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 true honor to serve as your Section Chair over the last year. I have had the opportunity to meet so many of you, both in person and virtually, and continue to be impressed by the diversity and generosity of our membership.

We had another wonderful Section educational program (Uniformed Services Pediatric Seminar) in Orlando, which included awarding both the Outstanding Service Award (Congratulations CAPT (ret) Christine Johnson) and the Dave Berry Award (Congratulations Maj Nitasha Garcia), networking, for those present, and educational topics that spanned building resiliency among our military dependents to advice for the new general pediatrician. In addition, we have continued to work with the Chapters, support USU pediatric interest groups and advocate for Uniformed Services Pediatricians and all those who care for our beneficiaries.

Our Section members are engaged and provide significant contribution to the AAP mission. The AAP Clinical Report “Health and Mental Health Needs of US Military Families” is written by the Section and specifically Chad Huebner and was recently released. One of the highlights of completing this report was the opportunity to ensure that a family member had a chance to weigh in on the information contained in the report; she give us significant feedback.

In addition, with our encouragement and support, the AAP partnered with ACOG (American College of Obstetrics and Gynecology) to lobby Congress for standard postpartum deployment deferrals for all active duty, no matter their Service. While a good idea, this was in direct response to a resolution on this topic written by Dr. Thornton Mu and supported by both Chapters and the Section at the Leadership Forum. We also continued our advocacy for highlighting the efforts of all Uniformed Pediatricians which resulted in a wonderful article about our Public Health Colleagues in the June 2018 AAP News.

We have been working hard to ensure the history of Military Pediatrics is well documented in the AAP Archives. As mentioned last year, we previously did an Oral History with Dr. Margileth and this year have completed an Oral History with Dr. Val Hemming. Many thanks to Dr. Courtney Judd who put the time and effort into completing this oral history. You can access a copy of the oral history here: https://www.aap.org/en-us/about-the-aap/Pediatric-History-Center/Pages/Oral-Histories.aspx.

I look forward to the continuing opportunity of being able to advocate for military children and those who provide their care. Please let me 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!
2018 Uniformed Services Section Election Results

Ashley Marie Maranich, MD, FAAP
Executive Committee Member – Army

Keith M. Lemmon, MD, FAAP
Executive Committee Member – Army

New Term Began November 1, 2018

Thank you to
LoRanee Braun, MD, FAAP and David Harford, MD, FAAP
for running this year’s election!
# Section on Uniformed Services

## Executive Committee Roster

<table>
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Notification of desire for membership, subscription requests and address changes should be sent to:

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Fax: 847/434-8000
E-mail: 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)

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American Academy of Pediatrics

Section on Uniformed Services
Air Force Consultant Update

David T. Hsieh, Lt Col, USAF, MC
AF/SG Maternal Child Consultant
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Dear Air Force Pediatrics,

It’s hard to believe that I am now past the six-month mark since starting my new job as your Pediatric Consultant. Between the Pediatricians I have met on my visits to our Residency Programs and attendance at the American Academy of Pediatrics, I have reaffirmed for myself what I have already known we have some really amazing people amongst us. I am so impressed with what we are doing on an everyday basis. We are providing our children with high quality and compassionate medical care. We are teaching and mentoring the next generation of pediatricians. We are pushing the boundaries of medical knowledge with research. We are doing so much more - and doing it all over the world.

As we all realize by now, however, we are in the midst of change. With the clear focus on readiness, we have directives to restructure and decrease pediatric manning over the next several years. We are still working through how, when, and what we will be moving forward with. I have full confidence that we have the right people in the right places to push the mission in exciting and innovative ways.

There is no doubt that our senior leaders value us as Pediatricians. However, we, Air Force Pediatrics, must continue to focus on our unique readiness roles. The world of Air Force Pediatrics will be different and in many ways better - there will continue to be great opportunities for you individually as a pediatrician – from fulltime clinical billets to senior leadership.

In the meantime, I will provide updates as they come out, and continue to communicate and coordinate with our Sister Services. We have already started coordinating with the Army and Navy through our DHA clinical communities. The Women and Infant’s Clinical Community is active and the Pediatric Complex Care Clinical Community is continuing to build its structure.

Within the Air Force, we are meeting on a monthly telephone conference to promote quality through our Pediatric Quality Forum (PQF). We have had some rich discussions about a variety of clinical topics, updates from out pediatric subject matter experts on Genesis and RESET, and are working on projects focused on peer review standardization and provider transitions from clinics back to inpatient MTFs.

I will continue to send out my email updates, but please know that you can contact me at any time about any issue. If I do not have the answer I can help direct you to the correct office who will. Wishing everyone a Happy New Year!

- David


is located on the Section on Uniformed Services web page.
Dear Navy Pediatrics,

Hello Navy Peds! Hopefully you are all receiving my intermittent email updates. If not, make sure you email me with your best contact information. I wish there was a better way to communicate than email, but reaching 140 pediatricians scattered around the world in clinical, leadership, and operational billets is a bit tough to do in-person. 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. And, of course, we have the ultimate bragging right of one of our own as Surgeon General of the Navy.

Many of you execute our primary 24/7/365 mission of maintaining the health of our war-fighter’s children overseas and at austere locations, as well as literally saving the lives of those same children in times of need. A large number of you have deployed on the most recent set of missions across the globe, from Pacific Partnership or Continuing Promise, to Puerto Rico in support of Hurricane Relief efforts, to South America on a Secretary of Defense directed humanitarian mission, and finally, to Brazil on a riverine medical mission on the Amazon. While no-one ever wants to leave home, these are important missions, and despite the hardships of deployment the experiences are almost universally hailed as career milestones. Please consider stepping up the next time the call comes out for a deployment.

