



# Uniformed Services Section NEWSLETTER

<http://www.aap.org/sections/unifserv/>

American Academy of Pediatrics

Spring 2005

## News from the Chairman

CAPT Joseph Lopreiato, MD, MPH, FAAP

We have just concluded a most successful Uniformed Services Pediatric Seminar. The 39<sup>th</sup> edition of this wonderful CME activity was hosted by the San Antonio Military Pediatric Center in downtown San Antonio, TX. Congratulations to Dr. Bill Leftkowitz, program chair, and the entire staff of Wilford Hall and Brooke Army Medical Centers for producing another outstanding USPS. Many of you who have been involved in this seminar know of the countless hours of preparation and coordination that it entails. The Section Executive Committee salutes all those involved in this event. The plenary lectures and handouts were available on CD again this year, and we hope to provide an annotated version of this CD on our website soon. Make your plans now to attend the 40<sup>th</sup> USPS to be held March 19-22, 2006 in Biloxi, Mississippi and hosted by Keesler USAF Medical Center. Dr. William Boleman will be the program coordinator. For those of you who did not come to USPS, I expect to see you in Biloxi where you will have an opportunity to earn valuable CME and network with folks who will guide your military career. Don't miss out. Plan to spend your TAD/TDY dollars next Spring at the USPS!

Speaking of valuable resources – have you checked out our website lately?

[www.aap.org/sections/unifserv](http://www.aap.org/sections/unifserv)

It is filled with valuable information for you, the uniformed pediatrician. *The Resources* tab is packed with information on teaching tools, lectures, Bright Futures forms, and a catalog of our pediatric training programs for medical students. Try exploring the *Medical Educator's* link for tools you can use to teach today! The *Links* tab on the main page contains valuable websites for you including the popular billet file where you can find information about duty stations around the world. The *USPS* tab will have information about the next USPS and the Scientific Award Competition and

(Continued on page 4)

## Tsunami Relief

LT Lisa Peterson, FS (former Navy Peds Intern)

Upon arrival into the northern Aceh province of Sumatra, Indonesia, the destruction was immediately apparent from the helicopters. The waters were brown to the coast. The coastal lowlands were cleared, with most all homes and buildings turned into debris. The city of Banda Aceh which is located 5 miles inland from the northern coast was severely destroyed by the earthquake and ensuing tsunami. Only cement foundations and occasional partially destroyed mosques defined the communities that previously existed.

The USS Abraham Lincoln Carrier Strike Group and Carrier Air Wing Two set up operations at the Banda Aceh Sultan Iskandaar Airfield to begin delivering relief supplies to isolated villages along the northwestern coast of Sumatra. Supplies were delivered to small villages and groups of people from Banda Aceh down to the city of Meulobah. With an intact approx 7000ft runway capable of landing transport aircraft, the airfield was the main staging point for relief supplies from Australia, Singapore, Indonesia, France, the United States, and many other countries. Many Non-Governmental Organizations (NGO's) were also there, USAID (U.S Agency for International Development) was coordinating between the Indonesian government/military and the many smaller NGO's, including the Indonesian-based, Dutch NGO, the International Organization for Migration (IOM/OIM).



From left: LT Mark Banks, HMC Jim Jones, HM1 Rebecca McClung, and LT Lisa Peterson, carry a patient on a stretcher flown-in by a Navy helicopter to a temporary triage site.

(Continued on page 8)

## Inside this issue:

AAP Outstanding Service Award & Dave Berry Award	2
USPS Scientific Awards	3
Chapter West Update	5
Chapter East Update	6
ABP Certification Reimbursement	6
CHCS II Update	7
Specialty Advisor Updates	9
Executive Committee Minutes	11

Save the dates!

Mark your calendar for the upcoming Uniformed Services Pediatric Seminars

### 2006 USPS-Biloxi MS

March 19-22 at the Bayview Resort - Biloxi, MS.

### 2007 USPS-WashingtonDC

March 20-23 at the Hyatt Regency Downtown - Bethesda, MD.

## Uniformed Services Section Election Results

COL Beth E. Davis, MD, MPH  
- Section Chair-elect  
CAPT Jerri Curtis, MD  
- Navy representative  
LCDR Christine Johnson, MD  
- Navy representative  
COL Stephen M. Golden, MD  
- Air Force representative



**Section on Uniformed Services  
2004-2005 Roster**

**CAPT. Joseph Onofrio Lopreiato MD, MPH, FAAP**  
Chairperson  
E-Mail: [jlopreiato@usuhs.mil](mailto:jlopreiato@usuhs.mil)

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Executive Committee Member  
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- COL. David Alan Goodwin MD, FAAP**  
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- COL. Gary Don Crouch MD, FAAP**  
Executive Committee Member; Membership Chairperson  
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Executive Committee Member; 2005 Program Chairperson  
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- COL. Victor Pineiro-Carrero MD, FAAP**  
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Membership in the Section and Chapters is encouraged for all uniformed services Fellows of the AAP. Notification of desire for membership, subscription requests and address changes should be sent to:

AAP Division of Member Services  
141 Northwest Point Boulevard  
Elk Grove Village, Illinois  
60007  
Ph: 800/433-9016 or 847/228-5005  
Fax: 847/228-7035  
E-mail: [membership@aap.org](mailto:membership@aap.org)  
Visit [www.aap.org/member/memcat.htm](http://www.aap.org/member/memcat.htm) for an application

**Have an Issue?**

**Join the section on uniformed services listserv by contacting [rshannon@aap.org](mailto:rshannon@aap.org)**

**AAP Uniformed Services  
Outstanding Service Award**

Dr. George Kotchmar was the recipient of the Uniformed Services Outstanding Service Award for the AF presented at the 2005 USPS in San Antonio.

George Kotchmar, Jr. retired as a Col in the USAF from Keesler AFB, MS, in August 1997 after an Air Force career that spanned 29 + years. He is currently the Chief of Pediatric Infectious Diseases and Director of the Division of Infectious Diseases, Department of Pediatrics at the University of South Carolina School of Medicine. Dr. Kotchmar began his career in the USAF as a research chemist at Eglin AFB, FL. He graduated from the Medical University of South Carolina. After medical school, he completed a Pediatrics Residency and Pediatric Infectious Diseases Fellowship at Wilford Hall USAF Medical Center and was then assigned with his family to Keesler USAF Medical Center as Attending Pediatrician and Chief, Pediatric Infectious Diseases in July of 1981. In 1985, Dr. Kotchmar was assigned as the Chief of Pediatrics/Chief of Medical Services, USAF Hospital Incirlik. His major legacy to the USAF and military medicine stems from the outstanding role as leader, educator, and clinician for over a decade as program director at Keesler. Dr. Kotchmar was the Consultant to the Air Force Surgeon General for Pediatrics Infectious Diseases from 1984-1997 and served as the Consultant in Pediatrics from 1993-1997. He received numerous AF awards including the AF Commendation Medal, AF Achievement Medal, AF Meritorious Service Medal, and the Air Force Legion of Merit: the highest level of recognition in the USAF during peace time. He received the USAF Air Training Command Officer Productivity Enhancement Award and was the Air Training Command Nominee for the Air Force's Verne Orr Award. Dr. Kotchmar is a nationally and internationally recognized expert in pediatric infectious diseases with numerous publications and grants. He is often an invited speaker at conferences around the world.



