

History of Family Medicine in the Navy

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Innovative and creative physicians dating back to the 1940's blazed the development trail for the specialty of family practice (FP) in the United States Navy. The family physician's fine heritage and tradition will be recounted and recorded for posterity. We will provide an overview of the historical steps in the early development of FP as a recognized specialty in the Navy. Finally, we will identify some challenges for present and future family physicians.

In 1910, the Flexner Report championed the Johns Hopkins School of Medicine model for training that recommended research, inpatient teaching, and consultant care as roles for medical education. The faculty was entirely composed of specialists (consultants). The Francis Peabody Report of 1923 called attention to an alarming trend toward overspecialization and the need to redirect the distribution of physicians toward primary care.^(1,2) Obviously, his advice was unheeded since between 1930 and

1962 the percentage of physicians in general practice (GP) went down from 71 percent to 27 percent. In 1941, Dr. George Dillinger presented a call for a GP certifying board to the American Medical Association (AMA) House of Delegates. In 1947, the American Academy of General Practice (AAGP) was organized. The earliest training programs, within the military and civilian setting in 1948, were 1-year rotating internships.⁽³⁾

In 1969, with a reported 55 million U.S. citizens without access to medi-

cal care, FP was defined and the American Board of Family Practice (ABFP, Inc.) was created. The ABFP, Inc. approved the first FP residencies at Indiana University, University of Arkansas, University of Michigan, and Bowman Gray University.(3)

In 1966, the Millis Report, entitled the "Report of the Citizen Committee on Graduate Medical Education (GME) of the AMA," identified the role of the primary physician as one who delivers continuing, comprehensive health care.(2-4) Further, it recommended the training of more primary physicians through the creation of a generalist specialty. Similarly, the "AMA Ad Hoc Committee on Education for Family Practice" better known as the Willard Report (1966) called for greater emphasis on training physicians in primary care. This committee called for the new specialty of FP to include a certification board attained through practice or residency eligibility.(2,3,5)

On 8 Feb 1969, the 20th medical specialty, family practice, was born. The AAGP was subsequently changed to the American Academy of Family Physicians (AAFP), with formal certification being the charge of the American Board of Family Practice (ABFP).(3,6)

During the 1940's, military and civilian programs offered rotating GP internships which formed the basis of generalist education.(6,7) In the early 1970's, rotating internships were begun at Naval Hospitals Jacksonville and Pensacola, FL. By 1973, both sites offered 3-year GME programs in FP. Naval Hospitals Charleston, SC, and Camp Pendleton, CA, initially offered 2-year FP programs which later converted to standard 3-year FP programs. The first Navy FP residency was begun at Naval Hospital Jacksonville and was directed by Drs. Jim Baggett and John DeSimone. Next

was Naval Hospital Pensacola, led by Drs. George Bingham and Tim Harrington, followed by Naval Hospital Charleston, headed by Drs. Robert Higgins and Tom Enoch, and finally Naval Hospital Camp Pendleton, directed by Drs. Paul Flandermeyer and Paul Bagnulo.(7)

By 1974, each had full 3-year programs. A fifth program at Naval Hospital Long Beach, CA, failed to materialize. In 1980, Naval Hospital Bremerton, WA, opened the Navy's fifth FP residency, headed by Drs. Robert Higgins and Mike Harrington. Closed in 1986 due to other Navy medicine priorities, it was later reopened in 1992 and is presently being considered for closure yet again.

Today, family physicians are pursuing not only the basic training inherent in a 3-year FP training program, but are adding additional skills in such diverse areas as adolescent medicine, faculty development, geriatrics, obstetrics, and sports medicine. These fellowship-trained family physicians are assigned to FP residency programs, which enhances the basic FP training experience.

Early leaders in Navy FP had several hurdles to overcome in the formative specialty years. Hospital departmental status, patient empanelment as a basic tenet, FP specialty growth in the Navy, increasing demand by the operational forces for family physicians, and the need for practice-specific credentials were the five areas where the most significant efforts took place. FP specialty advisors to Surgeons General have played substantial roles in helping to define the future overall physician matrix for Navy medicine. Importantly, they identified optimal roles for family physicians in both peacetime and operational settings. The FP specialty advisor is a resource for both the Surgeon Gen-

eral as well as for all Navy family physicians.