Over the past 18 months, I’ve had the privilege of visiting many of you in Japan, Guam, the Pacific Northwest, Portsmouth, and Camp Lejeune on perinatal assist visits. BUMED invested a significant amount of money to send specialty leaders to locations that deliveries occur, in order to ensure that all the resources are in place to provide world-class mother-infant care. I am happy to report that each of you performed in an outstanding fashion. It was a reminder to me, and to the teams we visited that a pulseless newborn can be delivered anywhere in the world, and when least expected. If you are in that critically important group of pediatricians who could be responsible for a pediatric emergency, remember that drilling and simulation at the highest possible level is your best line of defense to ensure you have everything you need when it actually happens. As I mentioned, this is our 24/7/365 readiness mission, and allows our warfighters to take their families anywhere in the world that the Navy needs their skills.

To that end, we are all awaiting the release of the re-organized billet structure via POM20/21 and MEDMACRE. I am not going to go into detail in this update, as it is likely that we will know much more in the coming weeks. Just remember that this is not a personal assault on Pediatrics, but an effort to create a more powerful fighting force. In my opinion, there is room for change, but Navy Pediatricians must always be at the front line of pediatric emergencies, operational and humanitarian medicine, and be part of the GME process training to those missions. These missions will not go away, and we are needed to execute them.

Thank you for all you do. 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:
U.S. Public Health Service (PHS) Update
Ebola Survivor Wall and Joint Services Awards Ceremony

On November 15, 2018, the U.S. Public Health Service (PHS) Commissioned Corps hosted two important and memorable events—the unveiling of the Ebola Survivor Wall and the 2017 Hurricane Response: Joint Services Awards Ceremony.

During 2014–15, PHS officers were on the front lines of the Ebola outbreak staffing the Monrovia Medical Unit, a 25-bed field hospital in Liberia where officers cared for healthcare workers infected with, or significantly exposed to, the Ebola virus.

During this response, the Commissioned Corps created a “Survivor Wall” from a bin of scraps left by the U.S. Army 101st Airborne Division. A maritime blue tarp was affixed to wood and was adorned with survivors’ handprints using the closest version of Quarantine yellow paint available—purposefully the colors of the U.S. PHS flag.

As RADM Scott Giberson, Commander of the Commissioned Corps during the Ebola response, said during the unveiling, “As these providers were cured and left their mark, this wall stood as a beacon of hope. It symbolized the tradition of excellence of our Corps, the partnership of nations, and the resilience of the individuals that survived.”

We also recognized and celebrated a singularly important joint response activity, wherein uniformed service members from both the Department of Defense and the U.S. PHS Commissioned Corps deployed in support of response and recovery efforts in the wake of the devastation caused in 2017 by Hurricanes Harvey, Irma, and Maria.


ADM Giroir Meets with PHS Officers at the 2018 AAP NCE in Orlando

ADM Brett P. Giroir, the highest-ranking officer in the U.S. Public Health Service (PHS), was appointed as the 16th HHS Assistant Secretary for Health on February 15, 2018. As a pediatric intensivist, ADM Giroir has a special interest in health issues affecting children, including the opioid epidemic, sickle cell disease, diabetes/childhood obesity, and HPV vaccination. Many of ADM Giroir’s priorities were shared in a plenary talk he gave at the 2018 AAP NCE in Orlando.

On the day prior to his plenary, ADM Giroir graciously invited all PHS officers registered for NCE to attend an informal meet-and-greet with him. Eight PHS officers attended—representing CDC, the Indian Health Service, the Uniformed Services University, and HHS Headquarters—as well as leadership from the AAP Section on Uniformed Services. ADM Giroir shared updates on his priorities and learned more about each individual officer, their job duties, and any concerns he could potentially address. The event was extremely well-received by those in attendance and reflected on ADM Giroir’s commitment to engage with officers at all levels within PHS.

Modernization of the PHS Commissioned Corps

The U.S. Public Health Service Commissioned Corps is currently undergoing a year-long effort to modernize its operations, including structure, business and management practices, staffing needs, training, information technology, and mission/vision statements. This effort is being led by ADM Brett Giroir and is designed to create a more responsive, stable, and relevant workforce.

Continued on page 7
U.S. Public Health Service (PHS) Update  Continued from page 6

The early self-assessment phase of the modernization process (i.e. key informant interviews, focus groups, benchmarking study of similar organizations) has revealed several key findings:

• Most HHS agencies served by PHS officers project an increased demand for officers over the next few years.
• Specific agencies, such as the Indian Health Service, have unique needs, such as persistent provider shortages of up to 25 percent, which could be best filled by officers.
• Besides PHS-sponsored deployments, officers are frequently requested for their specialized expertise and flexibility to serve on agency response missions. Nearly 50 percent of officers have participated in intra-agency missions since 2016.
• Deployments remain one of the most visible and impactful contributions by officers. During 2013–2018, officers deployed over 6,000 times, contributing more than 116,000 deployment-days to more than 110 different missions.

Additional assessment activities will be conducted in early 2019, including an “all-Officer” survey and a Town Hall. A final report will be issued sometime in FY19.

David Wong, USPHS, MC
david.wong@hhs.gov

In Case You Missed It

The Section on Uniformed Services is increasing the awareness of the distinctive role of military pediatricians by advocating for the unique health and mental health needs of our vulnerable pediatric dependent population. This article was published in Pediatrics in January 2019. Please find the article at: http://pediatrics.aappublications.org/content/pediatrics/143/1/e20183258.full.pdf

Additionally, pediatricians in the Public Health Service were recently highlighted as “America’s Health Responders” in the June 2018 edition of AAP News. See the photo below and the complete article at this link: http://www.aappublications.org/news/2018/05/24/phs052418

Sara A. Jager, M.D., FAAP, staff pediatrician and chief of medical staff at the Tuba City Regional Health Corporation
To my colleagues,

I am humbled to serve as Chair of Pediatrics at USU. Uniformed Pediatricians have an impressive legacy of innovation and excellence in teaching, research, and clinical service made possible by our forbearers and all of you- both on campus and across our national faculty. From my vantage point, I would like to briefly share my vision for our future. As Uniformed Pediatricians, and faculty at America’s Medical School, our charge is to improve the health and well-being of children on the home front, the battlefield, and beyond.

