmorton@aap.org) with any questions about the AAP Mentorship Program.

## Visit **us**:

- [aap.org/pedsuniform](http://aap.org/pedsuniform)
- [uschapterwest.com](http://uschapterwest.com)
- [facebook.com/UniformedServicesChapterEast](https://facebook.com/UniformedServicesChapterEast)

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®





## Editor's Note:

Many thanks to all our contributors to this edition of the AAP Section on Uniformed Services Newsletter. This has been an exciting time with lots of potential changes and evidence of outstanding flexibility and resilience in the military pediatric community.

I continue to be impressed and humbled by the AAP SOUS and I am honored to work with such a compassionate group dedicated to the mission of improving children's health and to the missions our military services set before us. Thank you for everything you do in the care of our patients and the training of our future pediatricians and doctors.

Please feel free to send me article ideas, pictures, poems, stories, or anything you might be interested in seeing in future newsletter editions. (Thanks to Capt Lindsey Cline for thinking outside the box with your poetic submission ☺). Please send all types of submissions to [candace.s.percival.mil@mail.mil](mailto:candace.s.percival.mil@mail.mil).

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](mailto:tcoletta@aap.org). We will 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 Section on Uniformed Services.

Respectfully,

Candace S. Percival, MD  
Lt Col, USAF, MC  
[candace.s.percival.mil@mail.mil](mailto:candace.s.percival.mil@mail.mil)

*We welcome  
contributions to the newsletter  
on any topic of interest to the pediatric community.*

Please submit your idea or article to: Lt Col Candace S. Percival, MD, FAAP  
[candace.s.percival.mil@mail.mil](mailto:candace.s.percival.mil@mail.mil)



# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



June 18, 2019

345 Park Blvd  
Itasca, IL 60143  
Phone: 630/626-6000  
Fax: 847/434-8000  
E-mail: [kidsdocs@aap.org](mailto:kidsdocs@aap.org)  
[www.aap.org](http://www.aap.org)

Vice Admiral Raquel C. Bono.  
Director, Defense Health Agency  
Department of Defense  
7700 Arlington Boulevard  
Suite 5101  
Falls Church, VA 22042-5101

#### Executive Committee

##### President

Kyle E. Yasuda, MD, FAAP

##### President-Elect

Sara H. Goza, MD, FAAP

##### Immediate Past President

Colleen A. Kraft, MD, FAAP

##### Secretary/Treasurer

Anthony D. Johnson, MD, FAAP

##### CEO/Executive Vice

President (Interim)  
Mark Del Monte, JD

#### Board of Directors

##### District I

Wendy S. Davis, MD, FAAP  
Burlington, VT

##### District II

Warren M. Seigel, MD, FAAP  
Brooklyn, NY

##### District III

Margaret C. Fisher, MD, FAAP  
Long Branch, NJ

##### District IV

Jane M. Foy, MD, FAAP  
Winston-Salem, NC

##### District V

Richard H. Tuck, MD, FAAP  
Zanesville, OH

##### District VI

Dennis M. Cooley, MD, FAAP  
Topeka, KS

##### District VII

Anthony D. Johnson, MD, FAAP  
Little Rock, AR

##### District VIII

Martha C. Middlemist, MD,  
FAAP  
Centennial, CO

##### District IX

Yasuko Fukuda, MD, FAAP  
San Francisco, CA

##### District X

Lisa A. Cosgrove, MD, FAAP  
Merritt Island, FL

Dear Vice Admiral Bono:

As you are well aware, the Fiscal Year 2017 National Defense Authorization Act (NDAA) started in motion an effort to improve military medical readiness and gain warfighting billets. The Department of Defense (DoD) and the Defense Health Agency (DHA) have proposed eliminating medical billets, including many pediatric billets, and shifting care to the civilian sector. The DHA has said that is "identifying the alternative models – civilian hires, contract staff, military-civilian partnerships, or use of existing TRICARE networks – that will best meet the needs of beneficiaries." Although at this point in time DHA has not elaborated on which medical providers and staff will be most affected, we believe that eliminating uniformed pediatric billets from the military health system could have devastating second- and third-order consequences for our men and women in uniform and their families, including their infants and children, who rely on pediatricians as providers for essential healthcare services. On behalf of our nation's pediatricians, including those in uniform, I write to express our concern about both the short- and long-term consequences that could come about from such changes and urge you to protect medical billets and military graduate medical education (GME) programs.