Aware of the need to assume significant operational responsibilities in order to achieve specialty growth in the Navy, the early leaders were strong advocates for FP roles and billets that resulted in operational medicine excellence and consequent favorable line recognition. CAPT Gerald Nowak's assignment to the Navy IG team in the early 1980's resulted in further emphasis on the Navy's need for family physicians. Success of family physicians overseas and in isolated duty stations underscored the unique abilities of the family physician and set him apart from the general medical officer. Key operational positions have included senior medical officer aboard the Navy's battleships, division surgeons, camp surgeons, and regimental surgeons attached to the Marine Corps, and officers-in-charge (OIC) of fleet surgical teams.(7) Senior assignments have included Marine Forces Forward (MARFOR) surgeon who is responsible for deployable forces health care support and Amphibious Task Force (CATF) surgeons responsible for all amphibious health care support.(7)

Most important is what family physicians do on a daily basis. As an advocate for their patients in a family context, they orchestrate comprehensive family health care. It is the continuity of care offered by the family physician in a wide variety of settings that serves as a major determinant of success when dealing with the line communities. From Diego Garcia to Parris Island, SC, and Bethesda, MD, Navy family physicians demonstrate their unique versatility.

Navy medicine has wisely sought opportunities to develop the "family practice model" which has been successful in Newport, RI; Rota, Spain; and most recently Groton, CT;

Yokosuka, Japan; and the Primary Care Initiative at Bethesda.⁽⁷⁾ Capable of providing comprehensive family care to the entire community at each site, staffing has been sufficiently robust while creativity and innovation have been strongly promoted. The cooperative working relationships with the civilian medical establishment has resulted in extraordinarily high levels of patient and provider satisfaction. Similar staffing for family physicians at other Navy hospitals and clinics would enable Navy medicine to better compete in the managed care arena.

More recently, family physicians have played significant roles as a member on the Medical Education Policy Council, the Total Health Care Support Readiness Requirements (THCSR) Task Force, the "Small Hospital Initiative" team, several Primary Care Initiative Groups, and in other top management areas.⁽⁷⁾ A plan to develop a new FP residency-based model in a major tertiary treatment and training center at Naval Hospital Portsmouth, VA, has been developed and can be implemented if necessary. Family physicians are making significant contributions at the three tertiary care centers of Bethesda, Portsmouth, and San Diego, CA. This new role of the family physician serving as the primary care teacher for other specialties is an apt paradigm for the future, as clinical care migrates toward ambulatory settings.

The success of the operational family physician has been and continues to be well recognized and valued in the Navy organization. Family physicians are experienced at networking with line counterparts to improve health care on a systems basis. Both literally and figuratively, the family physician is on the cutting edge with capabilities to provide a full spectrum of family care to patients in remote settings as well as in teaching centers.

Table 1*
Family Physicians as Commanding Officers
(As of 1 Sept 1997)

Family Physician	Hospital (Dates)
Ollie Emerine	Millington, TN (1981-83)
Roger Case	Lemoore, CA (1983-86)
Robert Higgins	Camp Pendleton, CA (1986-87)
Bill Jackman	Philadelphia, PA (1986-89)
David Frost	Camp Pendleton, CA (1989-91)
Fred Jackson	Oak Harbor, WA (1989-91) Long Beach, CA (1991-93)
Jim Senn	Patuxent River, MD (1989-92)
John Aguilar	Rota, Spain (1991-95)
Vertrees Hollingsworth	Newport, RI (1991-93) Jacksonville, FL (1993-95), HSO (95 +)
Robert Hufstader	Keflavik, Iceland (1991-93)
Michael Murphy	Oak Harbor, WA (1991-93)
Mark Brown	Beaufort, SC (1993-96)
R.B. Hall	Groton, CT (1994-Present)
Clinton Adams	Beaufort, SC (1996-Present)

*Please notify the author to make corrections or update this list.

