

# 'THE RUDDIER

Sailings of the U.S. Navy Medical Service Corps

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*Cover photo: Pensacola, Fla. Aerospace Experimental Psychologists (AEPs) at the last in-person annual AEP Meeting before the start of the COVID-19 pandemic. See more on Page 10.*

# FROM THE MSC DIRECTOR

My Fellow MSCs,

I am humbled and honored to be the 20th Director of the Medical Service Corps. From my first days as Ensign Case to this moment, I continue to be amazed by the capabilities and power of the Medical Service Corps in support of continued Naval Superiority. As we celebrate our 75th anniversary, I will unveil our updated mission and vision for the Medical Service Corps. Today I ask you to focus on the following:

- Professional expertise. Keep focused on your specialty, hone your craft, and be the best at what you do. For the specialties that have frequent training opportunities, I encourage you to come up with plans that your local commands can support and take advantage of the opportunities.
- Stay informed. The Medical Service Corps Chief Office is committed to improving the lines of communication from my desk to yours. The office is working very hard to enhance our Facebook page following, revamp the MSC App, and strengthen our milBook page information repository. We will continue to have quarterly MSC Live Events where we can share information, make you aware of upcoming events, and answer any questions. With all that said, I need your help with this. Please follow our Facebook page (Davey Jones), attend out MSC Live Events (we will work to make them amendable to East and West Coast), and stay in close contact with your specialty leaders — this is one of main lines of communication to you all. I know there is a lot of information out there that can be confusing and overwhelming. If you have questions or concerns, please seek out senior mentors or contact me.



I am very happy to introduce the reimagined version of "The Rudder." A special thanks to The Rudder Team listed here for their hard work; BZs to CDR Divina, LCDR Anderson, LCDR Biggs, LT Barter, LT Menendez, LT Rafferty, LT Rose, LT Braly, and LT George! There are a few things in here that I would like to point out:

The 75th Anniversary Challenge Coin is now available for Pre-order! The coin looks great and the proceeds go to your local MSC Associations and your 75th Anniversary Celebrations! A few weeks ago I had a great opportunity to meet with leaders of a few MSC Associations and discussed 75th anniversary celebration plans. I am

very excited to attend as many events as I can and incredibly thankful for the extensive efforts your local associations are making to put on a great event. We have much to celebrate, for 75 years our Corps has been at the forefront, leading the success of Navy Medicine. Celebrating heritage is important; however, we must also celebrate our promising future.

I would be remiss if I did not touch on the Specialty in the Spotlight this month, which is Aerospace Experimental Psychology and is led by Specialty Leader, CAPT Joseph Cohn, and Assistant Specialty Leader, LCDR Lee Sciarini. AEPs, as you will read, have been a part of our great military efforts since before WWII and have come very far. We know this because of the article posted by LCDR Preston and LCDR Cox that discusses “The Kraken” — great article and great job to the NAMRU Dayton team and AEP Specialty Community!

Finally, I want to point out the High Reliability Feature. Thank you, LCDR Cordrick for your great article on “transformational leadership” and also to the HRO team for all of the great work that they have done and continue to do. I recently was able to view the most recent Live Webinars that are posted on our milBook page as well as hear about the transition efforts, career road maps, and the future Live Webinars. I noticed that they are looking for motivated O3-O5s that are familiar with podcasts to educate and/or join the team. I strongly encourage you to assist if you can! Great work by you and your teams, CDR Smith, LCDR Desiderio, and LCDR Preston!

Thank you for all that you do and I look forward to seeing you all out there in the coming days, weeks, and months! It is an honor to serve with all of you!

M. Case #20

## CHANGE OF OFFICE CEREMONY



Falls Church, Va. Pictured above (L-R): Then-CAPT Matthew Case, RADM Gayle Shaffer, and RDML Timothy Weber during the MSC Director Change of Office Ceremony held on 16 May 2022 at the Defense Health Agency Headquarters.



Falls Church, Va. Prior to his eventual promotion to Rear Admiral, CAPT Matthew Case (left) is congratulated by RDML Tim Weber (center) and RADM Anne Swap (right) after the MSC Director Change of Office Ceremony on 16 May 2022.



Falls Church, Va. Then-CAPT Matthew Case, addresses the attendees at the Change of Office Ceremony on 16 May 2022.