In a time when a more lethal fighting force is being mustered to defend freedom and democracy from new threats, it is reasonable to look at streamlining military spending and un-needed billets should be scrutinized. However, uniformed pediatricians are critical in both general medical capacity (warfighting) and to honor the commitment to care for the family members of those who serve. While uniformed pediatricians have a long history of excellence as first-line physicians near combat, they are also distinguished in providing specialty and subspecialty care and saving children's lives who are critically ill. Without an adequate number of uniformed pediatricians, and training programs which instruct to the needs of the military, the medical care of military children, especially those living in isolated duty locations, will most certainly suffer.

#### **Uniformed pediatricians not only care for warfighters, but also children injured in combat and humanitarian assistance missions.**

Pediatricians have a long and distinguished track record of service in the United States Armed Forces, serving in a variety of roles in every major conflict since the Spanish-American war. More recently, military pediatricians have been involved in all levels of care in Afghanistan and Iraq. Many have functioned as battalion, brigade and flight surgeons, served on hospital ships and as hospital commanders; in fact, the first two uniformed physicians to enter Iraq after the initial invasion were Army pediatricians. The third most deployed medical specialty in the military, pediatricians have provided "boots on the ground" and have served as the chief physician of Iraq's busiest military medical facility during the surge operations, the Air Force's 332<sup>nd</sup> Theater Hospital in Balad, as well as the Surgeon General of the Navy.

*Continued on page 26*



Caring for warfighters is not the only reason for a pediatrician to be in uniform. Unfortunately, children represent a substantial proportion of battle related trauma and medical emergency care. Brigadier General George Weightman, senior medical officer during the initial phase of war in Iraq, emphasized “the need to have more pediatric-trained physicians and pediatric supplies to treat children who were injured during the fighting. We’re going to see kids.” In fact, because of the lack of medical infrastructure in Afghanistan, pediatric patients occupied 25 percent of hospital bed space at one point in Army treatment facilities in Afghanistan and Iraq. In addition, uniformed pediatricians provide expertise to numerous humanitarian assistance missions every year. Department of Defense GME training even focuses on preparing pediatricians for both planned health support missions and emergency relief missions, especially throughout Asia, the South Pacific, and Latin America.

Whether in a combat theatre or supporting United States humanitarian responses around the world or here at home, uniformed pediatricians are uniquely positioned to provide much needed care in austere circumstances such as these. Hiring a highly qualified civilian pediatrician to support a war effort or to be “on call” for natural disasters is not practicable. In order to provide this ongoing support to war efforts and humanitarian assistance, serious consideration must be given to having enough pediatricians for care of the beneficiary in remote locations *and* deployments. Proposed cuts to military pediatricians will not allow for all these missions to be accomplished.

#### **Uniformed pediatricians are crucial to providing congressionally mandated health benefits.**

The long line of service to the warfighter and to injured foreign national children is only the beginning of the critical importance of uniformed pediatricians, and is, in essence a “collateral duty.” We also know that today’s all volunteer armed services are filled with soldiers, sailors and airmen who have families and children. Approximately two million children under the age of 18 receive healthcare from the Military Health System, and 70% of those are enrolled in TRICARE Prime. Since care for these two million children in military families is congressionally mandated, uniformed pediatricians are critical to both family readiness and wartime readiness.

If the health of our families is indeed considered a national security priority, then the reduction or elimination of pediatricians would do little to improve military wartime readiness, while simultaneously depriving Armed Forces families and their children of accessible, effective, and affordable medical treatment. Servicemen and servicewomen who are deployed need the peace of mind to know that their family back home can get access to needed health care providers, including pediatricians. It is also true that with 40 percent of the active duty force aged 24 years or younger, force readiness starts with the adolescent and young adult expertise of military pediatricians.

Seen another way, military pediatric care can be viewed as a recruitment and retention tool for active duty servicemembers, especially given the capacity shortcomings in certain areas. Being able to access care at a Military Treatment Facility (MTF) can be a huge incentive for active duty servicemembers with dependent children, especially those with special health care needs, to remain in the military.

Although there are proposals to have the civilian network take care of military beneficiaries, this could complicate providing care for children with complex medical needs as well as critically ill children in isolated locations. In these two arenas, uniformed pediatricians are irreplaceable.