Drs. Lopreiato and Louder present **Dr. George Kotchmar** COL (ret) with the Section's Outstanding Service Award

By LCDR Casey Burg  
Newsletter Editor

**2005 MAJ Dave Berry Award**

The purpose of this award is to honor the qualities and characteristics embodied by MAJ Dave Berry and encourage the development and career of promising junior staff pediatrician in military medical education. It recognizes the uniformed pediatrician who exemplifies academic and clinical excellence, acts as a role model for physicians and patients, remains faithful to duty while maintaining a balance of home and work interests. **Dr. Joel M. Schulka**, Maj, MC, USAF was awarded the 2005 Dave Berry Award at the 2005 USPS Business Meeting as an outstanding pediatrician and humanitarian.



**Dr. Joel M. Schulka**, was presented the 2005 Dave Berry Award by Alida Berry with Drs. Lopreiato and Roscelli.



## THE 2005 USPS Scientific Award Competition

**Howard Johnson Award** is for the best paper by a Uniformed Services house officer on a pediatric topic. This award recognizes the extra dedication necessary to perform clinical research as a resident before fellowship training. Uniformed Service residents in other specialty training may compete for the Howard Johnson Award if their paper deals with a pediatric subject. The award includes a \$500 stipend and a plaque. This year's award winner was **Capt Matthew Eberly** from Willford Hall Medical Center (USAF) for his paper titled "The Effect of Universal Maternal Screening on the Incidence of Neonatal Group B Streptococcus (GBS) Disease". Runner up papers for this award were: "Terrorism Response Training: A National Survey of Pediatric, Family Practice and Emergency Medicine Programs", **Capt Shelly Martin**, San Antonio Military Pediatric Consortium (USAF) and "Comparison of Home and Clinic Well-Baby Visits in a Military Population", **CPT Taylor Sawyer**, Tripler Army Medical Center (USA).



CDR Timothy Shope presents the Howard Johnson Award to **Capt Matthew Eberly**. Drs. Martin and Sawyer received 2nd and 3rd place respectively.

**Andrew Margileth Award** is for the best pediatric paper by a Uniformed Services pediatrician documenting clinical findings or assessing clinical diagnostic studies, therapeutic regimens, and outcomes leading to improved quality of health care for children. The award includes a \$500 stipend and a plaque. This year's winner is for the paper titled "Clinical Outcomes and Dialysis Adequacy in Adolescent Hemodialysis Patients", by **LCDR Gregory H. Gorman**, National Capital Consortium Pediatric Program (USNR). Runner up papers for this award were: "Comparison of Two Rapid Tests for Detecting Group A Streptococcal Pharyngitis in a Pediatric Population" 2nd place, **CAPT Norman J. Waecker**, Naval Medical Center San Diego (USN), "Ghrelin Levels in Children with Prader-Willi Syndrome Less Than Six Years of Age" 3rd place (tie), **MAJ Christine R. Erdie-Lalena**, Madigan Army Medical Center (USA), and "Mortality in Neonatal Extracorporeal Membrane Oxygenation Patients with Congenital Diaphragmatic Hernia from 1980-2004" 3rd place (tie), **LTC Gregory Welch**, San Antonio Military Pediatric Consortium (USA).



Dr. Andrew Margileth presents **LCDR Gregory H. Gorman** the Margileth Award. Pictured from left to right are CAPT Waecker, Dr. Margileth, LCDR Gorman, MAJ Erdie-Lalena, LTC Welch and CDR Shope.

**Ogden Bruton Award** is for the best paper by a Uniformed Service pediatrician on either basic science research or research on the development, evaluation, or application of an emerging technology in pediatrics. The award includes a \$500 stipend and a plaque. This year's winner is for the paper titled "ENU Mutagenized Micewith Omphalocele, Polydactyly,Hydrops and Congestive Heart Failure Caused by a Mutation on Chromosome 17" by **LCDR Brett Siegfried**, National Capital Consortium Pediatric Program (USNR). Runner up papers for this award were: "Early Mechanical Ventilation Versus Spontaneous Respiration Attenuates Surfactant Protein A and Keratinocyte Growth Factor Expression in PrematureRabbits", **LtCol Robert J.DiGeronimo**, San Antonio Military Pediatric Consortium (USAF) and "Tumor Necrosis Factor-Alpha, Interleukin-10 Promoter Gene Polymorphisms in Acquired Bone Marrow Failure Syndromes" by **Maj Vinod K. Gidvani-Diaz**, National Capital Consortium Pediatric Program (USAF).



CDR Timothy Shope presents the Ogden Bruton Award to **LCDR Brett Siegfried**. Drs. DiGeronimo and Gidvani-Diaz received 2nd and 3rd place respectively.

**The deadline for abstracts for USPS 2006 is  
September 9, 2005!**

If you are considering submitting to next year's USPS scientific competition, you better get busy.

Go to [www.aap.org/sections/unifserv/](http://www.aap.org/sections/unifserv/) for more information.



## THE 2005 USPS Scientific Award Competition *(continued)*

**Leo Geppert Award** is presented to the Uniformed Services pediatric primary care provider who deals with a topic having major focus on pediatric primary care. This may include (but is not limited to) brief clinical reports, innovations in practice management, primary prevention, or educational interventions. The award includes a \$200 stipend and a plaque. This year's award winner was **Capt Cassandra Burns**, Wright-Patterson Air Force Base (USAF) for her paper titled "Phytoestrogens as an Exogenous Etiology of Premature Thelarche". Runners up for this award were: **CPT Ashley Maranich**, Madigan Army Medical Center (USA) for "Atlanto-axial Subluxation: A Newly Reported Trampoline Injury" and **LT Abigail Allard**, National Capital Consortium Pediatric Program (USN) for "Does Pediatric Internship Result in Improved Otoscopic Interpretive Skills?".



Dr. Leo Geppert's son, Larry, presents the Leo Geppert Award to **Capt Cassandra Burns**.



CDR Timothy Shope presents the Val Hemming Award to **ENS Erin McKenzie**.