# CELEBRATING SEVEN DECADES OF U.S. NAVY MSC LEADERSHIP!



CAPT WILLARD CALKINS  
CHIEF 1954-1958



CAPT LEO ELSASSER  
CHIEF 1958-1962



CAPT ROBERT HERRMANN  
CHIEF 1962-1968



CAPT E.L. VANLANDINGHAM  
CHIEF 1968-1973



CAPT ALBERT SCHWAB  
CHIEF 1973-1976



CAPT WILLIAM GREEN  
CHIEF 1976-1978



CAPT PAUL NELSON  
CHIEF 1978-1982



REAR ADM. LEW ANGELO  
DIRECTOR 1982-1987



REAR ADM. DONALD SHULER  
DIRECTOR 1987-1991



REAR ADM. CHARLES LOAR  
DIRECTOR 1991-1993



REAR ADM.  
TODD FISHER  
DIRECTOR 1993-1995



REAR ADM.  
H. EDWARD PHILLIPS  
DIRECTOR 1995-1999



REAR ADM.  
PHILLIP VANLANDINGHAM  
DIRECTOR 1999-2004



REAR ADM.  
BRIAN BRANNMAN  
DIRECTOR 2004-2006



REAR ADM.  
MICHAEL MITTELMAN  
DIRECTOR 2006-2009



REAR ADM.  
ELEANOR VALENTIN  
DIRECTOR 2009-2012



REAR ADM.  
TERRY MOULTON  
DIRECTOR 2012-2015



REAR ADM.  
ANNE SWAP  
DIRECTOR 2015-2019



REAR ADM.  
TIM WEBER  
DIRECTOR 2019-2022

## CEREMONIES

# CHANGE OF COMMAND & RETIREMENT CEREMONY



San Diego, Calif. Pictured above (L-R): RDML Guido Valdez, LTG Ronald Place, RDML Tim Weber, and RADM Gayle Shaffer participate in the Naval Medical Forces Pacific Change of Command and Defense Health Agency San Diego Market Directorship Ceremony on 20 May 2022. See full article [here](#).



San Diego, Calif. Pictured above (L-R): RDML Tim Weber, outgoing commander of Naval Medical Forces Pacific, and RDML Guido Valdes, incoming commander of Naval Medical Forces Pacific, cut a cake during a change of command ceremony reception at Admiral Kidd Catering and Conference Center held on 20 May 2022.



San Diego, Calif. Pictured above: RDML Tim Weber, outgoing commander of Naval Medical Forces Pacific, receives a gifted painting during a change of command ceremony held on 20 May 2022.



San Diego, Calif. Pictured above: RDML Tim Weber, outgoing commander of Naval Medical Forces Pacific, gets piped ashore with his family during a change of command ceremony held on 20 May 2022.

Limited Edition  
Medical Service Corps  
75<sup>th</sup> Anniversary Challenge Coin **PREORDER**



To purchase, contact your nearest representative for payment/shipping options:

- National Capitol Region (NCR) - LT Matthew Forbes, [matthew.d.forbes3.mil@mail.mil](mailto:matthew.d.forbes3.mil@mail.mil)
- Norfolk - LT Ayoyinka Aluko, [ayovinka.o.aluko.mil@mail.mil](mailto:ayovinka.o.aluko.mil@mail.mil)
- San Diego - LT Diane Koulavongsa, [larissia.d.koulavongsa.mil@mail.mil](mailto:larissia.d.koulavongsa.mil@mail.mil)  
- LT Victoria Medved, [victoria.d.medved.mil@mail.mil](mailto:victoria.d.medved.mil@mail.mil)

### Announcement

Announcing MSC Specialty Name Changes!! New names follow:

1803: Health Information Technology

1862: Occupational Audiology

1865: Medical Laboratory Science

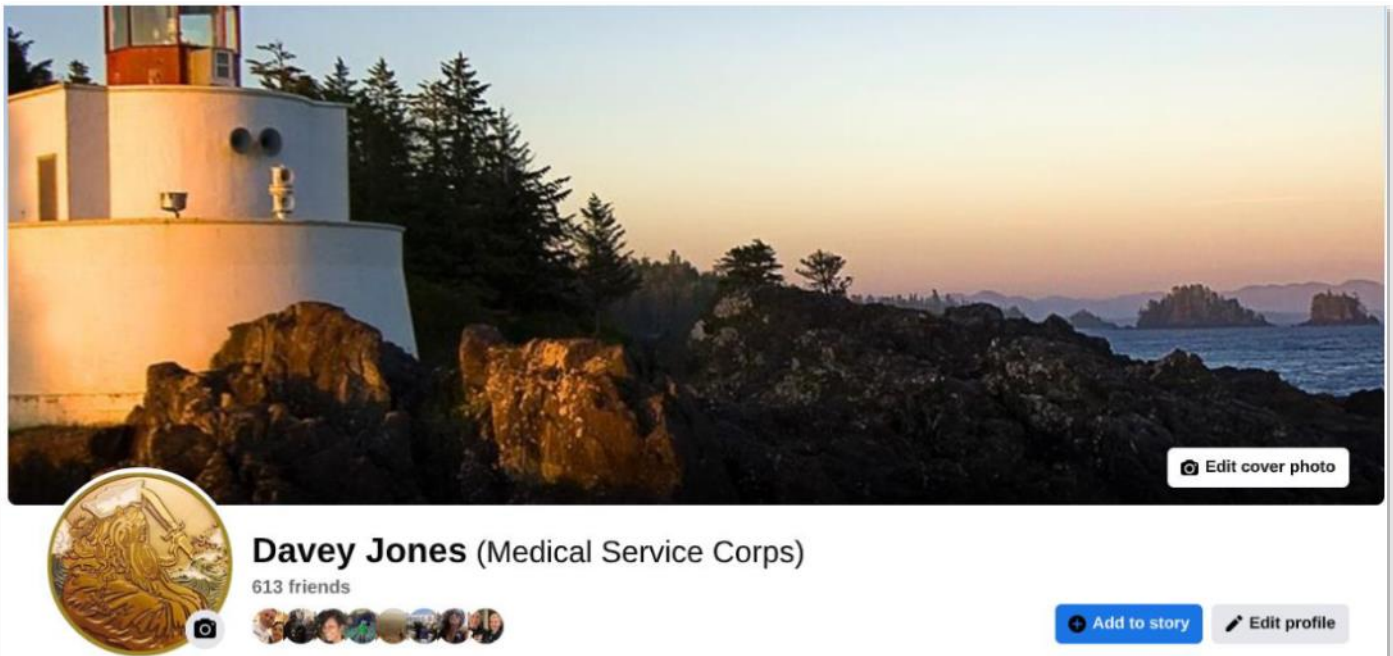
1870: Clinical Social Worker

1876: Dietetics

The Manual of Navy Officer Manpower and Personnel Classifications (Major Code Structures NAVPERS 158391) reflects these changes.

Thank you to LT Matthew Yans and LT Kathryn Litwinchuk for designing the MSC 75<sup>th</sup> Anniversary Challenge coin.

# Join our Facebook Page!



**Davey Jones** (Medical Service Corps)  
613 friends

[Add to story](#) [Edit profile](#)

We need your help to grow our Facebook page. In the coming weeks and months this will be our platform to share information with the Corps!

## RESERVE UPDATE



Camp Lejeune, N.C. Pictured above (L-R): Reserve MSCs LT Rachel Ames, Orthopedic Physician Assistant, EMF Bethesda HQ; LCDR Ainslee Noreen, Orthopedic Physician Assistant, EMF Jacksonville HQ; CDR Francis "Tony" Goiran, Assistant Senior Medical Officer, NR USAFRICOM HQ; LCDR Duane Ehredt, Podiatrist, EMF Jacksonville HQ; LTJG Matthew Sierra, Physician Assistant, 2nd Medical Battalion; LTJG Landry Marshall, Physician Assistant, 2nd Medical Battalion; and CDR Daniel Landry, Director for Administration, NR NMRTC Camp Lejeune HQ, participate in an Operational Medicine Symposium.



Quantico, Va. Pictured left (L-R): Surgical Company Alpha (SCOA) 4th Medical Battalion's LCDR Todd Gibson, Physician Assistant and SCOA Executive Officer; HMC Thomas Mangano; CAPT Anthony LaCourse, Physician Assistant and 4th Medical Battalion Commanding Officer; and LCDR Joe Turner, HCA/POMI and SCOA Commanding Officer, conduct field operations outside the field Command Center.



Washington, D.C. Pictured left (L-R): Chief of Navy Reserve, VADM John B. Mustin meets with Reserve MSC CAPT Louise Anderson, Branch Head, Force Health Policy and Plans, at the Pentagon. CAPT Anderson advises and assists the Chief of Navy Reserve in the development and application of Navy Reserve manpower, personnel, training, and force medical policies in support of the 59,000 Navy Reserve Force members.



Bethesda, Md. The Reserve MSC DFA and SE Roundtable was held at Walter Reed National Military Medical Center from 6-7 May 2022. Pictured above (L-R): CAPT Randall Hodo, BUMED M10; CDR Timothy Strickland, CDB Program Manager; LCDR Jacqueline Teixeira, NR BUMED HQ; CDR Francis Goiran NR AFRICOM HQ; LCDR Melanie Muscar, Reserve Program Director, NMRTC Bethesda; CDR Daniel Landry, DFA, NR NMRTC Camp Lejeune; CAPT Steven Blaustein, DC RAO; CDR Robert Martinez, DFA, NR NMRTC Corpus Christi; CDR William Parthun, Reserve DFA, Working Group Chairman, and DFA EMF Bethesda; and CAPT Katherine Ormsbee, CO, NR NMRTC Portsmouth.

USS LEWIS B. PULLER (ESB-3). Pictured right (L-R): While afloat in the Arabian Gulf, ERSS 27, TF 51/5th MEB's LT James Lambert, Enroute Care/Critical Care Nurse, and LT Benjamin Olmedo, Emergency Medicine Physician Assistant, provide training on Ultrasound Guided Intravascular Access to two Hospital Corpsmen as part of the International Maritime Exercise (IMX) 2022.



San Antonio, Texas. Pictured left (L-R): Reserve MSCs LT Patrick Kennedy, Lab Officer with MLG 4MB; LT Prima Baines, POMI with MLG SURGCO B; and CDR Darren Kasai, POMI with PACFLT, attend the Joint Medical Operations Course (JMOC).