#### **The care of beneficiaries with complex medical needs has been identified as an “at risk” area by the Defense Health Agency.**

Fourteen percent of children enrolled in TRICARE Prime have special healthcare needs, and/or require special medical, behavioral, or developmental services. Nineteen percent of healthcare visits by children in the MHS are

*Continued on page 27*



for specialty care. In the Southern California area, approximately 60% of all child beneficiaries requiring more than \$100,000 in medical care are cared for at the military medical center.

The current civilian pediatric subspecialty workforce is very capable and provides quality care but is already overburdened. Many children must wait 4 months or more to see a pediatric sub-specialist. According to a 2017 Children's Hospital Association study, the average time to see a developmental pediatric specialist is 18.7 weeks. It is 20.8 weeks for genetics, and 9.9 weeks for child and adolescent psychiatry and 7.7 weeks for allergy and immunology. Approximately 1 in 3 children must travel 40 miles or more to receive needed specialty care. There is significant disparity in the geographic distribution of pediatric subspecialists across the country, resulting in many underserved and rural areas having even worse access to specialty care. Duty stations are often near rural areas.

In addition to excessive distances and lack of capacity to accept new patients, there are many private sector clinics and hospitals in the United States that cannot participate in TRICARE because of the low payment rates. As a general rule, TRICARE pays about 35% of private insurer amounts, which makes it challenging for a provider to accept a significant amount, or even any, TRICARE patients. Shifting TRICARE patients away from MTFs to the contracted providers may not improve access and could lead to significant delays, unnecessary stress, and possibly adverse medical outcomes in "healthcare deserts."

Military pediatricians at MTFs help ameliorate this problem by allowing children to access care on base. By reducing the number of pediatric billets in the MHS and training fewer pediatric sub-specialists, it will be much harder to obtain needed health care for military children, particularly those with special health care needs and/or those in isolated locations. Military GME programs are also essential to ensuring an adequate supply of pediatricians who are specially trained to the mission of caring for complex patients in the MHS, combat theater, humanitarian missions and isolated locations, and to help sustain the skills of the current workforce.

### **Caring for critically ill newborns (and older children) is a military-unique mission for pediatricians.**

The most common codes utilized in the MHS are childbirth, followed by other pediatric care. In isolated geographic locations (both overseas and state-side) most military families receive care at a MTF from a military trained pediatrician or family medicine physician. Without adequate numbers of military pediatricians (and OB/GYNs) in place, most expectant mothers (and thus newborns) would have to be referred to network care. In isolated locations, there is often no adequate network of providers. Where military babies are born in isolated locations, a major problem and serious threat will exist without uniformed pediatricians, trained to be able to handle newborn emergencies.

The uniformed general pediatrician is specifically trained to be an expert "first responder" to neonatal emergencies. A neonatal emergency is defined here as a pulseless newborn (a baby born not breathing and/or without a beating heart), an extremely premature newborn (as small as 1 pound or as early as 5.5 months gestation), or a life threatening birth defect (of the heart, lungs, intestines, or brain). Just as access to specialty care is limited in the frequently remote duty stations, so too is the access to high-level neonatal care, such as a neonatal intensive care unit (NICU). Many remote locations (Cuba, Guam) are so far from an acceptable facility that the uniformed pediatrician must be trained to do the job of a pediatric or neonatal intensive care specialist for 24-48 hours while awaiting transportation. This is beyond the capabilities for the majority of civilian pediatricians, most of whom are primary care, clinic-based pediatricians, or rely on a transportation system which renders expert care in less than an hour. Newborns and critically ill children count on the special training and commitment of the uniformed pediatrician; this kind of pediatrician cannot be contracted or hired, especially in the current GS hiring and contracting environment which is extremely slow, burdensome, and limited in the amount of compensation that can be offered, even for such an important job.



And this problem is not only limited to isolated areas. If the reduction in number of billets for pediatricians and ancillary staff at MTFs throughout the MHS goes forward as proposed, MTFs who continue to offer pediatric services will most likely have to attempt to hire contract pediatricians or go through the civil service process to acquire needed providers. A recent study by the United States Government Accountability Office (GAO) concluded that the DoD has not assessed the suitability of federal civilians and contractors to meet operational medical personnel requirements. The report found that military department officials expressed a preference for using military personnel and cited possible difficulties in securing federal civilian and contractor interest in such positions. The report cited several challenges, including lengthy hiring and contracting processes and federal civilian hiring freezes that affect DoD's ability to use federal civilians and contractors. In fact, senior officials at each of the six MTFs that GAO spoke with for the report cited challenges with the federal civilian hiring process, and five of the six MTF officials noted challenges with the contracting process.