**Val Hemming Award** is presented to the USUHS, HPSP, or ROTC funded medical student submitting the best paper on a pediatric-related topic in clinical or basic science research, excluding case reports. This award supports the recruitment of medical students to the field of Pediatrics and recognizes the additional effort and dedication necessary to perform research during medical school training. This award is sponsored by the Department of Pediatrics at USUHS. The award includes a \$200 stipend, a plaque, and a travel award enabling the student to participate in the USPS Annual Meeting. This year's award winner was **ENS Erin McKenzie**, Uniformed Services of the Health Sciences (USN) for her paper titled "Intracellular DNA Methyltransferase Localization Varies in Thyroid Cancer Cells and May be Related to Phases of the Cell-Cycle or Protein-Trafficking".

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

**Please submit your idea or article to:**  
**Casey J. Burg, MD**  
[kcbeenab@yahoo.com](mailto:kcbeenab@yahoo.com)

## 2006 Scientific Award Competition

The Scientific Awards Committee of the Uniformed Services Section would like to make a preliminary announcement of the 2006 Scientific Awards competition. This competition will take place at the 40<sup>th</sup> Annual Uniformed Services Pediatric Seminar in Biloxi, Mississippi from March 19-22, 2006. As in the past, awards will be given out in several categories including specific categories for house officer and medical student research. A full announcement of the competition and instructions for abstract submission will be available late this summer with an anticipated abstract deadline of mid-September 2005. Any questions pertaining to the competition may be directed to this year's SAC Chairperson, LTC Mark Thompson at: [mark.w.thompson@us.army.mil](mailto:mark.w.thompson@us.army.mil) or 808-433-5912.

## News from the Chairman

*(Continued from page 1)*

the *News* tab keeps you up to date with your executive committee business. Please take time to visit this site and e-mail me with suggestions [jlpreiato@usuhs.mil](mailto:jlpreiato@usuhs.mil).

Our next educational event will be the American Academy of Pediatrics' National Conference and Exhibition to be held in Washington, DC. Oct 8-11, 2005. Your section will co-sponsor an educational seminar on the "Approach to the child with suspected meningitis" on Oct 9<sup>th</sup> 2005. Hope to see some of you in DC in the Fall.

It's time to consider nominees for the Dave Berry Award for 2005. This award, named in honor of MAJ Dave Berry, recognizes the uniformed pediatrician who exemplifies Academic and clinical excellence, acts as a role model for physicians and patients, remains faithful to duty while maintaining a balance of home and work interests. If you know of an individual who fits this description, please forward his/her name to your specialty consultant/advisor via e-mail. The award will be presented at the next USPS.

Lastly, let us all pray for the safe return of all our pediatrician colleagues deployed during this time and those going into harms way in the next few months. We are proud to call you colleagues and military medical officers. Thanks to all of you who care for military members and their families around the world.

CAPT Joseph Lopreiato  
 Chair, Uniformed Services Section, AAP  
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**AAP SECTION ON  
 UNIFORMED SERVICES**



## Uniformed Services Chapter West Update

Uniformed Services West Chapter launched its new website in 2005. The site is up and running and may be found at [www.uswestaap.org](http://www.uswestaap.org). We have partnered with the AAP for space on their files server and our Executive Director, Ms. Elina Ly, has received training to maintain the site. The website will list important contact information for the Chapter as well as recent awards and resources. The Chapter is very interested in what the members would like posted on the website and would appreciate constructive feedback. Any questions for the chapter can be directed to Ms. Elina Ly. Elina's contact information is email: [ehly@nmcsd.med.navy.mil](mailto:ehly@nmcsd.med.navy.mil), phone: (619) 532-6474, fax: (619) 532-9902.

The 39th Annual Uniformed Services Pediatric Seminar (USPS), 20-23 March 2005 "On the Riverwalk" was a huge success this year. The weather in San Antonio was perfect and the academic program was exceptional. During the annual Uniformed Services Section luncheon, our chapter honored three of our members by presenting them with the Chapter "Pediatrician of the Year Award." Each year the Uniformed Services - West Chapter of the AAP honors one pediatrician from each service with its Chapter Award for outstanding performance as a general pediatrician. The award is typically given to a busy "junior staff" pediatrician, currently stationed in a command that is encompassed by the Uniformed Services West Chapter. This year the recipients of the Pediatrician of the Year Awards were:

- Army - **CPT David L. Mathias, MC, USA**  
William Beaumont Army Medical Center
- Navy - **LT David A. Austin, MC, USNR**  
Naval Hospital Camp Pendleton, Camp Pendleton, CA
- Air Force - **Maj Ronald A. Gosnell, MC, USAF**  
Dept of Pediatrics, Luke AFB, AZ



CAPT Norman Waecker (center) presents the Pediatrician of the Year Awards to CPT David Mathias (left), and Maj Ronald Gosnell (right). Not pictured is LT David Austin.

One of our major focus areas this year is recruitment of new members. Our Chapter needs your support and service to continue to advance our causes for children and adolescents in the military. Together we can do more and can achieve our most important goals. Below are some reasons why a membership in Uniformed Services West Chapter would be of benefit to you:

- We support all 5 military residency training programs in our geographical region by subsidizing the PL-1s membership dues to the AAP
- We present annual Chapter Service Awards and sponsor travel to the Uniformed Services Pediatric Seminar to 3 outstanding pediatricians (one from each service) in our chapter
- We provide a administrative home for all chapter members through our Executive Director, Ms. Elina Ly
- We provide advocacy to military children and their families through the AAP
- We give Chapter members a direct voice to the leadership of the AAP
- We provide networking for contacting colleagues with similar experience and expertise
- We are starting a mentoring program to help new Pediatricians coming into the military and for traveling to overseas assignments
- Our exciting new website was launched this year on the AAP Files server at [www.uswestaap.org](http://www.uswestaap.org)

You can join our Chapter by contacting membership services at the AAP at (800) 433-9016. Please feel free to contact myself, or our Executive Director, Ms. Elina Ly, at [ehly@nmcsd.med.navy.mil](mailto:ehly@nmcsd.med.navy.mil) or (619) 532-6474 to answer any questions that you may have.

CAPT Norman J. Waecker Jr., MC, USN  
President, Uniformed Service West Chapter  
American Academy of Pediatrics



## Make Plans to Attend the American Academy of Pediatrics National Convention and Exhibition

Go to  
[www.aap.org](http://www.aap.org)  
to register!

Washington, DC  
October 8-11





## Uniformed Services Chapter East Update

officers attended the Annual District I Meeting in Santa Fe, New Mexico from 4 to 6 March 2005. The Chapter sponsored a resolution for the Academy Resident Section put forth by LT Kelli McDermott and CPT Jennifer Owen. The resolution calls for residency programs to allow for increased resident attendance at educational conferences; it passed through the District, and will be reviewed at the Annual Leadership Forum 11-13 August 2005 in Chicago.