# EXTENDING MY PROJECTED ROTATION DATE

## What's Required?



### *Q: What's the policy on extending projected rotation dates (PRDs)?*

A: [MILPERSMAN 1301-104](#) states that on a case-by-case basis, tour extensions of up to one year at your present duty station may be approved. Requests must be submitted at least six months prior to your current PRD, and approval will be based on a variety of factors such as officer career timing, availability of a relief, and requirements for other priority billet fills.

### *Q: What is the process for requesting a PRD extension?*

A: It is highly recommended that the first step is to discuss a potential PRD extension with your command, your specialty leader, AND your detailer prior to officially requesting. The submission window for extension requests is no earlier than 12 months, and no later than six months from your current PRD. A written request with justification for the extension must be routed via your chain of command (CO endorsement), to PERS 4415 at [pers\\_4415\\_prds@navy.mil](mailto:pers_4415_prds@navy.mil); ensure you

copy your detailer and specialty leader for awareness. Your request will be routed within PERS for a final decision. If you haven't received a response from PERS 4415 within two weeks, you should contact your detailer.

### *Q: What are the potential benefits of extending PRDs?*

A: Extensions can promote staff continuity and command stability during periods of higher than usual turnover. In certain situations, extending may also allow for additional time needed to achieve the level of performance desired to allow competitiveness for promotion. Extensions can also contribute to stability for exceptional family member needs, or allow a child the option to complete the last two years of high school at the same facility. Lastly, extensions can help align resignations or retirements to coincide with the end of your obligated service.

### *Q: What are the potential pitfalls or risks of extending PRDs?*

A: Extending in a billet limits opportunities for other officers in the community to gain the experience provided by that job. Certain positions or geographic locations are in high demand, and extensions can impact other officers in the community's career progression, or reduce options for dual military or exceptional family member care. Extensions can reduce diversity in experience, and increasing billet complexity and responsibility is highly valued by the Medical Service Corps and Navy Medicine. Therefore, staying in a billet too long can cause stagnation and reduced competitiveness for promotion selection.

## OTHER NEWS

**Expired EFMP Status?** During the height of COVID-19 restrictions, orders were approved in spite of having an expired Exceptional Family Member Program (EFMP) status. According to PERS 454, orders will no longer be processed with expired EFMP determinations, and orders will be held until the EFMP status is updated. Members must arrange an appointment with their local military treatment facility to get their EFMP status updated.

### **Medical Assignments** **Link**

[Medical assignments \(navy.mil\)](https://www.navy.mil/medical-assignments)

### **MSC Detailers**

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LCDR Ryan Aylsworth  
(HCS/PAs)  
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(901) 874-4115 DSN 882



# SPATIAL DISORIENTATION

## Naval Medical Research Unit Dayton

By: LCDR Brennan D. Cox, MSC, USN & LCDR Adam M. Preston, MSC, USN

The Naval Medical Research Unit Dayton (NAMRU-D) optimizes the readiness, performance, and survivability of operational forces through environmental health effects, toxicology, and aerospace medical research and development. One significant research program at NAMRU-D is investigating aircrew Spatial Disorientation (SD). SD occurs when pilots incorrectly perceive the attitude of their aircraft with respect to the earth, gravitational vertical, or other aircraft. SD is the No. 1 killer of aircrew, and nearly all pilots experience SD during their careers. Because there are multiple causes of SD, a range of investigations are necessary to capture and quantify this experience. In addition to its extensive work since the Navy's earliest days of manned flight, NAMRU-D's current \$12.3M SD research portfolio spans 10 active protocols, ranging from basic science investigations on the neural correlates of SD-evoking motions, to advanced studies of helmet mounted display symbologies for improving spatial awareness among tactical fighter pilots. A novel upcoming project will examine the effects of hypoxia under different workload conditions in a moving environment using a device developed at NAMRU-D to deliver air gas mixtures in both normoxic and hypoxic (simulating an altitude of 17,500 feet) while pilots fly the full motion 6-degree-of-freedom Disorientation Research Device (also known as The Kraken) in formation flight through a

series of turns, climbs, and descents in and out of clouds to determine how hypoxia contributes to SD in true-motion environments.

Check out the [full article](#) on milSuite to learn more!