A measure of individual success in the Navy is the assignment to positions of greater responsibility, with the position of commanding officer (CO) being the pinnacle of success. CAPT Ollie B. Emerine was the first family

physician to become a CO in 1981. Since then, many Navy family physicians have served or are now serving as COs in Navy medicine (Table 1).⁽⁷⁾ The far-reaching vision of the FP leaders and the dedication of all fam-

Table 2
Present Residency Department Heads and
Directors of Residency Training
(As of 1 Sept 1997)

Residency	Department Head	Director of Residency*
Naval Hospital Bremerton, WA	CAPT Jeffrey Brodie	CDR Robert Ringler
Naval Hospital Camp Pendleton, CA	CAPT William Roberts	CAPT Richard Jeffries
Naval Hospital Pensacola, FL	CAPT Milton Mays	CAPT Donald Mason
Naval Hospital Jacksonville, FL	CDR Robert Raspa	CDR Steve Oosterman

*All listed are Associate Program Directors/Directors of Residency Training, except for Dr. Jeffries who is Program Director.

ily physicians have been instrumental in furthering the role of the Navy family physician and carrying Navy medicine to heights of greatness.

One individual stands out among the family physician founders in Navy medicine. Dr. Robert Higgins could rightly be called the "Father" of Navy family practice. His hand was clearly evident in the development of three of the five FP residency programs. Nationally known, he served as the chairman of the board of directors of the American Academy of Family Physicians (AAFP) and president in 1984.(7) It was through his efforts and others of our sister services that a highly successful state equivalent chapter, the Uniformed Services Academy of Family Physicians, was formed.

Dr. Higgins achieved another Navy family physician milestone when promoted to the rank of rear admiral in 1987. He later received a second star and served as the Deputy Surgeon General for the Navy and Chief of the Navy Medical Corps until his retirement in 1993.

Dr. David Frost became the first FP residency-trained physician to be selected to flag rank. He served as the U.S. Pacific Command Surgeon and the Naval Medical Inspector General before his retirement in 1996.(7)

In less than a quarter of a century, the specialty of family practice has achieved an important place in Navy medicine. Family physicians have repeatedly proven their worth in peacetime and in conflicts such as Operation Desert Storm, humanitarian operations, such as Somalia, Bosnia, Haiti, and Cuba, and in assisting the ongoing search for our missing in action in Southeast Asia with the Joint Task Force Full Accounting missions.(7)

The future will require no less of its family physicians and probably a lot

more. As Navy medicine migrates toward managed health care at the waterfront, deckplates, and front lines, the family physician will lead the call. Their creative energies will need to be fully exploited as imperatives for cost containment, efficiency, and commitment to health promotion emerge as priorities in a capitated DOD health care system. They will need to work in harmony not only with the other primary care areas, such as internal medicine and pediatrics, but also with our specialist and subspecialist peers. This multidisciplinary team, when adequately staffed and resourced, will provide all beneficiaries with optimal, cost-effective family health care. Just as family practice broke with "tradition" in 1969, Navy medicine is now breaking away from the traditional hospital-based health care system of the past century.

The Tri-Service Primary Care Planning Group, led by CAPT David Racicot in December 1995, has validated this concept of operations.(8) The family physician as the primary care clinician is ideally equipped to gain patient access into the integrated multidisciplinary health care system for medical treatment, referral, and aftercare. Entry into the managed care arena is a natural for Navy family physicians, and it is expected that this specialty will pave the way for the Navy. A Primary Care Demonstration project recently approved for San Diego, led by CAPT Larry Johnson,

should help to validate the family physician as the specialist of choice in managed care.

What do these historical roots mean for the family physician? It means that we, in family medicine, accept the new challenge created by change and motivate one another proactively to lead Navy medicine to its destiny as the preeminent military health care system in the world. Family physicians are the natural choice and are well suited to do so into the 21st century. *Carpe futuris!*

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