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Perspectives “Always the Lessons”

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The year was 1946. The lights had come on again over what little was left of Europe. In Japan, The Empire of the Rising Sun had imploded as a supernova in a thermonuclear fireball, and its citizens were adjusting to their new emperor, Douglas MacArthur. It was time for things to get back to normal. The United States Army Medical Corps was doing just that. Its conscripted doctors were leaving active duty in droves. Career physicians had manned the command and staff assignments during World War II. By and large, the care of American casualties had been by our citizen physicians, as had been the tremendous advances in military medicine. Careerists needed time to refresh their clinical skills. Physicians coming in had completed wartime medical school in two and a half years and had interned for nine months. Doctors (Generals) Fred Rankin, William Menninger, and Hugh Morgan realized the need for mentoring the Army’s new physicians and for keeping alive the lessons learned during the horrible conflict.¹ They tasked Dr. Eliot Cutler and Dr. Rankin’s wartime assistant, Dr. (Colonel) Michael DeBakey with organizing the group of consultants into a Society. Dr. DeBakey wrote the constitution and by-laws, and on February 19, 1946, fourteen consultants formed the Society of Medical Consultants to the Armed Forces at The Army–Navy Club in downtown Washington. The group agreed immediately that membership was to be by invitation only, a practice that has persisted to this day.

I hardly need lecture this audience on our Society’s accomplishments during its first fifty years: (1) Immediate inclusion of Navy and Air Force colleagues and major contributions to the organization of the postwar Veterans Administration; (2) Military Graduate Medical Education (GME); (3) The Visiting Consultants Program; (4) The Medical Education for National Defense (MEND) Program; (5) The Berry Plan; and (6) The Office of Assistant Secretary of Defense (ASD)–Health Affairs were but some of its irons in the fires of the fifties and sixties. In 1972, the efforts of the Society and many of its members came to fruition in the founding of the Uniformed Services University of the Health Sciences (USUHS). At our fiftieth anniversary meeting in 1996,² Dr. DeBakey reiterated

the charge made by our first President, Dr. Elliot Cutler, that we must remember the lessons learned, “... so that the mistakes by means of which they were learned, would not be repeated.”

That charge was and is the fundamental core behind our very existence, then and now. In our 1999 meeting, we noted that we have seen some lessons learned in Korea and Vietnam forgotten during Desert Storm. We decried the loss of the concept of the unit surgeon as a member of the commander’s personal staff at every level.

In recent years, members of the Society of Medical Consultants to the Armed Forces (SMCAF) have assisted the Surgeons General in attempting to improve the quantity and quality of applicants to our military medical school programs, USUHS and Health Professions Scholarship Program (HPSP). Dr. Kenneth Swan did pivotal studies on civilian medical student attitudes toward the military assistance programs in his “Don’t Know, Don’t Care” series.³ Others made significant contributions to recent legislation improving the pay package for our military medical students and repairing pay inequities for those with prior service.

Then, as the millennium turned, untoward events began to unfold. Our nation became embroiled in Middle Eastern geopolitics. We evicted Saddam Hussein from Kuwait. We were attacked both at home and abroad. The War on Terror was formalized. Our struggles in Iraq and Afghanistan erupted. As I moved into SMCAF’s Council, under the mentorship of Dr. Kenneth Swan, I began to suspect that our Society was fading from relevance in today’s emerging military medical world. Our membership was declining as was our attendance at this annual meeting. These trends persisted, despite the fact that our Society Presidents Lichtman, Hoffman, Scotti, and Koenig arranged outstanding programs each year. Our Surgeons General became less involved with Societal affairs, and they seemed to seek consultation elsewhere. “Why?”, I pondered.

In 2008, with the help of Dr. George Anderson, Association of Military Surgeons of the United States (AMSUS) Executive Director, I visited the three Surgeons General, the Office of the ASD, and the USUHS President. From these meetings, I gained insight into a many-faceted problem. Our membership is as dedicated as it was in the last decade. It is just shrinking. Many have received what I call “the final PCS” (permanent change of station). Some, understandably, opposed our administration, it’s wartime involvement, and certain aspects of medical participation in the management of terrorist “detainees.” That in no

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way detracts from their commitments to military medicine, and I am striving to retain these fine physicians in our Society. In a recent article on nonprofit association mergers, Jerald Jacobs wrote, "The sense of maintaining membership in a club is dissipating...the emotional attachment that once accompanied membership may be on the wane."⁴ The Internet and virtual conferencing, coupled with financial travel constraints, probably have dampened enthusiasm for meeting attendance.