*Pictured above: The capsule of The Kraken can deliver various mixtures of oxygen, nitrogen, and compressed air to pilots, simulating altitude and hypoxic effects. These may contribute to or exacerbate the effects of spatial disorientation.*



*Pictured above: LT Sarah Sherwood, (AEP #160) sits in a rotary chair used to investigate the audiogyral illusion.*



*Pictured above: Helmet Mounted Display symbologies may help reduce spatial disorientation, but must not obscure vision or create clutter.*



*Dayton, Ohio. Members of NAMRU Dayton's Spatial Disorientation Research Team stand in front the Disorientation Research Device (The Kraken). Pictured left (L-R): LCDR Brennan Cox (AEP# 142), LT Sarah Sherwood (AEP #160), Dain Horning (Statistician), Dr. Hank Williams (AEP #105 & Senior Scientist), Dr. Eric Robinson (Research Psychologist), Dr. Kyle Pettijohn (Research Psychologist), CAPT Rich Folga (Aerospace Operational Physiologist), Ali Ludwig (Research Assistant), and LCDR Adam Preston (Aerospace Optometrist).*

## SPECIALTY SPOTLIGHT

# AEROSPACE EXPERIMENTAL PSYCHOLOGY

By: CAPT Joseph Cohn, MSC, USN (AEP #113)

Naval Aerospace Experimental Psychologists (AEPs) trace their roots to the National Research Council's (NRC) Committee on Selection and Training of Civilian Aircraft Pilots, established in response to the accelerated growth in commercial aviation after World War I. Recognizing that the "human element" contributed to at least 50% of accidents in Commercial Aviation and over 50% of accidents in Military Aviation, the Committee sought a reliable approach to selecting the best candidates for pilot training. In July 1940, committee members, funded by the Civil Aeronautics Administration (precursor to the Federal Aviation Administration), established the "Pensacola Project," to characterize the criteria for the assessment and selection of military pilots. Based in Pensacola, Fla., the team examined multiple factors predictive of pilot performance, ultimately delivering a battery of three tests, known as the Naval Aviation Questionnaire. This was the precursor to today's Aviation Selection Test Battery (ASTB), overseen by AEPs at the Naval Aerospace Medical Institute (NAMI) in Pensacola, and administered to over 10,000 candidates

annually around the globe.

The Pensacola Project ended in May 1941, shortly before the U.S. entered World War II, which increased the need for skilled aviators tenfold. This need led to the recognition that delivering skilled aviators required more effective selection tools and training curricula than were currently available. To address these challenges, the Bureau of Medicine and Surgery established an Aviation Psychology section in October 1942. By the end of World War II, uniformed Aviation Psychologists had proven their value not only by developing effective selection tests and training curricula, but also by providing scientifically driven insights to solve a range of novel "human system" challenges associated with building, operating, and maintaining the Navy's fleet of aviation platforms. In 1947, the Navy established the Medical Service Corps, with the AEP designator listed among the Allied Sciences Section. AEPs were granted flight status in February 1966, and authorized to wear wings in April 1967. This status is critical to ensuring the community remains attuned and responsive to warfighter needs, able to inform the research and development of new capabilities from the operational perspective.

AEP candidates must meet rigorous educational and physical requirements. Following Officer Development School, candidate AEPs—known as "Student Naval AEPs (SNAEPs)"—attend the Aeromedical Officer (AMO) course at NAMI. AMO training includes Naval Introductory Flight Evaluation (NIFE) training and a SNAEP-specific curriculum. During NIFE, SNAEPs master aviation ground school and aviation survival training, and complete a fixed wing and rotary wing flight syllabus. The SNAEP curriculum includes postdoctoral level, AEP-specific training. AMO training culminates with graduates receiving their AEP "wings of gold" along with a unique AEP designation number, enshrining their entrance into the community.

Today, the AEP mandate extends far beyond Naval Aviation. Founded on the cornerstones of continuous improvement and teamwork, AEPs leverage their *Core Missions*—selection, training, human factors, and safety—



*USS TRUMAN (CVN 75). Pictured above (L-R): LCDR Michael Natali (AEP #150), LCDR Joseph Geeseman (AEP #148), LT Eric Vorm (AEP #149), and LCDR Stephen Eggan (AEP #143) study Human Machine Interface challenges with carrier-based unmanned system operations.*

to deliver solutions to a range of operational and medically-oriented challenges that confront the Navy/Marine Corps and Joint Force.

Responding to the complexities of the operational environment, the community has added *Supporting Missions*, like strategic planning, acquisition, and Human Systems Integration, enabling AEPs to be flexible and agile in addressing evolving guidance and emerging threats.

While small in number, the AEP community is a force multiplier when it comes to providing innovative and impactful capabilities to the warfighter. From continuously refining the ASTB, to delivering next generation training capabilities, to developing and overseeing the strategy and policy governing military medical research and development, AEPs continue to leverage their aeromedical research and acquisition expertise to ensure Naval Forces are staffed, trained, equipped, and ready to win the fight today, tomorrow, and in the future.

Visit <https://navyaep.com/> to learn more about the Aerospace Experimental Psychology community.

The full version of this article can be found [here](#).

Click [here](#) to read about the dawn of the AEP program.



*Whiting, Fla. Pictured above: LT Aditya Prasad (AEP #156) completes a training flight in a TH-57.*



Pensacola, Fla. AEPs past and present attend graduation for their newest team members. Pictured above (L-R): Dr Eric Muth (AEP #109), LT Nicholas Armendariz (AEP # 163), LT Sarah Beadle (AEP #164), CAPT Michael Lowe (AEP #132), LT Alexandra Kaplan (AEP #165), and Dr Henry Phillips (AEP #119).