Home front. Each of you knows all too well that the military child experiences both unique social and health challenges, as well as incredible opportunities. It is our duty, through education and training, to ensure that the military health system as a whole, and individual providers of all specialties, are able to deliver the most effective and high-quality care possible. This not only fills our moral obligation as physicians, but also advances readiness, because the deployed warfighter not only expects cutting edge health care for themselves down-range, but also for the same world-class health system to care for those they leave behind. I am so thankful to each of you for the dedication and excellence you exhibit when teaching- not only the next generation of Uniformed Pediatricians from USU, but also the medical students, military physicians, nurses, medics, and other health professionals across the entire federal health system from military bases around the globe to Indian Health Service clinics in 35 states, all to improve the health of children.

Battlefield. During the past two decades of conflict, Military Pediatricians have served with distinction at every echelon of care- there is no question that Military Pediatricians have the knowledge, skills, and ability to preserve the fighting force. Beyond the core resuscitation medicine skills that all military physicians sustain, with 40% of the active duty force aged 24 or younger, force readiness starts with the adolescent and young adult expertise of Military Pediatricians.

Field Marshal von Moltke observed in the late 1800s, that no operational plan survives first contact with the enemy. While our doctrine for deployed medical support rightly focuses on the prevention and treatment of disease non-battle injury and combat trauma for deployed forces, we know that children represent a substantial proportion of battle related trauma and medical emergency casualty flows. Though many of us have first-hand experience with this issue, the broader Department of Defense still does not fully appreciate this gap within our medical doctrine and operational planning. This mission will not diminish on the multi-domain battlefields of the future, and it is our duty to ensure that the DOD has the policy, doctrine, materiel, and training necessary to meet this challenge. The US warfighter has a noble legacy of caring for children put in harms-way by conflict. Our ability to restore children to health and ease their suffering provides both solace to service members, often surrounded by human misery, and is a tangible sign to conflict affected communities of the goodwill of the people of the United States.

Beyond. Whether through Global Health Engagement or through cutting edge research, Pediatrics at USU and across the MHS are aligned to the Department of Defense’s mission. Supporting US Government humanitarian response around the globe, or even within our own borders, children are disproportionately affected and in need of timely and targeted health interventions. Uniformed Pediatricians are uniquely positioned to support these missions across the spectrum of conflict through direct service support, education, and training programs that span the DOD and broader USG interagency, and informing policy development.

Furthermore, pediatric research can and should address the emerging needs of both the Military Child and the global community that we serve. As Uniformed Pediatricians, we should take the lead addressing the unique health needs of the Military Child. We can also strengthen the visibility of how our research improves the readiness and welfare of war-fighters by addressing dual threats, and the novel application of our results that are relevant to both populations. Spanning academic hubs, such as USU and

Continued on page 9
medical centers, as well as community hospitals and clinics, epidemiologic, basic science, and clinical research will strengthen communities of practice, build research collaborations, and set priorities that drive initiatives to unlock the potential of our national faculty and create a new era in pediatric research across the Military Health System.

I thank you for the committed dedication that typifies your approach to our collective mission and I look forward to working with you to meet the tasks at hand and the challenges ahead.

Best wishes,
Pat Hickey

USU Department of Pediatrics Activities

USU Pediatric Interest Group participating in a community advocacy event with Comfort Cases in Rockville, MD

USU Pediatric Match Day: (back) 2Lt Vanessa Sanchez (SAUSHEC), 2LT Lauren McNally (MAMC), 2LT J. Ryan Hitt (MAMC), 2LT Cameron Elward (SAUSHEC), (front) 2Lt Kara Brusher (NMCP), 2Lt Sapna Gopalasubramanian (NMCP)

Be Informed!!!  Get Involved!!!

Join the Section on Uniformed Services LISTSERV® Today!

If you are interested in joining the Listserv, e-mail tcoletta@aap.org.
Uniformed Services Chapter East Update

Hello from Uniformed Services Chapter East!

Within the past year we have had some transitions within our executive board. This past spring, we said a fond farewell to several board members who have loyally served our chapter in many roles. MAJ Jennifer Hepps, CDR Alex Holsten, LCDR Melissa Buryk and CAPT Amy Gavril, we express gratitude for all the dedication and leadership. I am honored as President to follow in their footsteps and continue the great work of our Chapter.

Uniformed Services Chapter East is in the midst of innovative and exciting times. Below are a couple of projects we have been working on:

Our members continue to be involved in AAP Advocacy efforts. In April, our current member at large, CAPT Wendy Schofer, attended the AAP Legislative Conference in Washington, DC, and has been exposing our membership to creative ways to approach pediatric advocacy.

In our past newsletter we highlighted our trainees. Our NCC residents, CPT Saira Ahmed and CPT Christin Folker, educated us on ways to address toxic stress in the military pediatric population. The Uniformed Services University Pediatrics Interest Group informed us of the volunteer work and other activities they have participated in. Last summer three of our Chapter East members, CPT Claire Daniels, CPT Judy-April Oparaji, and LT Shannon Brockman, all received Special Achievement Awards for their contribution to the chapter and the AAP.

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. This event served as an invaluable networking and continuing education opportunity for those in the NCR region. As we strive to expand inventive yet relevant CME opportunities throughout Chapter East, we also funded the 1st Annual Quality Improvement Conference held at Naval Medical Center Portsmouth. This conference offered an opportunity to increase visibility of QI projects throughout the command, and provide experiential learning within a multidisciplinary approach. Please let us know any other ideas for educational and/or research collaborations.

This past October we sent out a survey and have received great feedback from our membership regarding ways to improve our chapter. In response to their requests we will be continuing our active social media presence and soon hope to provide CME via webinars. We are also excited to provide opportunities for active membership participation, and further leadership roles. Resident Liaisons have been identified from our GME programs (NCC, NMCP, and WPAFB), and we will soon be looking for MTF Champions from our non-GME sites. 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. If you are interested in being an active member

Continued on page 11
Hi. This is Uniformed Services West Chapter checking in with an update on what has been happening on our side of the Mississippi.