At the Uniformed Services Pediatric Seminar we held our annual meeting on 23 March 2005 at Rio Rio. We had great attendance from Chapter East members and special guest Eileen Ouellette, MD, JD, FAAP, American Academy of Pediatrics President-Elect. The membership voted to approve an amendment to the current By-Laws by which the Vice President would assume the Chapter Presidency upon completion of their term bringing increased continuity to the Chapter Executive Committee. We also recognized three Outstanding Young Pediatricians from our Chapter for their achievements and dedication to pediatric practice: **Maj Bruce Hess**, Landstuhl Regional Medical Center, Germany (USAF); **CPT Mitchell Moffitt**, Wurzburg, Germany (USA); and **LT David Shellington**, Guantanamo Bay, Cuba (USN).

The Chapter Executive Committee would like to give a special thanks to Dr. Ed Bailey, District I Chair for assisting with the development of a Chapter Strategic Plan. Our three key concepts revolve around improved communication, increased advocacy for chapter members, and recruitment and retention of members. Once finalized, the plan will be forwarded to the chapter membership.

We currently have two resident CATCH grants active in the Chapter – one at Portsmouth Naval Medical Center and one at the National Capital Consortium. MAJ Bruce Hess was recently awarded a CATCH grant for a multidisciplinary obesity clinic he created at Landstuhl Regional Medical Center, Germany as well. We will be working hard to obtain other CATCH grants for both the Residency Training Programs and for Chapter Members' projects.

Another change to commence this summer is that the Chapter will begin funding the American Academy of Pediatric membership dues for all pediatric interns/residents at the four military training programs in the Chapter. As in prior years we will continue to support educational activities for the Student Pediatric Society at the Uniformed Services University of Health Sciences. LtCol David Louder has recently returned to Chapter East and will be assuming the Chapter's Breastfeeding Committee Member. LCDR Gregory Gorman, the Chapter's Treasurer-Secretary has been busy updating our Chapter's website ([www.pedsedu.com/usce](http://www.pedsedu.com/usce)). We have an extensive listing of military pediatric billets and Greg has been working diligently to update our site. Please review the information and update your billet to help us keep our listing current.

The Chapter Executive Committee would like to encourage members to let us know what needs you have and how we can be of assistance to you. Thanks to all of our members for their support.

Thomas C. Newton, Maj, USAF, MC  
President, Uniformed Services Chapter East  
American Academy of Pediatrics  
E-mail: [TNewton524@aol.com](mailto:TNewton524@aol.com)

We've had quite a productive past few months in Chapter East. In November 2004 the torch was officially passed as MAJ Thomas Newton became Chapter President and LT Erin Balog became Chapter Vice President. Both



MAJ Thomas Newton (far right) along with LT Erin Balog (far left) presents the Pediatrician of the Year Awards to **CPT Mitchell Moffitt** (left), **Maj Bruce Hess** (center), and **LT David Shellington** (center).

## Reimbursement for Board Certification and Recertification Fees Through a GI Bill Benefit

As of March 1, 2001, the Veterans Administration (VA) has implemented a new benefit for qualified individuals. Under this benefit, qualified individuals may be reimbursed for the cost of initial board certification or recertification fees. The American Board of Pediatrics (ABP) certification and recertification programs are approved programs under this bill and qualified individuals may apply for this benefit.

To find out more about this benefit please see the VA's Web site (<http://www.gibill.va.gov>) and go to the Licensing and Certification page, or call 1.888.gibill.1 (1-888-442-4551) to inquire about this benefit. You may also view a PDF brochure describing this benefit at the following Web link ([www.gibill.va.gov/Education/LNC%20Brochure.pdf](http://www.gibill.va.gov/Education/LNC%20Brochure.pdf)).

**NOTE:** This is a benefit offered through the VA. Please **do not contact the ABP** for application forms for this benefit; all necessary forms and information **must be obtained through the VA Web site** ([www.gibill.va.gov/Education/LCVets.htm](http://www.gibill.va.gov/Education/LCVets.htm)).



1. What percent of MTF's is CHCS II currently being used in (maybe breakdown by service)?  
*Currently CHCS II is deployed at about 60% of Army MTFs and about 20% of Navy and Air Force MTFs. By late summer 2006, all MTFs in the military health system will be up on CHCS II.*
2. How portable will the medical record be? (will Navy be able to view records from AF facilities or even other Navy MTF's?)  
*Portability is probably the wrong concept. Accessibility may be a better one. Any patient encounter that is completed in CHCS II can be viewed at any site with a live CHCS II system regardless of service affiliation of the sites, providing that the person accessing the information is privileged to do so. This goes for laboratory and radiography results as well as immunization information.*
3. Any future developments/uses you may foresee?  
*CHCS II is a documentation tool. It was not meant to replace all of the functionality of CHCS Legacy. For example, another system called the Enterprise-wide Scheduling and Registration system will be used to replace the schedule functionality present in CHCS Legacy. That being said, CHCS II will evolve over time. New capabilities will be added and existing capabilities will be enhanced. Unfortunately, this process can be very slow at times. Among new capabilities due out later this year are the ability to plot growth parameters on pediatric growth charts and a Standard Form generating tool that will allow users to produce Department of Defense and service specific standard forms from information in CHCS II.*
4. Is there the ability to view other templates and use suitable ones in your practice? (i.e. pick-and-choose, then modify)  
*Any template that has been saved as a shared template can be viewed by any system user. This is both a strength and weakness of the system. Sharing is good, but searching through the tens of thousands of templates that are on the system is challenging. To help fix this, there are now multiple folders containing templates. There is an Enterprise folder, an MTF folder for each command and a Clinic folder for each clinic's in addition to each user's personal folder. The Enterprise folder is shared by all three services, but very few people in each service have access to save to it. Any user can view the templates in the folder and use them. A number of pediatric templates have been loaded into the Enterprise folder using a service specific template naming conventions. This enables easy searching of that folder. In a similar fashion, templates created by one MTF or clinic can be viewed and used at another MTF as long as you know the naming convention to ease the template search.*
5. What glitches have come up since previous releases and what type of fixes have occurred since?  
*CHCS II is a complex application that was developed from scratch. There have been numerous bugs as well as problems with the early design. Some of the biggest problems with the system early on were responsiveness and stability. At times it could be very slow and would crash. You can imagine that this would not motivate busy providers to use the system. As I stated above, CHCS II is evolving and will continue to evolve and improve. The application is faster and more stable than it was a year ago when the Navy and Air Force temporarily halted deployment. Both services restarted deployment earlier this year and during the first week of April 2005, over 90,000 encounters were completed on the system. The system still has a long way to go but thousands of providers are using it today and finding ways to make it work for their documentation.*
6. Please comment on the average amount of time it will take to document and how concise the encounters will be. (record won't be 4 pages long for a WBC or viral URI)  
*Medical record documentation on paper is extremely variable from person to person. The same is true in CHCS II. Some people spend a long time documenting very detailed notes and others do not. For the experienced CHCS II user, there is probably no significant increase in time to document the same information that one would document on paper. There are a few confounders though. It is easier to document a more detailed note using CHCS II. Additionally, you can set it up to automatically add lab results, radiology results, problems lists and history information into your note. All of this added detail can make for lengthy notes, even for simple URI visits. Another confounder is that a significant investment in time and effort is required to become very proficient with the application. Most new users struggle as they are learning the application. I sat down with a new user today and walked him through documenting a 2 month well baby visit. It took us 12 minutes. If I were not there, it would have taken him three times as long to document his very first encounter.*
7. What is the suggested plan for training when members are changing commands? (i.e. if trained at one command, will training be required again upon checking in at new command)  
*Once you are trained on the system, you will not need to retrain. Different commands may have subtly different approaches to using the application that one would have to learn at the new command, but the application is the same from one command to another. The Navy is currently working on a contract to place "sustainment" trainers at each MTF after CHCS II training has*