Kissimmee, Fla. Pictured right: CAPT Joseph Cohn (AEP #113) leads a panel on Defense Health Agency funding opportunities at the 2019 Military Health System Research Symposium.



Reno, Nev. Pictured left: AEPs gather at the 92nd Annual Aerospace Medical Association's Scientific Meeting.



Twentynine Palms, Calif. Pictured above (L-R): LCDR Brennan Cox (AEP #142) and LT Sarah Sherwood (AEP #160) evaluate unmanned vehicles for CASEVAC use.



Twentynine Palms, Calif. Pictured above (L-R): LT Sarah Sherwood (AEP #160), LCDR Brennan Cox (AEP #142), and LT Eric Vorm (AEP #149) evaluate unmanned vehicles for CASEVAC use.

# TRANSFORMATIONAL LEADERSHIP

By: LCDR Colleen Cordrick, MSC, USN

If you were to open your browser, type and search the term Transformational Leadership, you will find a definition that this is an approach in leadership that utilizes the motivation and morale of those within an organization to influence change both on a personal and organization level. Perhaps a mildly vague definition that leaves us all asking ourselves, what does this really mean? To help better understand Transformational Leadership, and how it affects each of us on a daily basis, the MSC High Reliability Organization (HRO) Team reached out to RDML Matthew Case. Using his vast experiences spanning over 27 years of faithful Naval service, RDML Case was able to offer his insight and provide some clarity as to what Transformational Leadership really means.

To understand the meaning of Transformational Leadership, you first must understand what it means to be a leader, according to RDML Case. A leader is someone who has the opportunity to both influence and support others, consistently sets a good example, supports those under your charge, promotes professional development throughout their organization, and successfully performs the mission. A Transformational Leader understands at their core what it means to be a leader, and is able to help their organization through tumultuous times and multiple barriers to ensure mission success.

To explain this point further, RDML Case used the example of when Navy Medicine had the unique opportunity to “help those who helped us in Afghanistan.” He said we answered the call at Fort McCoy, Camp Atterbury, Camp Pickett, and with the Marines at Quantico. In Operation Allies Welcome, RDML

Case stated that it “is an honor to do this mission” because the “interpreters were family.” Navy Medicine took care of the evacuees while managing their own patients, with facilities at max capacity, while a large number personnel were deployed, and in the face of budget cuts and billet divestitures. Given these examples, RDML Case pointed out that surely, in some capacity, we have all served or serve as Transformational Leaders.

To ensure success as a Transformation Leader, RDML Case provided three principles that we can all follow. First, take care of the patient. No matter your role, focus on the patient. Second, take care of yourself and others. Are you taking care of yourself? Do you make time for professional development, exercise, and strive for an appropriate work life balance? For your peers and shipmates, are you looking out for them? Do you lend a hand when someone needs it? Do you make yourself available? Lastly, embrace change as all of us will need to lead in times of great change. Remember these points, “change means things will be different, not necessarily bad,” “you will fail more than you succeed,” and “you will always fail if you don't try.”

When you think about how you can be a successful Transformational Leader as we continue to navigate uncharted waters, ask yourself these questions: Do you love what you do? Do you love your organization and the people you work with? Do you love the mission? Do you come to work and feel a sense of pride? Finally, do you love who you do the work for, our patients? If you can answer yes to these questions, then you are well on your way to becoming a successful Transformational Leader.



*Falls Church, Va. RDML Matthew Case stands in front of the Navy Surgeon General's Power Wall, located at BUMED Headquarters. On a rotating monthly basis, the Power Wall spotlights Navy Medicine members who play a role in projecting Medical Power.*

The full version of this article can be found [here](#).

## What is a Transformational Leader?

- **Idealized Influence:** Purpose Driven. Role Model. “Walk the talk.”
- **Inspirational Motivation:** Inspiring. Inspire Followers.
- **Individualized Consideration:** People driven. Genuine concern for needs of followers.
- **Intellectual Stimulation:** Innovating. Challenges followers to be innovative and creative.

AWARDS

# ACHE & LEAPS AWARDEES



Senior Level Healthcare Executive Award  
CDR Kevin Lyle, MSC, USN, FACHE



Early Career Healthcare Executive Award  
LT Carla F. Santiago, MSC, USN



Enlisted Healthcare Executive Award  
HM1 Byron K. Winfree, USN

Chicago, Ill. Pictured below (fifth from the left): LCDR Temitope Ayeni, assigned to Medical Systems Integration & Combat Survivability (OPNAV N44), receives the 2022 Joint Federal Sector Military Excellence in Healthcare Management Award at the Joint Federal Sector Awards Breakfast during American College of Healthcare Executives (ACHE) Congress.