1. At the Annual Leadership Forum in March, our Chapter put forth a resolution in support of uniform deployment deferments (12 month) for active duty post-partum mothers across the Services in order to support breastfeeding. In collaboration with SOUS as well as the Uniformed Services East Chapter, the AAP Department of Legislative Affairs and American College of Obstetrics and Gynecology, sent a letter to members of the Senate and House Armed Services Committees in support of Section 504 “Deferred Deployment for Members Who Give Birth” within the 2019 NDAA.

2. We continue to support funding for NMCSD to send one of their residents to the California Medical Association Annual Legislative Advocacy Day which occurs each spring. They attend this event in collaboration with residents from UCSD in order to expose them the impact physicians can make on legislation that can affect the care of patients.

3. At NCE, we have two ongoing programs that we fund.
   a. The Outstanding Young Pediatrician awards – recognizing a junior pediatrician from each service branch for their diligent clinical work, research productivity, and leadership skills. This year we had multiple wonderful nominations from each branch and we were honored to recognize CPT Benjamin Telsey, LCDR C. Scott Love, and MAJ Michelle Lawson.
   b. Resident Travel Grant Awards – a resident from each of the four pediatric training programs within our area is selected to attend NCE in order to learn more about what the AAP is about and share their experience with their training programs.

4. Our Chapter CATCH Grant Facilitator, CPT Matthew Nestander, is available to help our members who are interested in applying for a CATCH grant. We had two applications in the most recent cycle and one was awarded a grant to help fund their project. CATCH grants are a great opportunity to get involved. Contact info: matthew.a.nestander.mil@mail.mil

5. Dr. Waecker continues as the Chapter Grant Coordinator helping investigators by accepting research and grant funds through the USW Chapter which can be complex when working in the military setting. Contact info: pedsid@cox.net

Being a part of the AAP organization, we advocate for children and promote their medical well-being. We also need to promote physician wellness and meet physician needs. We are open to any and all suggestions on ways we can accomplish these goals.

Amy Michalski, President
amy.c.michalski.civ@mail.mil
Awards and Highlights from AAP NCE SOUS Meeting 2018

The Uniformed Services Pediatric Seminar (USPS) had a fantastic day of education, camaraderie, and reunion at the annual AAP National Conference and Exhibition in Orlando, FL in November 2018. From sharing GME program innovations at the Program Director Education Forum to learning about improving resiliency in our vulnerable, pediatric population, hearing tips and tricks honed during her overseas tours from an active duty general pediatrician and shifting our paradigm in the management of adolescent obesity, the education provided was outstanding.

The Outstanding Service Award honors a uniformed pediatrician who demonstrates a long-term commitment to military medicine. This year, this prestigious award honored CAPT (ret) Christine Johnson.

The Dave Berry Award honors the qualities and characteristics embodied by MAJ Dave Berry, MC USA, and encourages the development and career of promising junior staff pediatricians in military education. Col Susan Moran, MC, USAF shared the story of Dave Berry’s character and achievements and was able to present the esteemed award this year. The honored recipient of the David Berry Award was Maj Nitasha Garcia, MD, USAF.

Marty Weiss was awarded recognition for his distinguished service on the Section on Uniformed Services (SOUS) Executive Committee Member from 2013-2018

Continued on page 13
Chapter East and West Outstanding Young Pediatrician Awards

Chapter West Award Recipients (presented by LCDR Lisa Mondzelewski and LTC Thornton Mu)
Navy - LCDR C. Scott Love
Air Force - Maj Michelle Lawson
Army - CPT Benjamin Telsey (not pictured)

Chapter East Award Recipients (presented by LCDR Witza Seide)
Navy – LCDR Terrence D. Bayly
Army – Maj Rebecca McConnell
Air Force – Capt George Edwardson Jr.

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
2018 Ogden Bruton Award
First Place – MAJ Shaprina Williams
“Use of Magnetic Resonance Imaging and LiverMultiScan, a Novel Post-Processing Software, to Investigate the Relationship between Liver Inflammation Possibly due to Non-Alcoholic Fatty Liver Disease and the Metabolic Syndrome”

2018 Andrew Margileth Award
First Place – LCDR Andrew Delle Donne
“Impact of Extended Maternity Leave on Breastfeeding in Active Duty Mothers”
2nd Place – LTC Matthew Heisel
“Comparing Combination Therapy with Proton Pump Inhibitor and Topical Steroid versus Topical Steroid Alone for the Treatment of Eosinophilic Esophagitis”
3rd Place – Capt Nicholas Carr
“Implementation of a Neonatal Hypoglycemia Bundle in a Military Treatment Facility”

2018 Howard Johnson Award
First Place – CPT Christopher Stark
“Exposure to Different Antibiotic Classes During Early Childhood is Associated with Pediatric Obesity”
2nd Place – CPT John “Evans” James
“Breast Feeding Rates in an Army Active Duty Population”
3rd Place – CPT Saira Ahmed
“Children’s Sleep Issues after a Parent is Seriously Injured”

2018 Val G. Hemming Award
First Place – 2LT Joseph Hitt
“Patch Ambulatory Rhythm Monitoring in Children: A Cost-Effective Analysis”
2018 Leo Geppert Research Award

First Place – CDR Lisa Mondzelewski
“Timing of Circumcision and Breastfeeding Frequency: A Multi-Center, Prospective, Randomized Clinical Trial”

2nd Place – CPT Claire Daniels
“Improving HPV Immunizations Rates through Provider Education and Simulation”

3rd Place – CPT Rasheda Vereen
“Longitudinal Changes in Growth in Children Born Preterm and Full Term from Birth to 8-9 Years of Age”

3rd Place – MAJ Anna Isfort
“Assessing the Effectiveness of the Healthy Habits Clinic in Improving the Care of Overweight and Obese Pediatric Patients”

2018 Leo Geppert Case Report Award

First Place – Capt Lindsey Cline
“A Case of Syringomyelia Presenting with Isolated Growth Hormone Deficiency”

2nd Place – Capt Sarah Donigian
“Primary Giant Cell Rich Sarcoma: Introducing a New Potential Therapeutic Target”

2nd Place – CPT Brandon Pye
“DRESS Syndrome: A 15-year old Boy Presents with Fever and Rash”