(Continued on page 13)



### Tsunami Relief

LT Lisa Peterson, FS, CVW-2

(Continued from page 1)

Through coordination with USAID and IOM, the medical team from the USS Lincoln/CVW-2 were able to set up a triage tent for initial stabilization at the airfield and tour the two functioning local hospitals to determine the existing medical assets and needs. We arrived approximately six days after the tsunami and found an Australian civilian medical team staffing one hospital (Fakinah) with some Royal Australian Air Force doctors assisting. The second hospital (Kes Dam Army hospital) was staffed by a RAAF surgical/emergency medical team and Aeromedical Evacuation team, and Indonesian medical teams from Jakarta. Very few of the original Indonesian medical staff remained, patients and staff were both victims of the tsunami.

Medevacs began the second day of operations. The helos brought back injured tsunami victims after permission was received from the Indonesian government for patient transport. The first full day of medevacs, 44 patients were unloaded from helos, triaged, stabilized, and transported to the hospitals in coordination with the IOM who tracked the movement of displaced persons and tried to keep families united. Many of the patients were children or elderly persons. Injuries most commonly seen were wound infections, orthopedic injuries (often infected), aspiration pneumonias, and dehydration, with occasional diarrheas. Many of the traumatic injuries occurred due to debris, however, motor vehicle accidents accounted for some injuries in the aftermath as motorcycles and scooters took to the roads.



A lone hand salute is rendered by an Indonesian child as a Navy helicopter lifts off after delivering food and water in Lamno, Sumatra, Indonesia.



LT Peterson aids in the aero-medical evacuation of a Tsunami victim.

Young children were more susceptible to dehydration, one 10 month old boy was brought to the airfield with severe dehydration, 11 days after the tsunami. As a former pediatric intern, I gravitated towards the children even though I had no special supplies, no pediatric stethoscope, not even a Harriet Lane to guide treatment choices. I felt comfortable examining and diagnosing the children from my experience as a pediatric intern. Treatment was slightly more challenging as the majority of the supplies were geared towards adults. Most of the donated medicines were pre-packaged in adult doses and the directions were written in the language from the country they were donated. We had no way to measure children to determine dosages either, no scale, no Broselow tape, we relied on parents report or estimation of the child's weight. Luckily, however, there was an excellent nurse from IOM who was able to start pediatric and adult IV's.

One of the most important considerations in dealing with children was keeping the family units together and trying to preserve communities. The IOM kept track of all the patients

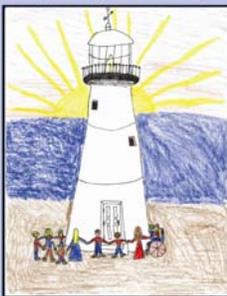
who were seen and their home villages and aided in replacing children and other patients with their families. A major concern was not to worsen the internal displacement of persons who had already suffered devastating losses of their family.

LT Lisa Peterson  
CVW-2 Flight Surgeon  
[lisa.a.peterson@navy.mil](mailto:lisa.a.peterson@navy.mil)

Check out terrorism information pertinent to your families at [www.aap.org/terrorism](http://www.aap.org/terrorism)



USPS 2006  
Lighting the Way



Keesler Air Force Base Presents  
40th Annual  
Uniformed Services Pediatric Seminar  
March 19-23, 2006

## Uniformed Services Pediatric Seminar (USPS)

40th Annual Uniformed Services Pediatric Seminar  
Biloxi, Mississippi  
Bayview Resort  
March 19-23, 2006

**Plan now to attend!**

Brochure and registration form will be available later this year.  
Check the section website for updated information at [www.aap.org/sections/unifserv](http://www.aap.org/sections/unifserv).



## Specialty Leader Updates

### Army Pediatrics, Spring 2005

*COL Chuck Callahan, Consultant*

This year marks the 58<sup>th</sup> year of organized pediatric programs and services beginning with the first pediatric service at Brooke Army Medical Center. In the fall of 2003, there are 2,024,179 children eligible for care in the military health care system

worldwide. There are 225 staff Army pediatricians including 108 generalists and 91 subspecialists with the rest in operational or administrative billets. The number of pediatricians in operational billets (brigade or flight surgeons) increased from 2 in 1998 to 22 for the summer of 2005.

Army pediatricians have played a key role in Operation Enduring Freedom/Iraqi Freedom. Fifty percent of all available staff pediatricians have deployed including 57% of the general pediatricians and 37% of the specialists. Pediatrics is the third most common deployed specialty in the Army Medical Department behind family practice and general surgery. There have been nearly 22,000 man days of pediatricians deployed. In the first Gulf War, 4% of the deployed Army doctors were pediatricians. Thus far, 8% of the active duty MEDCOM doctors deployed have been pediatricians.

Army doctors have cared for the nearly 700 children admitted to Combat Support Hospitals in Iraq and Afghanistan where the length of stay for pediatric patients is three times as long as that for adults. In all, 8% of the occupied bed days across both theaters have been pediatric patients including more than ten percent of the ICU days in Baghdad and nearly a quarter of the bed days in Afghanistan.

Currently, the Army is moving quickly toward the integration of pediatricians into doctrine by continuing to deploy them as general medical officers, but for the first time, assigning pediatricians by specialty to the hospitals. In addition, the Army plans to develop Special Medical Augmentation Response ("SMART") Teams whose focus is the care of critically ill and traumatized local national children in Army hospitals. These teams will train hospital personnel, and perhaps deploy with the hospital for the first several months of the rotation to assure that the staff is sufficiently prepared to care for children.