Likewise, civilian residency programs do not consistently prepare their graduates to be solely and independently responsible for such a broad scope of care (especially neonatal emergencies), as military programs do.

### **Uniformed Services Graduate Medical Education programs train to the unique military mission.**

For decades, the DoD GME program has provided the millions of Armed Forces families with a highly trained, well-staffed, and accessible health care provider workforce. The majority of uniformed pediatricians train at a military medical center (MEDCEN), staffed with a combination of uniformed and civilian (often retired military) physicians who have experience with remote duty stations and deployments. While many prestigious pediatric residency training programs exist, they usually aim to graduate skilled outpatient (clinic) pediatricians, or pediatricians bound for fellowships in subspecialties. The average graduate from even the best civilian program may not be ready to independently resuscitate a pulseless newborn on an island, thousands of miles from an intensive care unit, a reality for many uniformed pediatricians.

In addition, the Uniformed Services University of the Health Sciences (USUHS) plays a critical role in training and supplying military pediatricians that civilian training programs do not. For example, the accompanying report language from the Senate's FY2017 National Defense Authorization Act noted that "medical officers graduating from [Uniformed Services University of the Health Sciences] USUHS serve an average of 14 years following completion of residency training while medical officers graduating from civilian institutions serve an average of seven years after residency training." These numbers demonstrate that military trained physicians, including pediatricians, are dedicated to the military, and make careers working in the MHS and serving the children of our Armed Forces.

If GME billets were dramatically reduced, these training opportunities will not automatically be picked up in the civilian sector. Even if one were to propose a partnership with civilian GME programs to ensure the military specific training that is required, the capacity may not exist. Civilian residency training is limited, with nearly 3,000 medical school graduates unable to match into a residency program annually in the United States. Simply put, the excess need created by the elimination of military GME may not be able to be replaced in the private sector. This problem is compounded by the fact that fewer medical residents are choosing careers in certain pediatric subspecialties and the existing subspecialist workforce continues to age. The training programs provided through military GME billets and USUHS in these much-needed subspecialties are crucial to providing needed medical care for children in military families, as well as the civilian population that benefits from this training.

Finally, military GME programs also serve as a "re-training ground" for those uniformed pediatricians who have recently served in remote locations. Frequent skills sustainment and refreshing at a major teaching center is required in order to sustain excellent outcomes in remote locations.



To truly fulfill the promise of keeping families healthy and safe, even in the remote locations we send them, we must preserve uniformed graduate medical education in pediatrics.

### **The American Academy of Pediatrics urges caution in considering cuts to Uniformed Pediatricians**

The AAP understands that military readiness is of the utmost importance to the Department of Defense (DoD). But we are also wary of preparations being made that would dramatically reduce the number of military billets. Although there are proposals to shift care from uniformed physicians to a greater use of civilian providers, there is not enough information available regarding what criteria DHA are using to determine which billets they would eliminate. A GAO study released in February of this year that reviewed the initiatives begun by DoD to maintain the critical wartime readiness of medical providers noted that DoD's methodology is "limited with respect to a key initiative that will use a metric to assess medical provider's clinical readiness—a component of wartime readiness." Specifically, the study found that "DoD does not use complete, accurate, and consistent data that fully demonstrate results." The report also found that "DoD has not made decisions about the specialties to which its metric should apply or budgeted for full implementation of the metric." With these findings we hope that caution will be used moving forward and we urge reconsideration of proposals to dramatically shift a greater portion of care for military children to the civilian sector.

We know that pediatricians are critical for military readiness. Reducing the number of billets for uniformed pediatricians in the MHS and eliminating military pediatric GME opportunities could actually complicate DoD's goal of attaining optimal military readiness. Pediatricians are integral to the mission of the DoD, not only in treating our military children and children affected by combat, but also in promoting readiness and serving our nation.