Chicago, Ill. Pictured left (L-R): CAPT Glenn Buni, POMI Officer, NR CRUITCOM; Ms. Rebecca Nykiel, Connection Supervisor, VMLY&R Global Brand & Customer Experience Agency; and LCDR Rachel A. Knight, Medical Recruiter and Medical IT Officer, man the US Navy Recruiting booth at the ACHE Congress.



Chicago, Ill. NMOTC staff gather at LEAPS 2022. Pictured above (L-R): LTJG Freeman Love, HCA; LTJG Marat Katsov, HCA; LT Irani Araujo HCA; LCDR Amber Lenfert, HCA; LT Nnika Montgomery, HCA; Bob Leahy, GS Civilian; LTJG Diane Koulavongsa, HCA; YN2 Vinchenza Garcia; and LCDR Bill Lawson, HCA.



Chicago, Ill. Pictured above (fifth from the left): LT Kionna Myles, a Naval Postgraduate School student, receives the 2022 Joint Federal Sector Diversity and Inclusion Early Careerist Award at the Joint Federal Sector Awards Breakfast during ACHE Congress.

## ARTICLES OF INTEREST

# LEADER & PROFESSIONAL DEVELOPMENT COMMAND

## A Brief Introduction

By: CDR Michael D. Bay, MSC, USN & LCDR Rodney Noah, MSC, USN

Naval Medical Leader and Professional Development Command (NMLPDC) is located at Naval Support Activity Bethesda, Md. It is one of the Navy's premier platforms for medical training. Its mission is to maintain the operational health of the warfighter by developing highly trained medical leaders and personnel to maximize medical operational readiness. The command evolved out of the Navy Hospital Corps Officer's School in 1942, ultimately passing through several name changes through the years, with its most recent change from Navy Medicine Professional Development Center to its current name in 2020. NMLPDC serves as a subordinate command to Naval Medical Forces Support Command.

Aligning itself with the Surgeons General's 4 P's (People, Platforms, Performance and Power), the command trains thousands of medical department officers every year, through multiple continuing education and professional development courses. Some of those courses are highlighted here, such as the Plans, Operations and Medical Intelligence (POMI) course. This is an important in-demand course, training approximately 100 stu-

dents every year and offered through a comprehensive three-week training module essential to all officers and senior enlisted personnel assigned to a POMI billet. There are four courses per

tor-borne pathogens. These are the type of diseases that typically spread more frequently in resource poor settings often encountered by operational forces worldwide. Understanding how these diseases are transmitted (epidemiology) is the first step to developing more effective prevention, control and treatment measures to mitigate the spread (new drugs, insecticides, and vaccines). Perhaps one of the most important training elements of the MTM course is the two-week field component. Here students are afforded the opportunity to observe pathogen transmission and disease treatment in austere conditions. Some countries where this has occurred in the past include Peru, Ghana, Brazil, Thailand, Tanzania, India, Honduras, and Liberia. The importance of the field component cannot be overemphasized as it provides students a "real-world" perspective of challenges faced by operational forces with respect to infectious disease and opportunity

to practice previously learned surveillance and mitigation techniques.

A full listing of all the vital medical training platforms offered through NMLPDC can be found at <https://www.med.navy.mil/Naval-Medical-Leader-and-Professional-Development-Command/>.

Full story can be found at <https://dvidshub.net/r/t7b9fy>



*Bethesda, Md. Students of the POMI course in September 2021 located in the Tower Building at NSA. Pictured above (L-R): HMC Cody Werven; LCDR Derrick O'Neal, Physical Therapist; LT Christopher Wimmer, HCA; LT Brett Burnham, EHO; LT Jesse Thomas, HCA; LTJG Sanders Lee, HCA; LT James Demetriades, HCA (RC); CDR Brent Casady, HCA; LT Adam Aten, HCA (RC); HMC Joshua McFarland; LT Julianne Corcoran, MC; LT Apolinar Ortiz, HCA; LT Jerry Hughes, Laboratory Officer; HMC Riyadh Badrie; LT Arianna Douglas, HCA (RC); LT Carolan Whitney, Physician Assistant; and LT Sierra Nichols, HCA.*

year with a maximum enrollment of 30 students for each three-week training session.

Perhaps one of NMLPDC's most unique courses is Military Tropical Medicine (MTM). This course's didactic portion consists of four weeks of in person or virtual lectures on various topics in field tropical medicine, such as bio-warfare agents, and food/water and vec-

# NAVY ENVIRONMENTAL & PREVENTIVE MEDICINE

By: LT Dan Xu, MSC, USN

“Get real, Get better!”

Every victory of warfighting is determined by what is done before the battle – preparation and exercises. Every exercise begins with plan, protocol review, and equipment inspection. Each ends with gap finding and lessons learned that help to prepare and to be ready. MSCs at Navy Environmental Preventative Medicine Unit 7 (NEPMU-7) played a critical role in this Command scenario-based training event. They provided leadership support, specialty support and administrative support.