A handbook for deploying providers has been prepared by the medical staff of the 8<sup>th</sup> Medical Brigade and an assemblage of providers in theater. It is available on the Center for Army Lessons Learned website <http://call.army.mil> or from COL Chuck Callahan, the Pediatric Consultant at [charles.callahan@amedd.army.mil](mailto:charles.callahan@amedd.army.mil).

Despite some challenges in the last several months the AF pediatric community remains alive and vibrant. Though AF pediatricians have not been deploying to Iraq and Afghanistan to the same levels as our Army colleagues, senior pediatricians have taken the lead of large and complex military medical communities in these areas. Col Dom DeFrancis, Col Greg Touissant, Col Greg Wickern, and Col Sean Murphy are now, or have been, performing the expeditionary mission. In addition, pediatric critical care specialists are critical to the CCATT mission and other pediatricians have deployed in flight surgery and other billets.

As many of you now know, Travis AFB and the David Grant Medical Center is increasing the size of its Family Practice residency; the pediatric residency closes the summer of 2006. At that point there will be one class of third years residents at Travis; these individuals will be managed individually to identify optimal PL3 training slots in military or civilian programs. Interestingly 24 pediatric PL1s were selected for training at the Integrated Forecast Board (IFB) in December of 2004 (for 2005 starts); this number matched exactly the number of AF PL1 starts (8 at each of the 3 residencies).

At each IFB we also select candidates for pediatric fellowships. At this moment the AF is in the process of prioritizing its GME needs. If you are interested in additional GME, keep an eye on the AFPC website for training starts for the coming years. I often get questions about active duty versus civilian sponsored versus deferred. If you have a strong preference, include this in your package, even if it does not appear to be an option (i.e. you want sponsored but the AF is offering deferred) since changes can occur up to and even after the selection process.

I am very impressed with the health of the AF pediatric community. Despite the challenges of business plans, PCO and the like, we are managing to keep pediatricians in past their educational obligations. A lot of this job satisfaction relates right back to the AF pediatricians themselves, who are great folks with whom to work. Congrats!

As your consultant, I have shed my job as MDOS/CC at Altus and now share a cubicle on the 4<sup>th</sup> floor of an office building (give me a clinic to live in, any day!). One of my highest priorities is communication...I hope to get regular emails out to the AF pediatric community and help create a useful reservoir of information on Knowledge Exchange. Your phone calls, emails, suggestions and questions are welcome. You can reach me at 202-767-4073, DSN 297-4073, and [david.louder@pentagon.af.mil](mailto:david.louder@pentagon.af.mil)

### Air Force Pediatrics, Spring 2005

*Lt Col David Louder, Consultant*



## Specialty Leader Updates *(continued)*

### **Navy Pediatrics, Spring 2005**

*CAPT John A. McQueston, Consultant*

*CDR Wade Wilde, incoming Consultant*

**Q:** What are the numbers like in our community? I heard that 41 are leaving this year. *-(LCDR Bill McCullough, BUMED)*

**A:** At last count 34 will be leaving, about the same as any other year. Our community is still overmanned as a result, but due to decreasing numbers of graduating residents, and a stable number of pediatricians leaving temporarily for resident training our footprint is shrinking. *-(CAPT McQueston)*

**Q:** What are goals for training in the future? Assume less, but how few? *-(LCDR McCullough)*

**A:** Traditional loss rates are 10-14%. Training at steady state should match. Assuming 100 peds billets, expect 14 graduating residents per year. Currently we have a need for about 50 specialists, and therefore you can assume the same training requirement. We typically have been training 6-7 subspecialists per year. *-(CAPT McQueston)*

**Q:** Will non-NICU fellowship opportunities continue to be a non-option? *-(LCDR McCullough)*

**A:** Fellowship training is probably the most vexing problem we face, especially considering the new move to convert everyone to regular Navy. Best advice I can give to people now, is to keep applying so that we know what your interest is. Hard to read the tea leaves for subspecialty training in general. *-(CAPT McQueston)*

**Q:** I heard that 3 billets will go unfilled this summer. How many people are in billets that will go away next year? Do you expect to have a similar problem next year (2006)? *-(LCDR McCullough)*

**A:** All the billets will be filled. Someone will inevitably draw a short straw. Currently we are looking at moving people out of billets that have been eliminated prior to their PRD. *-(CAPT McQueston)*

**Q:** There is a lot of anxiety for those of us mid-career officers. Is there anything that you can do or say to help make us feel better? *-(LCDR McCullough)*

**A:** Operational relevance is the key message. The detailer and I had no problems filling operational billets with pediatricians, and those pediatricians will get a clinical follow on tour, be competitive for advancement and get a chance to help our community demonstrate to the Navy that we are more than well baby doctors. *-(CAPT McQueston)*

**Q:** Where do we stand in our community right-sizing? Has attrition been effective? Do you feel that as a Navy Peds community we can have some collective effort to influence the contracts used to hire civilian pediatricians to truly fill the shoes of decreased billets (with respect to night call, role in resident education, hours per week etc) or will this just have to be left up to the individual commands? *- LCDR Matthew Southwick, Naval Hospital Pensacola Pediatrics*

**A:** Our system is highly decentralized. Local factors influence how easy or hard it is to recruit and retain both civilians and military providers. I would expect that with time we will have a better handle on this, but for now, given the multiple factors, commands will be using their own best projections to make that decision. That said, the specialty leader always will be the go to person if there appears to be inequities about workload and quality of life. *-(CAPT McQueston)*

**Q:** As a Pediatric community we could use some guidance on how to structure the PBD -712 conversion contracts. The Uniformed Services FP community is meeting in Park City Utah in April and they will be discussing their much smaller number of conversions. They are getting GS-15 with supplemental pay, call issues not fully resolved.

Here at NH Camp Pendleton we will convert three of six billets by 07. That means every third night call or every other when deployments occur. That is assuming that we can hire for the GS- 13 pay they want to offer. Are other commands getting GS-15 with call? Are you hearing this from other commands? *-(CDR Robert Meade, NH Camp Pendleton, Peds Dept Head)*

**A:** This was such a great response to the question that it is worth sharing with everyone in the community. Dr. Chun makes a very germane point- government service has its rewards but making a lot of \$\$ isn't one of them. *-(CAPT McQueston)*

We are in the midst of this very process, currently recruiting 2.0 FTE Pediatric Hospitalists by the beginning of FY06 to compensate for the two AD-->CIV conversions in FY05/06 at Balboa. Our Head of Civilian HRO has been very helpful in explaining this process to me. GS classification is a tricky game, and to directly qualify as a GS-0602-15 (Medical Officer), the physician must have a high level of job complexity with significant supervisory/oversight responsibilities written in to the PD. Difficult to draft such responsibilities into a worker-bee position, which will most likely classify as a 13. The MTF commander, however, has authority to elevate the paygrade from the lower level to a 15, step 10. The 15-10 base pay is in the upper-120s to mid-130s (w/ benefits), depending on location. Prospective applicants can furthermore negotiate for additional medical special pays, incentives, etc to elevate their pay up to the federal cap, ~\$180K, which interestingly, cannot exceed what the Vice President earns (federal pay, not including any corporate kickbacks). *-(CDR James Chun, NMC San Diego, Peds Dept Head)*

