
GSACEP 2021 Elections - Councillor Candidate Statements

1. **Gerald Maloney, DO /Attending-** I have been an ACEP member since starting medical school, and a member of GSACEP for the past 4 years since joining the VA full-time. I am also an Army reservist and have been deployed to OIF. As such I feel I experience with the two largest groups in GSACEP (military and VA). Prior to joining the VA, I served as an alternate councillor for OH ACEP and am familiar with the working of council. I believe I would do a good job advocating for the interests of GSACEP at ACEP council. With a military physician as incoming president, this is an exciting time for members of our chapter.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge? As with the rest of the profession, COVID remains our biggest challenge for the foreseeable future, with so many unknowns, including mutations in the strain that are surfacing, surges in volumes, and many months at a minimum to obtain widespread vaccination. Next to COVID, the biggest challenge as I see is the continued development of the force; recruiting and retaining physicians to positions in government that generally pay less than civilian posts and particularly within VA, systems where emergency medicine is still coming into its own. My plan to tackle that is to emphasize the benefits, both material and moral, of government service. In an age when jobs are being cut in the civilian world due to the effects of COVID, I believe that creates a unique option for recruitment into government service.

2. **Manuel A. Celedon, MD/ Attending** - I am a Southern California native who trained at Harbor-UCLA and has worked at the Greater Los Angeles (GLA) VA since graduating residency. I am the Assistant Chief of Emergency Medicine at GLA, where I serve as the lead for quality improvement and academic projects for our department. Most recently, I developed our ED-BUP, Geriatric ED, and COVID-19 Emergency Screening Tent programs. As a part of creating those programs, I gained experience developing departmental and hospital policies. I want to join the GSACEP board to serve the VA community by providing the VA perspective. As a GSACEP councillor, I aim to gain experience reviewing and developing policy at the national level. I would be a good fit as GSACEP councillor because I would like to use my expertise in managing opioid use disorder (OUD) to develop national policies that decrease barriers to treatment of OUD in the ED.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge?

I am not well versed in the biggest challenge facing GSACEP as a whole, but I am open to learning by participating as a councillor. At the VA-level, I find that the biggest issue is staffing departments with full-time EM boarded physicians and modernizing EM policies and procedures to align with community standards of care. For example, at the GLA ED, EM boarded physicians are not allowed to perform procedural sedation. I am updating our hospital's policy to reflect that EM boarded physicians are residency trained to monitor moderate and deep sedation. I hope to address the recruitment issue by pushing the federal government to continue to fund programs like the Education Debt Reduction Program (EDRP) for EM physicians working at the VA. EDRP reimburses physicians for loan payments and is an essential recruitment tool. As far as modernizing EM policies, I would like to create a central repository of up-to-date policy templates to support local VA ED efforts (no need to re-invent the wheel). I also aim to push for ways to improve ED patient access to addiction and mental health treatment.

3. **MAJ Justine Stremick, MD/MPH&TM/ Attending –**

I have been involved in GSACEP for the past three years as the editor-in-chief of the biannual newsletter, allowing me to view how the chapter functions and what they are able to do for their members. I am interested in becoming more involved in the chapter and am seeking your support for GSACEP councillor. During my time in the military, I have had the opportunity to get involved in many facets of emergency medicine. I am an assistant professor at USUHS and have worked with medical students both on shift and in the classroom. I am currently an Associate Program Director at Madigan where I have been highly involved

in recruitment and curriculum planning. I deployed to Afghanistan where I served as Chief of the ED taking care of severe trauma and medical cases.

Although I feel that these experiences have given me the groundwork for understanding some of the problems that our members face, I am interested in learning more about the needs of our diverse group. Military emergency medicine has undergone a myriad of recent changes including a new assignment system, a new physical fitness test, not to mention the challenges that the pandemic has brought to our departments. I made the decision to enter military medicine after some of my twin sister's West Point classmates gave their lives in defense of this country. I hope that serving as a GSACEP councillor is another way that I can give back to a population that has sacrificed so much.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge?

One of the biggest challenges that our members face is navigating an ever-changing military and VA environment while trying to stay current with their skill set, all while balancing their wellness and family needs. Tackling this challenge starts with listening to our members and using their concerns in order to drive solutions and change.

4. **Danielle Wickman, MD. LT,MC, USN/ Attending** - As a first-generation college student and now doctor in my family, I have personally seen how networking and education can create a life-long impact on others. Finishing residency and now becoming active duty in the Navy Medical Corps has been an exciting journey, and has helped me find my passion for academics, teaching, and research. As a resident, I advocated for promoting mentoring and networking between civilian and military residency programs and developed the Government Services Chapter of EMRA as a platform for residents to connect, grow, and become future military leaders. I would not have been able to do this without the immense support of GSACEP, and my mentors which were on the GSACEP board. I have been introduced to the leadership roles of GSACEP by actively attending meetings at ACEP, Government Services Symposium, and serving as an alternate during our recent ACEP Council this past year. Being a member of GSACEP has shown me the vast opportunities available to serve in our community and to continue growing as a leader in our niche. Becoming a councilor would allow me to network, creatively collaborate with others, advocate for our members, and enrich my leadership skills. By contributing my dedication and passion of being a physician educator and leader; I would be honored to be a member of council to help me make a direct lasting impact on those whom we serve.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge?

I believe one of the largest challenges facing our members is physician burnout. In the wake of the COVID-19 pandemic, we have had to adjust and flex ourselves as emergency physicians like never before. I have personally experienced compassion fatigue and burnout and have heard many colleagues express similar feelings as well. I would tackle this challenge by promoting physician education on burnout, advocating for further resources to help physicians recognize and combat burnout, and continue to cultivate our community to ensure our members feel supported and connected.