2nd Place – MAJ Benjamin Smith
“Bilateral Inguinal Hernias in a Phenotypic Female Should Raise the Suspicion for a Disorder of Sexual Development”
MAJ Shaprina Williams presents her award winning research and is presented her Ogden Bruton award by COL Thornton Mu. He also presents, along with Dr. Margileth, the Andrew Margileth Award to LCDR Andrew Delle Donne following his platform presentation. CPT Anna Isfort, CDR Lisa Mondzelewski, CPT Adharsh Ponnapakkam, 2LT Joseph Hitt, MAJ Brandon Pye, Capt Sarah Donigian, Capt Lindsey Cline, and MAJ Benjamin Smith also win awards for their scholarly activity (see page 14 for award winners and finalists).
Highlights from AAP NCE SOUS Meeting 2018

Capt Camille Vu and MAJ Anna Isfort by their poster. Capt Lindsey Cline discusses her poster with Lt Col David Hsieh. Mentorship Tables abound with many SOUS members enjoying experience, networking, and camaraderie.

Gregory, CPT Elizabeth Perkin’s son speed mentors Drs. Andrew Margileth and Donald Knox.
AAP Section on Uniformed Services Agenda
2019 NCE—New Orleans, LA

Session Description: This session will highlight topics relevant to military pediatricians, including advances in next-generation smallpox vaccines, a point-counterpoint session on treatment of autism spectrum disorders, and guidance on leadership development from an active-duty pediatrician/General Officer. Awards for outstanding service, research, and career achievement will also be presented.

Sunday, October 27, 2019

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
   COL 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

1630 Adjourn
Call For Abstracts
for the
American Academy of Pediatrics
SECTION ON UNIFORMED SERVICES
for the
AAP National Conference and Exhibition
October 25-29, 2019
New Orleans

Submission deadline: April 12 at 11:59 pm (EST)
(abstracts must be received by this date)

The Scientific Award Committee of the Uniformed Services Section announces the 2019 Scientific Award Competition. This competition will take place at the NCE during the Uniformed Services Pediatric Seminar (USPS) Program, 27 October 2019 in New Orleans, LA.

Submissions are now being accepted for the Scientific Awards Competition (SAC) for 2019. As part of the call for abstracts, six scientific awards will be given to honor research efforts by Uniformed Pediatricians. The awards are:

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

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

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

- **The Leo Geppert Innovation Award** (certificate of merit): for the Uniformed Pediatrician with the best paper outlining a Quality Improvement or Patient Safety innovation affecting the care of pediatric patients.

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

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

**QUALITY IMPROVEMENT PROJECT ABSTRACT SUBMISSIONS AND MOC PART 4 ELIGIBILITY**

- This year, we will be accepting abstracts describing quality improvement projects. These abstracts may be eligible for free MOC Part 4 credit through the AAP’s Maintenance of Certification (MOC) Portfolio.

- Please describe the following in your abstract submission. These items MUST be included on the poster or slide presentation in order to be eligible for MOC credit:
  - The specific aim of the quality improvement project that describes the target population, desired numerical improvement, and timeframe for achieving the improvement
  - The process for improvement (e.g., QI methodology utilized, how the intervention was implemented, how tests of change were used to modify interventions, who was involved, etc)
  - Graphical display of data: a minimum of baseline and 2 follow-up measurements
  - A discussion of the degree to which the aim was achieved
  - Factors that affected success
  - Next steps for the QI project

- To submit an abstract describing a QI project, select the “QI Project” radio button as part of your abstract submission.

- If accepted into the program, you will be contacted by AAP Division of Quality/MOC Portfolio staff with further information about MOC eligibility.

*Continued on page 20*
Call For Abstracts  Continued from page 19

• Note: authors can still submit a QI project abstract even if not interested in MOC credit. Abstracts may still be accepted into the program even if they do not follow the MOC guidelines. These, however, will not be eligible for MOC credit.
• Poster/oral presentations describing projects already approved for MOC Part 4 credit are not eligible for additional credit.
• Additional details are available here: www.aap.org/mocabstracts

Submit your abstract at
http://www.aapexperience.org/abstracts/

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

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

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.

Thank you for your continued membership and support of our mission.
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 this year to the continued generous support of Mead Johnson Nutrition (MJN) and the AAP Uniformed Services Section, the 37th annual COMPRA occurred at the Eilan Hotel & Spa in San Antonio on October 19th-21st.

This year’s theme was “Improving the Quality of Care for Neonates and Their Providers.” Dr. Jason Higginson, MD, USN Captain, served as the 2018 Robert A. deLemos Guest Lecturer. Dr. Jason Higginson, MD, currently serves as the Chair for Pediatrics at Eastern Carolina University. His talks were entitled “Fighting Physician Burnout with Faculty Development: The Teachers of Quality Academy” and “Learning to Lead: Military Leadership Lesson Applied in Reforming Quality in a Large NICU.”

Additionally, we were extremely lucky to welcome Drs. Reese Clark of the Pediatrix group and Gautham Suresh of Texas Children’s Hospital as guest speakers with their talks on “Defining and Improving Value in Pediatric and Neonatal Care” and “The Impact and Prevention of Burnout in Health Professionals” respectively.

Twelve military affiliated fellows and staff were selected with travel expenses provided to present their research in platform format for their current and future colleagues. Three active duty fellowship programs were represented with basic, translational, clinical, epidemiological, and quality abstracts presented.

For information regarding attending or abstract submissions for the 38th annual COMPRA held in fall 2019, please contact Nicholas Carr (nccarr320@gmail.com) or Tracey Coletta (tcoletta@aap.org).

The AAP Section on Uniformed Services would like to thank Mead Johnson Nutrition for their support of COMPRA.
A Word of Gratitude: A Medical Student’s Experience on the USNS Mercy
2LT Elizabeth Polston, MSIV, USUHS
Selected for Pediatric Residency Training 2019 at Madigan Army Medical Center

I am one of twelve medical students from the Uniformed Services University (USU) incredibly grateful for our chance to join the USNS Mercy for part of its extensive humanitarian and national building mission this past year, “Pacific Partnership 2018.” My group of four joined the Mercy for the time spent in Malaysia and Sri Lanka, and on the big open waters in between. The larger goals of the mission included partnership building and enhancing disaster preparedness.