**Members Present:**

CAPT Joe Lopreiato, MC, USN, Chairperson  
CDR Greg Blaschke, MC, USN  
CDR Timothy Shope, MC, USNR, SAC Prog Chairperson  
Col Gary Crouch, USAF, MC, Membership Chairperson  
LTC Thomas Burklow, MC, USA  
Col David Goodwin, USAF, MC  
CDR Leslie Ball, MD, PHS  
LTC Julia Lynch, MC, USA  
Lt Col Woodson Scott Jones, USAF, MC

**Guests Present:**

Col Ramasubbareddy Dhanireddy, USAFR, MC, Reservist Liaison  
LCDR Casey Burg, MC, USN, Newsletter Editor  
CAPT Norman Waecker, MC, USN, Chapter West President  
Maj Thomas Newton, USAF, MC, Chapter East President  
Dr. David Louder, Air Force Specialty Advisor  
MAJ Bill Lefkowitz, MC, USA 2005 USPS Course Coordinator  
Ann Farash, MD 2006 USPS Course Coordinator  
Dr. Charles W. Callahan Jr, Army Specialty Advisor  
Dr. Arne Anderson

The Chairperson convened the meeting at 1:05 PM on March 19th and welcomed the members of the Executive Committee and guests. The Section Executive Committee reviewed the Academy's policy on Conflict of Interest and Voluntary Disclosure. Members were given an opportunity to disclose any direct or indirect financial interests, or any personal, family, or other relationships that conflict (or could have the appearance of conflicting) with their duties, responsibilities, or exercise of impartial and objective judgment with respect to the meeting's agenda. There were no disclosures.

Chairperson Report

The minutes from the October 12, 2004 executive committee meeting were reviewed and approved. The Chairperson reviewed the mission of the AAP Section on Uniformed Services, which is to educate (in a variety of formats) both uniformed services and civilian pediatricians (and others who care for children) on general and military-related pediatric issues. The Section also serves to develop policy, recruit/mentor new members, and advise the AAP leadership on uniformed service-unique topics.

2005 Uniformed Services Pediatric Seminar (USPS)

Dr. Lopreiato acknowledged the exhibits and thanked staff for her hard work in filling all of the exhibit tables. A total of 15 tables were sold. There were 188 pre-registered individuals and several on-sites. Dr. Shope gave a report on the Scientific Award Competition (SAC) statistics for the 2005 course. This year 70 abstracts submitted. This year the applications were submitted online and emailed directly to AAP staff. Those abstracts were then distributed to the appropriate judges at the end of the submission process. Dr. Shope acknowledged the hard work of the judges and how they all stayed within the tight timeline. Dr. Shope thanked the AAP Staff in the assistance he received during the SAC. Dr. Lefkowitz discussed some final issues with the 2005 USPS. According to Dr. Lefkowitz, he would like to create a complete CD for handouts, or post them on the Section's website. Dr. Lopreiato suggested handouts be posted on the website after obtaining authorization. Currently there are other sessions from previous USPS's, which can be replaced by this years USPS handouts.

2006 Uniformed Services Pediatric Seminar (USPS)

The contract for the March 19-23, 2006 USPS at the Grand Hotel Biloxi in Biloxi, MS is set. Dr. Farash reported that three (3) advertisements have been created for the 2006 USPS in Biloxi. These advertisements will be playing during the 2005 USPS near the Biloxi table. Perri Klass, MD President and Medical Director for Reach Out and Read, will be the keynote speaker at the 2006 USPS. Chris Johnson MD, FAAP, from the Autism Expert Panel at the American Academy of Pediatrics, will speak on autism and the early identification of autism. The theme for the 2006 USPS is "Lighting the Way." Dr. Mark Thompson will serve as Scientific Award Competition Chair for 2006.

Future Uniformed Services Pediatric Seminars

The contract for the 2007 USPS has been signed with the Hyatt in Downtown Bethesda. The 2008 USPS will be hosted by Naval Medical Center Portsmouth. Tim Porea, MD will be the point of contact.

National Convention and Exhibition (NCE) (2005, 2006, 2007)

Dr. Ball noted that the Section on Uniformed Services and the Section on Infectious Diseases will host a selected short subject (60 minutes in length) on Approach to the Child with Suspected Meningitis. The session will be held October 9, 2005 from 10:00 – 11:00 am and again on October 10, 2005 from 4:00 - 5:00 pm.

2004 Conference on Military Perinatal Research in Aspen (COMPRA)

Staff noted that the 2004 COMPRA program was very successful. A written report from Dr. DiGeronimo was distributed for the committee to review.

Reach Out and Read

Dr. Blaschke reported on updates with the Reach Out and Read program. Dr. Blaschke distributed a handout describing the success of one military facility. Dr. Lopreiato would like to see this handout on the website.

*(continued on page 12)*



Awards

Dr. Lopreiato acknowledged the selection committee for the 2005 Dave Berry Award. This year's recipient is Dr. Joel Shulkin who will be attending the Section Business Meeting to receive his award. Dr. Lopreiato reported that the 2005 Outstanding Service Award would be awarded to Dr. George Kotchmar. The Air Force specialty advisor was acknowledged on the outstanding nominations they received.

Membership Subcommittee

Dr Crouch noted that the section cannot participate in the fast track option for approving section members at this time. We had twenty two new members were reviewed and approved during the month of January. Dr Lopreiato reported that a special membership postcard was created for this years USPS. If attendees of the USPS are unsure if they are members of the section, filling out the postcard will suffice. Dr. Lopreiato also discussed that program directors need to ensure that all the residents are part of the section. Dr. Jones suggested asking the chapters for their assistance. Since the chapters pay their dues for at least their first year of residency, it would seem appropriate that the chapter help recruit new residents to the section. Dr. Lopreiato reported that the Section on Residents has a list of leadership opportunities available every year. Dr. Lopreiato would like to see more uniformed services personnel in those positions. Staff reported the applications are available in the summer on the Section on Resident website ([www.aap.org/residents](http://www.aap.org/residents)).