5. **William Goldenberg, MD/ Attending** My name is William Goldenberg and I am running for the position of councilor. I am prior active duty U.S. Navy and was stationed in San Diego between 2011-15. In 2012, I deployed to Helmand Province in support of Operation Enduring Freedom. I completed the ACEP Teaching Fellowship in 2011 and was recruited back to Naval Medical Center San Diego where I am currently their civilian assistant program director. I have been a member of GSACEP since 2006 in medical school and in 2018 became a member of the GSS planning committee and have successfully planned both the 2019 Nashville GSS, and the 2020 Orlando GSS (prior to cancellation due to COVID). Currently due to COVID, as a member of the planning committee, we are creating new and innovative ways to bring our astounding GSS curriculum to the membership. As a future member of the GSACEP board and future councilor, I would bring the same energy and enthusiasm to the position that I have brought to the GSS planning committee.

Goals of mine as a board member would include increasing our membership and looking to create new opportunities for existing members.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge?

In the light of multiple military operations, the COVID pandemic, and the unique military and government hospitals changes having a strong presence to act on their behalf and confront those distinctive challenges. As a board member, I will help figure out new ways to leverage our existing strength and become more flexible as an organization to help meet our member's needs. By allowing me to represent our members as a councilor I will continue the mission and bring access to resources, well put together conference's and face new challenges head on.

6. **William Bianchi DO MSc/ Attending-** As a member of GSACEP, I have enjoyed several years of thoughtful mentorship from more senior military physicians. I plan to separate from military service in the upcoming two years, and I feel that serving on the board would allow me the opportunity to give back to the GSACEP community that has helped me successfully navigate my own naval career.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge?

The DoD EM mission is rapidly evolving. With rapidly decreasing numbers abroad in Iraq/Afghanistan, multiple COVID related missions arising, and a rapidly evolving medical responsibilities in AFRICOM AOR to name a few. As the DoD shifts their mission priorities, EM Physicians will need to share their collective deployment/operational experiences to ensure we optimally trained and well positioned from a career development standpoint. GSACEP will need to facilitate the communication of EM physician experiences to ensure members can navigate this evolving landscape.

7. **Amy F. Hildreth, MD, FACEP/ Attending**
Serving on the GSACEP board as Councillor would be a fantastic way for me to continue doing what I love the most, serving others, especially those who have chosen to serve as well. While I had some opportunity to help with the simulation day for the annual meeting last year, I would like to be able to take a more active role. As Assistant Program Director at the Naval Medical Center San Diego, I have found that my involvement in the community is vital as I focus on teaching and developing our future EM leaders.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge?

I personally think the biggest challenge for GSACEP members today is staying connected. In the time of the COVID pandemic we are all facing isolation, from other people, from places and even from facial expressions. How can we stay engaged and involved in a group that, while necessary and important, for more people is probably farther down on the priority list than so many other things? I think it's essential for the leadership of the group to make engagement and involvement fun and easy, making the group an enjoyable and meaningful way to connect with others. Some ways to do this are harnessing social media, advertising and amplifying specific members and their accomplishments and attempting to foster more member collaborations.

8. **Sean Stuart, LCDR, MC, USN/ Attending -** My reasoning for joining the GSACEP board is simply to make a difference on a larger scale. Over my career I've had the opportunity to positively affect our organization through numerous projects and initiatives; investing large amounts of time, effort and resources. However, each time I had wished it could have reached and affected a larger audience. Over the last 12 years I have taken larger billets, with greater spheres of influence, yet still seek venues by which I can contribute to a "larger good". As part of the GSACEP board, I hope to positively impact our organization; from active duty and reservists to those serving in our VA system.

As a 5th generation service member, commissioned through the midshipman program, my commitment to our service is a way of life. My career has afforded me a wide breadth of opportunities that will be of value as a board member. Being primarily operational with several combat deployments, I have lived the very challenges we face both as service members as EM physicians. Likewise, having served in positions such as my current role as the medical director of the Navy's largest emergency department during a pandemic, I appreciate the hurdles we face as a medical profession. Combining this with my background in education and research, provides significant experience working in multidimensional organizations and balancing the needs of both the mission and the people. I would think such a background will be beneficial to contributing to our growth during the upcoming challenges.

What do you think the biggest challenge facing GSACEP members is today? How would you tackle that challenge?

In a word...uncertainty.

The US healthcare system is quickly and rapidly changing as a response to stressors ranging from political ideologies and industry influence to physician shortfalls and pandemics. Perhaps no field has been more impacted than emergency medicine and the future course of the specialty is widely unknown in many regards.

Likewise, the Department of Defense and other government agencies are strained by similar stressors which are leading to large scale changes in the very fabric of how we do business. From DHA consolidations to VA restructurings, the future direction of these changes is largely unknown even at the highest levels. Even more unknown are the implications for our members, our families and our patients.

The challenge to members of GSACEP is that we must contend with the inevitable, significant and yet unknown future changes both as physicians and government servants. Fear of the "unknown" is a well appreciated entity and can be a great source of distress. During these times of change the key is to consolidate, reinforce and strengthen our position as a voice. Members need to know GSACEP truly represents them. Additionally, GSACEP should increase its status as the source of information via a host of information sharing projects. We can achieve this through initiatives such as: an enhanced website, creation of enlarged resource databases, social media presence, extramural collaborations, member resources and communication tools. Times of change are a time of fear, but should be capitalized on to enact change. While we can't, nor should, prevent changes, we absolutely must make sure we are positioned to influence policy and shape the unknown.