As a young, aspiring military physician and a global health enthusiast, this opportunity was an exceedingly fascinating one for many reasons. Invaluable experiences included watching our nation’s military work with host and partner nations from all around the world, developing mentorships and friendships with many of the people involved, and soaking up the lessons of leadership, operational planning, and cross-cultural competency involved in such a complex mission.

I arrived just in time for our main event in Malaysia- a trauma symposium with the military medical providers of both nations. It was a perfect example of the Subject Matter Exchanges (SMEs) that took place in most mission port stops. These exchanges exist as a platform for experts in particular healthcare subjects to share knowledge with one another, interchange perspectives and experience, and absorb the lessons learned from the strengths and challenges of each country’s unique environment. One of the Malaysian doctors relayed to me over tea how helpful it was to hear how to treat improvised explosive device (IED) blast injuries and how to manage complex airways, as this content was new to young providers like herself who had only been on peacekeeping missions to date.

When we were not on duty or engaged in SMEs, the crew was encouraged to explore the beautiful city and delicious food of Kuala Lumpur. With a rested and rejuvenated team, we set off towards our next stop- the welcoming and gracious city of Trincomalee, Sri Lanka.

While underway, many trainings and lecture series took place. I was particularly intrigued by the mass casualty drill, where the Mercy leadership challenged its crew to run the ship in its full Role 3 Medical Facility capability. At USU, we get magnificent training in simulated deployment scenarios, culminating in a capstone experience called Operation Bushmaster, where students develop and execute a plan for a life-like mass casualty scenario. It was interesting to watch the similarities play out between the two mass casualty drills, to see a universal model playing out on opposite sides of the world, one on land, one on sea. Another consistency I noticed in both drill scenarios was the invaluable insight of those who had previously deployed, who had significant

Continued on page 23
experience carrying out and often leading patient care in situations where resources and personnel were in short supply. I took mental notes, as a future leader, that when preparing for and executing operational tasks and drills, I always want to create an environment which emphasizes and utilizes the experience of those in the room.

Interdisciplinary cooperation was very important throughout the deployment, both underway and on events in country. Providers from many different countries and all levels of training worked together, exercised together, and ate together. This created a space in which each member of the healthcare team was better exposed to the beauties, trials, and true human qualities of each other member of the team. There was thus a certain sense of unity and level of respect for one another that does not always occur naturally in stateside military treatment facilities, where team members go their separate ways at the end of the workday. Even at the level of a medical student on the ship, I got to know a wide variety of healthcare teammates that I seldom see in our routine practice and was able to develop friendships with providers from several other countries- in contexts ranging from the breakfast table, to the 5K run for sexual assault awareness while cruising across the Indian Ocean, to watching the sunset each evening up on the flight deck, in addition to our shared duties on missions and community events in country. Through these connections, we had many opportunities to teach one another while underway, to explore together while in country, and to understand one another’s experiences, insights, and complementary operational roles. The unique setting also gave us the chance to meet and learn from leaders and mentors on the ship, who shared their diverse military backgrounds and global health experiences with us.

We arrived in Sri Lanka, a country less than ten years out from a civil war. As a result, after communication between US and Sri Lankan military leaders, it was decided that our optimal medical focus in country would be supporting the goal of enhancing stability. This occurred through a variety of activities including leading several SMEs, providing partnered US and host nation surgical care, and adding an extensive series of Collaborative Health Exchanges (CHEs). These CHEs were usually set up in local schools and included care from a wide variety of physicians (Internal Medicine, several subspecialties, Pediatrics, Family Medicine, and Dermatology), physical therapists, dentists, and optometrists, and had overwhelming support from pharmacists, corpsmen, and nurses.

Every day, hundreds of patients from near and far came to the CHEs. There were patients who otherwise had little access to care, usually due to proximity issues or difficult family situations. However, many of the presenting patients had previously been evaluated locally and worked up very similarly to how they would have been in the US. Most of the providers I shadowed during the CHEs found that patient education became a huge part of their encounters, as their patients presented with little understanding of their workup, their eventual diagnoses, or both. I wondered if this was related to differences in health literacy, cultural expectations, or perhaps the time and resource constraints of an overburdened healthcare system. Another group of patients seen were those asking for cures that unfortunately do not exist, in hopes that the US had treatment options that are not available in some parts of the world. It was both heartbreaking and enlightening to watch physicians navigate the art of medicine and work with compassion during those moments, as they required interpreters for nearly every communication.

In my time on the Mercy, I was thankful to see the up-close and personal version of the challenges and obstacles that make their way into the day-to-day missions of partnership building and disaster preparedness. I was also acutely aware of the lessons to be learned from the inspiring individuals who worked to overcome those obstacles and make the mission successful. Several crew members walked me through their involvement in the Advanced Echelon mission and how much coordination was required afterwards to ensure that each event went smoothly. Their stories and perseverance were moving and quickly revealed the essential qualities of humility and cross-cultural competency that are critical in planning and implementing multinational events.

Though our time on the mission was rich with life lessons and leadership lessons, it also revealed more clearly how our global health efforts in the US Military take shape, as well as their substantial impact. I was excited to see the emphasis on sustainability and partnering with teachers and leaders in each host nation we visited. The implications for the people and economy of each host nation mattered. It was also incredible to watch the overarching purpose permeate each layer of the mission- that our investment in each other today could shape for the world a better tomorrow.
School Based Health System: An Innovative Way to Improve Access

COL Keith Lemmon, FAAP
Chief, Department of Soldier and Community Health
Medical Director, Madigan School Based Health System

The Madigan School Based Health System (SBHS) was designed to promote the physical, behavioral and emotional well-being of military dependent adolescent students in the JBLM area on their school campuses. It provides an adolescent focused, high quality, convenient experience exemplifying patient centeredness, accessibility, and provision of safe and coordinated care. The program directly supports Madigan’s mission to generate a ready medical force and a medically ready force by delivering innovative, highly reliable healthcare in support of America’s Military Family. The SBHS mitigates or eliminates a multitude of barriers to care for military teens seeking health care. It facilitates community involvement and ownership of adolescent health issues as well.