Newsletter Report

Dr. Casey Burg was congratulated for his excellent work on the newsletters he has published and distributed since he has assumed the role of newsletter editor. Dr. Burg has several ideas for the next issue. There will also be a section on Chapter updates as well as an ad for the 75<sup>th</sup> Anniversary of the Academy. Dr. Burg would like to find someone to write an article on post-military career issues. The executive committee also suggested creating a list of deployed heroes. It was suggested that Dr. Burg get the list from the specialty advisors and include these individuals in the newsletter.

Scientific Award Competition Criteria Review

It has come to the attention of the executive committee that the current criteria for the Scientific Award Competition (SAC) is not compatible with the type of abstracts that are being submitted. Therefore a subcommittee was formed which consists of Drs Shope, Crouch, Lopreiato and AAP staff.

2005 Section Elections

Dr. Waecker noted that the section election ballot is complete and posted on-line so that members can cast an electronic ballot. There are several choices on the ballot for four open positions: 1 Army (Chair position), 2 Navy and 1 Air Force. The Executive Committee thanked Dr. Waecker for his work on the nominations committee.

Nominations of Uniformed Services Pediatrics in AAP Leadership Positions

Dr. Goodwin reported that Dr. Blaschke and Dr. Bailey were nominated for AAP Committee leadership positions.

**Liaison Reports**

Chapter East

Dr. Newton reported that Chapter East is going to write a similar structure for their officer terms as Chapter West. Also, Chapter East has been approached by residents and asked to also support the resident membership for years 2 and 3. Dr. Newton will hire an Executive Director for the Chapter and will be discussing the roles and responsibilities of a Executive Director with Ms. Ly, Chapter West Executive Director. Dr. Newton also reported that the chapter is funding three (3) Outstanding Pediatrician Awards this year which will be given out at the Section Business Meeting.

Chapter West

Dr. Waecker reported that he just attended his district meeting. The chapter has completed their changes to the officer terms. The new Vice President is Dr. Bailey and the new Member at Large is Dr. Nelson. The Chapter's website is now up and running at [www.uswest.aap.org](http://www.uswest.aap.org). The chapter will be presenting their Outstanding Pediatrician Awards at the Section Business Meeting. The Chapter is looking into supporting the residents membership to the Academy for the entire residency instead of just the 1<sup>st</sup> year.

Specialty Leaders

Drs. Callahan and Louder gave an oral report on the state of pediatrics in the Army and Air Force respectively.

As there were no further agenda items, the meeting was adjourned at 4:58 pm.

Submitted by

Roxanne Shannon, Sections Coordinator

**Not a member yet?**

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## American Academy of Pediatrics

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## Uniformed Services Section

The Section on Uniformed Services, founded in 1959, is dedicated to educating physicians on topics in pediatrics unique to the uniformed services, to providing a forum for pediatricians in the military and the Public Health Service, and to playing an advocate role on behalf of eligible pediatric beneficiaries and uniformed services pediatricians. In addition, the section provides consultation to the AAP Board of Directors upon request on issues relevant to the uniformed services.

Membership in the section is open to all Fellows (including those in training) of the Academy who are active, retired, or former US military or Public Health Service; to uniformed counterparts from other countries of the Americas; and to civilian pediatricians with close ties to the uniformed services. The Section also has an affiliate membership category for physicians, nurses whose patient population is 50% uniformed services pediatric beneficiaries. Membership in 2005 exceeds 800.

The Section on Uniformed Services hosts educational programs at the Academy's National Conference and Exhibition and holds its own organizational meeting at the Uniformed Services Pediatric Seminar (USPS), a 4-day CME course held each year in late Winter - early Spring. USPS, attended by nearly 300 pediatricians annually. The USPS features topics of interest to pediatric primary care practitioners, additional plenary topics with unique relevance to uniformed pediatricians, and a variety of special interest seminars and workshops. USPS also features a Scientific Awards Competition (SAC) in categories including: (1) the Ogden Bruton Award for basic research, (2) the Andrew Margileth Award for clinical research, (3) the Howard Johnson Award for research during residency training, (4) the Leo Geppert Award for brief clinical communications, and (5) the Val Hemming Award for clinical or basic science research submitted by a medical student. Finally, USPS includes awarding of an annual Outstanding Service Award, Dave Berry Award and an always fun and invigorating inter-service rivalry in the 'Jeopardy'-style James Bass Challenge Bowl. There are many opportunities for both formal and informal interactions with friends, colleagues, and leaders from both uniformed services pediatrics and from the Academy, including the AAP President.

Joint Section programs at the Academy's National Convention and Exhibition have featured partnerships with other Section and focus on uniformed services-related pediatric topics. The Ogden Bruton Lectureship is among highlights of the NCE meeting for the Section.

The Section, through an elected Section Chair and elected members of the Section Executive Committee, works closely with other AAP Sections and with the AAP Uniformed Services Chapters East and West. In addition, the Section works with the Pediatric Specialty Advisors of the respective service Surgeon General: the Uniformed Services University of the Health Sciences; and numerous military medical facilities around the country and the world. The Section produces a tri-annual Uniformed Services Pediatric Newsletter featuring updates on Section, Chapter, and AAP topics and activities and maintains an active Section home page on the Internet.

## CHCS II Update *(continued)*

*Q&A with LCDR William McCullough*

*(Continued from page 7)*

*been completed. The Army already has these and the Air Force recently awarded a contract for sustainment trainers to IBM. These trainers will train people who have not previously been trained on the system when they report to the MTF. Additionally, they can support the MTFs CHCS II users.*

8. Is this expected to be used everywhere? (on the ground in Iraq, ship-board, inpatient setting, etc.)

*There is an application called CHCS II T (CHCS II Theater). This application can be loaded on a lap top or desk top and functions without connection to the CHCS II server. It contains much of the functionality of CHCS II. The vision is to be able to download a units medical records from the CHCS II server prior to deployment and then to use CHCS II T to access those records and document encounters while in theater, whether that is ship-based or on the ground. This application is currently being used in Iraq and Afghanistan.*

9. Will access to CHCS II be available from home via internet?

*Not today. The technology is available to support such functionality, but issues such as hardware and software cost and management and coordination with internet service providers complicate matters. I do however suspect that down the road, we will have this capability.*

10. What will the role of "coders" be in the future with CHCS II? *I believe that the role of coders in our system will evolve as CHCS II evolves. Providers are required by CHCS II to do some minimal coding to be able to complete and electronically sign an encounter note. The application can even calculate an E&M code for you, but someone needs to audit and correct the work of providers and the system. Someone will also need to educate providers about coding. We will still need coders, their role will just change.*

- LCDR William McCullough is a Navy Pediatrician currently assigned with BUMED to work on implementation and troubleshooting of CHCS II and other technology based projects. Feel free to contact him for any concerns/questions you have in regards to CHCS II. He can be reached via email at:

[WPMccullough@US.MED.NAVY.MIL](mailto:WPMccullough@US.MED.NAVY.MIL).



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