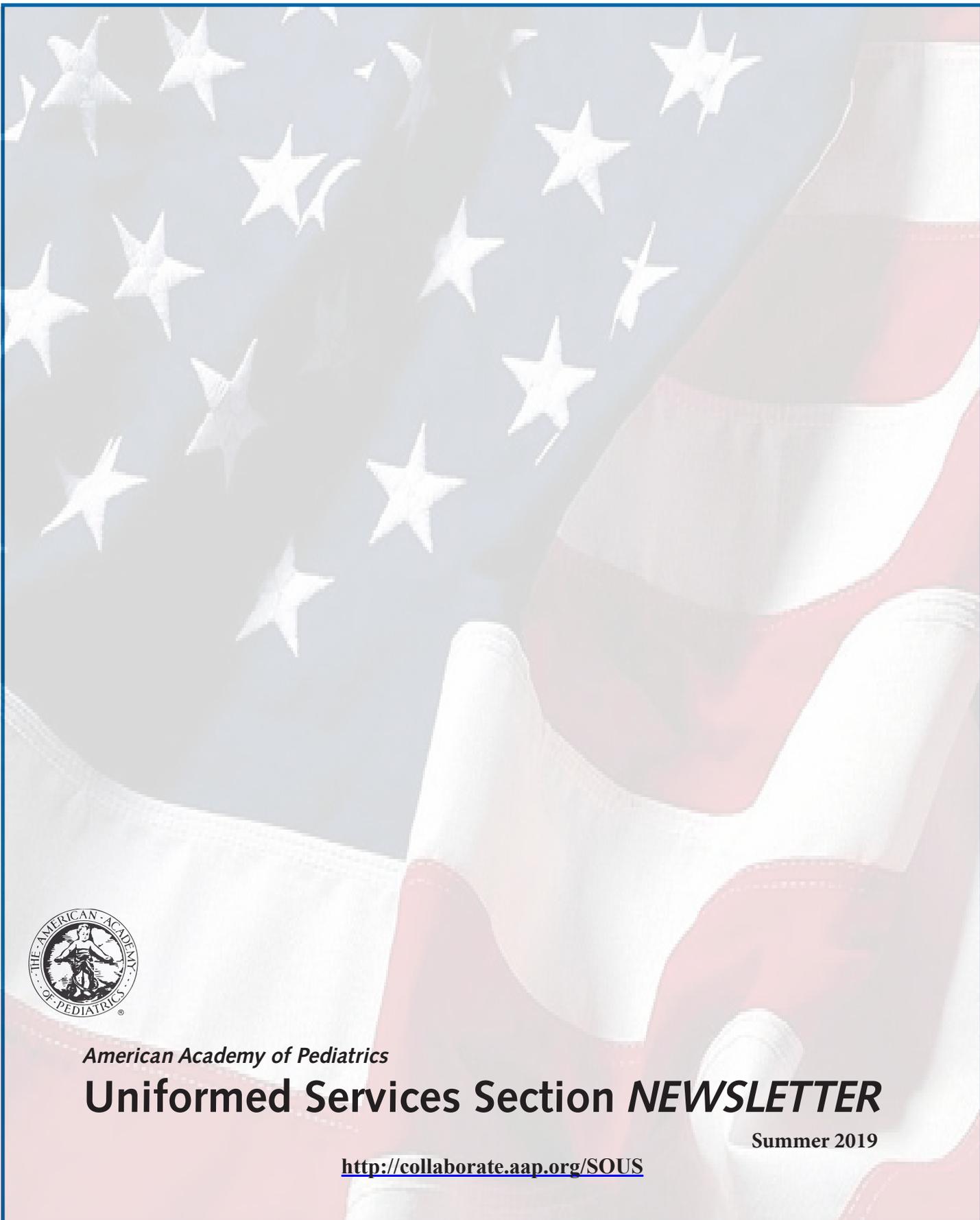
We hope that you consider the important role pediatricians play in the MHS and how crucial they are to military readiness. We respectfully request a meeting with you and the leadership at DHA to discuss the issues raised in this letter. If we may provide further information or assistance, please contact Patrick Johnson in our Washington, DC office at (202) 347-8600 or [pjohnson@aap.org](mailto:pjohnson@aap.org).

Sincerely,

A handwritten signature in black ink that reads "Kyle E. Yasuda, MD, FAAP".

Kyle E. Yasuda, MD, FAAP  
President

KEY/pmj



*American Academy of Pediatrics*

# **Uniformed Services Section *NEWSLETTER***

Summer 2019

<http://collaborate.aap.org/SOUS>