The program began in Sept 2012 at Steilacoom High School and Pioneer Middle School. The pilot programs were initially supported by two American Academy of Pediatrics Community Access to Child Health (CATCH) grants totaling $30,000. In 2013 Lakes High School was added and in 2014 Woodbrook Middle School was added to the SBHS. During the summer of 2015, the SBHS program was awarded a $120,000 Army MEDCOM System for Health Gold Award to further improve and expand the program. The SBHS also received the Military Child Education Coalition Pete Taylor Partnership Award. The following year, the program was awarded a $125,000 Army MEDCOM System for Health Diamond Award.

The same year, the Carl R Darnall Army Medical Center (CRDAMC) SBHS won a 2016 System for Health award to partner with the MAMC SBHS to establish the groundwork to get a system for school health started in the Ft. Hood, TX area. Representatives from MAMC SBHS traveled to meet with key CRDAMC hospital and school district personnel during a three day site visit. CRAMC staff coordinated these meetings so that lessons learned as the MAMC SBHS was developed were disseminated to key CRDAMC leaders as they established their own SBHS. COL Mark Thompson was the CRDAMC hospital commander at the time of the decision to initiate the program at Ft. Hood. The CRDAMC SBHS team began services at two high schools in 2016.

In early 2016 three more clinics were opened within the MAMC SBHS at Rogers High School, Harrison Prep Middle/High School, and Mann Middle School. 2017 was a consolidation and analysis year where the focus was on ensuring fiscally optimized and sustainable model as we moved into a dramatically changing landscape of Military Health System governance. In the coming years, all military medical facilities will come under the authority of the Defense Health Agency (DHA). The DHA will work to standardize policy and programs across all Department of Defense healthcare facilities to realize efficiencies and control health care costs. In order to position itself as a potential best practice to be adopted into the DHA, the MAMC SBHS had to reimagine its structure and function. Historically, the program provided services to an arbitrarily determined number of schools utilizing a mix of relatively expensive military and civilian physician staff from multiple clinics. A business case (BCA) analysis of the traditional model demonstrated a cost to the hospital of $556,000 over five years. The cost per visit of this model was $192.39. In the new fiscally optimized model, the SBHS provides care throughout the MAMC catchment area based upon economies of scale in order to achieve the optimal number of encounters per month (234) for a full time equivalent civilian nurse practitioner/LPN team. The BCA of this model demonstrated a $48,000 five-year positive return on investment compared to the old model. The cost per visit was reduced to $104.17.

Additionally, business practices, workflow, and marketing had to be revisited. The timing of when each school was visited was rearranged to maximize available time at each school while minimizing travel time between schools. Time consuming point of care testing was eliminated from SBHS workflow. An outreach program was implemented contacting parents when unmet health care needs of students were identified. All changes were implemented while maintaining the important benefits of supporting Soldier readiness by decreasing parent time away from military duty. Additionally, the SBHS continues to significantly improve adolescent immunization rates and the likelihood of annual wellness visit completion while decreasing no show rates and student absences from school.

The resulting structural and functional changes that converted the legacy model to a new model resulted in approval from the

Continued on page 25
School Based Health System: An Innovative Way to Improve Access

Continued from page 24

Madigan hospital commander in 2018 into two new school districts (North Thurston and Bethel) and four new schools – River Ridge HS, Bethel HS, and Bethel MS. The new schools began operations in Sept 2018 around JBLM bringing the total number of students with access to school services to 2750. Also, in 2018, the CRDAMC Commander at Fort Hood approved an expansion of their SBHS from their current 2 schools to 4 schools adding additional access to care for our vulnerable military adolescent population.

Services at all clinics include physical exams, immunizations, acute and chronic illness management, sports injury and concussion management, screening and treatment for emotional and behavioral health concerns, school staff consultation, limited pharmacy services, lab specimen collection, and referrals to direct care consultative MAMC providers when needed. The clinics are staffed one half day per week at each school with a nurse practitioner and a LPN. The program has a medical director who is board certified in Pediatrics and Adolescent Medicine who provides oversight and consultation. The system receives strategic administrative support from Madigan’s Department of Soldier and Community Health and tactical administrative and nursing support from McChord Medical Clinic. Madigan’s SBHS supports Soldier readiness by decreasing parent time away from military duty/work. It also significantly improves adolescent immunization rates and likelihood of annual wellness visit completion while decreasing no show rates and student absences from school.

In 2017-2018, the SBHS conducted a family satisfaction survey with questions derived from standard JOES surveys. With 97 responses, the SBHS received a 100% satisfaction score for the equivalent of JOES question #23 for overall satisfaction. Comments focused on appreciation of decreased time away from school for students, decreased time away from work for parents, helping teens learn about responsibility for their own health care, overall convenience, and the focus on prevention and outreach from the SBHS.

According to the 2017 Defense Health Board Pediatric Health Care Services Report:

- Pediatric care for Military families is tied to Readiness
- Primary Care is the gateway to getting Behavioral Health Care
- Recommended Universal Mental Health Screening for all Pediatric enrollees
- 46% of 13-18 year olds experience some sort of mental disorder and 21% suffer from a severe mental disorder.
- Only 41% of children with depressive disorders ever receive treatment
- According to the WHO, NIH and National Research Council, The Joint Commission, and the Institute of Medicine, adolescents are considered a vulnerable population

The MAMC and CRDAMC SBHSs specifically address the concerns outlined by the DHA report and the multitude of expert bodies indicating the need to more comprehensively reach the adolescent population. School health clinics are recognized as one of the best ways to decrease the barriers in place to adolescent health care. The MAMC and CRDAMC SBHS’s are on the cutting edge of health care delivery to the military adolescent dependent population and represent a fiscally sustainable alternative to traditional medical facility-based care.