All training organizers were MSCs. The MSC officers that led the training were LCDR Jeff Hertz, Entomologist; LT Tal-Beth Cohen, Entomologist; LT Andrew Jiang, Industrial Hygienist; LT Rodney Lindsay, Environmental Health Officer; LT Crystal Ybarra, Environmental Health Officer; LT Dan Xu, Biochemist; and LT Kelson Mosier, Administration Officer. The five-day exercise assessed unit capabilities and improved proficiency and efficiency of our Sailors. The Diversity of our MSC community was fully displayed at this exercise, and it also highlighted the importance of each involved subspecialty.



## MSCs IN FOCUS



Bethesda, Md. Navy Optometrists pose for a Tri-Service group photo during the 2022 Ocular Trauma Surgery Lab course, which was held on the campus on the Uniformed Services University of Health Sciences from 23-26 May 2022. Picture back row (L-R): CDR (Ret.) Kevin Jackson (far left) and LCDR Erica Poole (third from left). Pictured middle row (L-R): CDR Rodel Divina (third from right) and LT Kaiser Sultani (second from right). Pictured front row (L-R): LCDR Gillian Claveria-Oooms (third from left) and LT John Vingoe (third from right).



Camp Lemonnier, Djibouti, Africa. In 2003, the U.S. Navy deployed the first Expeditionary Medical Facility (EMF) to Djibouti. Since then, MSCs have deployed to this EMF with Role Three medical and surgical capabilities designed to increase the survivability of those injured in a combat theater. Pictured above (L-R): LT Marco Pasco, Environmental Health Officer; LTJG Jacob Underwood, Entomologist; LCDR Rebecca Pavlicek, Microbiologist; LT Nasim Hawashem, Medical Logistician; LT Jonathan Gomez Rivera, Health Facilities Planning & Project Officer; LT Rachel Quist, Physician Assistant; and LT Julia VonHeeringen, Clinical Psychologist.



Okinawa, Japan. Pictured above (L-R): CDR N. Cody Schaal, Industrial Hygiene Officer, receives the Fleet Marine Force Warfare Officer (FMFWO) qualification pin from 3rd Marine Logistics Group Commanding General, Brigadier General Brian Wolford.



Koror, Palau. Pictured above (second from left, bottom row): LT Ray Martinez, Environmental Health Officer, conducts side-by-side Food Water Risk Assessments with Palau Division of Environmental Health staff members to show a unity of effort and to increase interoperability with the host nation environmental health experts as part of ISO I MEF exercises Valiant Shield-22 and Koa Moana-22 in May 2022.



Atsugi, Japan. Pictured above: MSC officers from NMRTU Atsugi pose during their Summer Whites Inspection. Back row (L-R): LT Joshua Cobbi, Occupational Therapist, and LCDR Robert Boyer, Pharmacist. Front row (L-R): LCDR Christopher Paulett, Optometrist; LT Dianne Abel, Physician Assistant; LT Takehito Nakagawa, Industrial Hygiene Officer; and CDR William Bennett, OIC/Healthcare Administrator.





Norfolk, Va. LT Wisdom Kwame Henyo, Executive Officer of 1<sup>st</sup> MEDLOG Company, receives his doctoral hood for completing his Doctor of Health Sciences degree from Eastern Virginia Medical School. He successfully defended his doctoral capstone project on “The Impact of Rapid Development and Approval of Vaccines on Public’s Response to Vaccination.” Congratulations Dr. Wisdom Henyo on your accomplishment!



Manama, Bahrain. During a Town Hall, RADM Bruce Gillingham (left), Navy Surgeon General, and Force Master Chief Michael Roberts (right) coin LT Kaiser Sultani (center), an Optometrist, for his work as the sole medical translator from the U.S. NMRTC Bahrain in support of Afghanistan Refugee Evacuation Operations.



San Antonio, Texas. Navy Active and Reserve Officers attend the five-day Joint Medical Planning Tool (JMPT) Course from 16-20 May 2022, which developed a model for medical evacuations, ultimately implementing planning and logistics strategies for operational missions. Pictured above (L-R): HMCM Jason Duty, LT Bryan Eldredge, LCDR Fabia Reid, LT Abbie Merkl, LT Matthew Chung, CDR Matthew Deshazo, LT Prima Baines, and LT Jeremy Jackson.



Camp Pendleton, Calif. MSC Officers from the 1st Medical Battalion hosts a visit from the MSC Deputy Corps Chief, CAPT Rod Boyce. Pictured above (L-R): LT Jason Wang, Healthcare Administrator; LT Ray Martinez, Environmental Health Officer; LT Diogenes Bermudo, Physician Assistant; CAPT Boyce, Environmental Health Officer; LT Westen Archibald, Entomologist; LT Corey Smith, Healthcare Administrator; and LT Courtne Collins, POMI Officer.

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The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most diverse Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC Officers that serve at Military Treatment Facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

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