For more information about the Madigan SBHS, please visit:

Contact COL Keith Lemmon at keith.m.lemmon.mil@mail.mil
Virtual Health: High Quality Healthcare Anytime, Anywhere

LTC Sean Hipp
Director, Virtual MEDCEN
Pediatric Hematologist-Oncologist

Military medicine has been paralleling the civilian world. We perform cutting edge research to support our Service Members and design quality improvement projects to constantly provide a better patient experience. The military mission is more expansive than civilian programs. We have to take care of the patients near to the hospital, but at times are called to support service members or civilians in harm’s way. We sometimes have to travel great distances outside of our comfort zone to aid support. This need to travel, transport and adapt is why some love the challenge of the military.

Medicine is continuing to transform in the military as we are realigning medical support under the defense health agency. Virtual Health or telemedicine has a new emphasis with the goal of service members and their dependents having reliable, high quality and accessible care anytime, anywhere. Certainly, the civilian world is doing this as well, but we are standing up services across the world from Korea to Texas. Our number one goal is to support the service member in the operational space, but it must translate to hometown care as well.

Pediatrics has been a leader in Military Virtual Health. From developing an asynchronous provider to provider consultation portal in Hawaii over 10 years ago to give advice to providers on austere islands in the Pacific and then track transports; to synchronous Pediatric Allergy and Gastroenterology visits in Europe. These services have started in innovative silos, but we are working to break down these barriers and expand programs to the enterprise. The military started the first Virtual Medical center in San Antonio, Texas to support these programs, expand them to all the services and be an inflection point for change.

Day to day practice will be forever changed with virtual health. How often does a continuity patient needs to come into the clinic? With new coding practices appointments to the home can be tracked appropriately and receive credit. Surgical wound checks or quick clinical questions could be done from afar with a mobile medic.

An EKG in the field? Very Possible with virtual health!

Physicians can “examine” their patients from a remote location

Continued on page 27
Virtual Health: High Quality Healthcare Anytime, Anywhere  Continued from page 26

avoid a drive to the clinic or urgent care reducing carbon footprint and potential exposure to hazardous driving conditions. Access to clinical specialists can increase throughout the world. There still maybe a need for a hands on evaluation, but a patient could visit with the provider ahead of time and make sure the right materials are available for the appointment. Remote health monitoring of glucose, weight, blood pressure or anticoagulation levels could reduce the “white space” between visits and create opportunities to intervene prior to catastrophic events.

Virtual health has the potential to enhance the patient and provider experience, but this is a developing arena of care. The military has been performing virtual health going all the way back to the Apollo mission, but we are poised to inculcate this into daily medical practice. This will forever change the provider and patient experience from the home front to the austere.

Contact LTC Sean Hipp at sean.j.hipp.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
Pediatricians: Natural Leaders

Christine Nefcy  
Chief Medical Officer, Munson Healthcare  
Lt Col, USAFR

I recently attended a pediatric conference and while listening to many of the key note speakers (mostly pediatricians), I was struck by what excellent leaders they were. I practiced pediatrics for many years and I, along with several of the key physician leaders in my organization, now serve in a primarily administrative leadership role. One of the common jokes heard is that so many pediatricians are drawn to leadership because they are the only ones that can financially afford to go into administration rather than stay in a more lucrative practice. It’s kind of funny because it’s kind of true. But just like most doctors don’t go into pediatrics because of the money, I’m sure most pediatricians don’t go into leadership for money either. They are more likely drawn or directed to leadership because the traits that make one a good pediatrician, also make one a good leader.

First, pediatricians are natural educators. They spend their careers teaching kids about why they should eat more vegetables and watch less TV and they teach parents about everything from potty-training to getting kids to sleep. Teaching another physician about MACRA (Medicare Access and CHIP Reauthorization Act) or a legislator about why vaccinations are important to community health is comparatively more straightforward.

Second, pediatricians learn early that poop happens (literally and figuratively) and that you have to roll with the punches. Leadership in medicine is much the same. Local and federal governments are constantly changing the rules, and no one really knows what is going to happen day to day; sometimes its a good day and other times, not so much. Pediatrics completely prepares you for that kind of chaos, patient to patient, day to day.

Third, pediatricians are naturally system thinkers. Over the course of their careers, they have had to understand how health, finances, family, day care, school, community and socialization all interconnect with each other to impact the lives of their patients. Pediatricians can see the big picture and the minute details, and have to be able to put it together and navigate it in all its complexity.

Fourth, pediatricians are usually pretty good at leading with humility. They have had to be relationship builders from the start – building connections with both parents and children – and balancing clinical work and fun. They have to know their audience and counsel to the family rather than have the same approach for every encounter. And, they are frequently the least paid of all their colleagues and in a world where income is often related to stature, coming to the table with some modesty isn’t too much of a stretch.

Finally, pediatricians are advocates. We learn early on how to speak up ethically for our babies in the NICU, protect our patients from those that might cause them harm, and teach communities about public health in order to protect them from vaccine preventable illness, gun violence and environmental hazards. Examples abound of pediatricians creating the burning platform for change, all in the name of giving kids a voice they wouldn’t otherwise have.

So, I guess I would say this: As a pediatrician, I’m proud to be part of a larger group that advocates for those that can’t and works continually to make this world a better place for children. As an administrator, I’m proud to work with a lot of pretty awesome people that are doing what they can to make things better for all our patients, our community, as well as our healthcare team. Not a bad way to spend a career.

Contact Dr. Christine Nefcy at cnefcy@mhc.net
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.
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.
• Contact Tina Morton at tmorton@aap.org with any questions about the AAP Mentorship Program.

Visit us:
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Oral History of Val G. Hemming, MD, FAAP
Interviewed by Lt Col Courtney Judd, MD, MPH, FAAP
January 26, 2018 – Bethesda, MD

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


Editor’s Note:

Many thanks to all our contributors to this edition of the AAP Section on Uniformed Services Newsletter. This is my first newsletter and I greatly appreciate the opportunity to hear from pediatricians across the globe doing so many interesting and exciting things. While there are many unknowns and potential transitions in the near future, I feel very proud to be working with so many competent, innovative, and generous pediatricians. 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. Please send to 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. 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,

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