In contrast to the situation in 1946, our Surgeons General now have their own consultants, active duty members of their respective services. In the recent past, many new Society members have been from the active duty ranks, and we have failed to maintain contact with some, after they retire. However, with understanding the problem come suggestions for solutions. We can't do much about that "final PCS." We do need to retain our colleagues who are at odds with some administration policies. Dissent is an integral part of consultation. Please help me here with your own individual associations. I am presently working with our executive director, Mrs. Margo Cabrero, to identify the retired active duty SMCAF members and to develop a system of following them out of active service and of "dogging them" into the active side of SMCAF. Again, we need your help in finding our missing members. The Surgeons General have agreed that their own consultants cannot perform the advocacy functions for which SMCAF is justifiably proud and that they still need our contacts within the civilian academic medical community.

Early in my presidency, I realized that SMCAF could no longer "stand alone." We formed an *ad hoc* committee to study the pros and cons of a partnership with AMSUS. We recognized the values of administrative support from AMSUS, of integrating the two data bases, and of joint professional meetings. At the same time, we wished to maintain our own governance, our advocacy capability, and our invitational status. You see the result at this meeting.

Last weekend, the AMSUS board of managers approved provisional section status for SMCAF, effective January 1, 2010, subject to approval of our general membership at today's SMCAF annual business meeting. This morning, for the first time, SMCAF is presenting the AMSUS physician section scientific session of the AMSUS annual meeting. Our luncheon today will feature "The First Annual Enrique Mendez Lecture." We hope to see SMCAF function within AMSUS as the senior physician tier, exchanging contributions, while maintaining our integrity.

WHAT ABOUT "THE LESSONS?"

In December 2007, Moore et al. reported in the *New England Journal of Medicine*: "The Senior Visiting Surgeon Program has been developed and implemented by the American Association for the Surgery of Trauma in conjunction with the American College of Surgeons Committee on Trauma (ACS-COT). The global objective of this program is to establish scientific exchange during 2- to 4-week tours at the Army Regional Medical Center in Landstuhl, Germany, between the leaders in civilian trauma care in the United States and experienced military clinicians. This program allows civilian trauma surgeons to participate in the care of injured soldiers by performing surgical procedures and directing intensive care; they also contribute to education at the center through lectures, serve as scientific mentors, and provide expert commentary during performance-improvement

activities."⁵ As Society members, let's compare this description to that written by our initial biographer, Dr. Robert M. Hall, who in describing the Visiting Consultants Program wrote, "In 1947 the Society was asked to furnish consultants who would tour military hospitals overseas...in order to tutor the younger and less experienced medical officers assigned to them...they gave lectures, conducted rounds, and inquired about problems, which they brought to the attention of the Surgeon General in their trip reports." Less than a year later, after reviewing these reports, the Army Deputy Surgeon General wrote the President of SMCAF, "I feel obligated to let you know that we regard them as some of the most important documents ever received by the Army Medical Department." In the words of the great chef, Emeril Lagasse, "BAM!!!" The current Senior Visiting Surgeons (SVS) program was developed and implemented entirely outside of SMCAF. Neither its civilian leaders nor its implementing Surgeons General considered the historic precedent or the current presence of the Society of Medical Consultants, as they set up this program. But with the "BAM" came a new mission for SMCAF! Last summer I realized that one of our upcoming annual meeting speakers, Dr. Jay Johannigman, was an organizer of the SVS program. A few weeks later Jay remarked to me that some of the initial senior visiting surgeons were concerned about preserving the lessons learned on both sides during their tours. We concluded that SMCAF should become the repository for these lessons. To do this, we decided to recruit the senior visiting surgeons to SMCAF! I am happy to report that the following senior visiting surgeons are with us this morning and will be inducted into SMCAF at our luncheon this afternoon: Dr. John Holcomb, Dr. Margaret Knudson, Dr. Norman McSwain, and Dr. William Schwab. Dr. Johannigman joins our executive council today. Thus I believe SMCAF and SVS are well on the way of our cooperative venture!

In conclusion, I express to the Society my heartfelt thanks to you for making me its 62nd President. I have been honored to serve you and military medicine, which has been such an important part of my life. I have recounted for you where we've been and where we are now. I have reported my thoughts on where we ought to direct our future course. Last year, in our traditional "Moment of Silence," we paid our final respects to Dr. Michael DeBakey. At that time, as I do today, I charged the membership to rededicate this Society to the principal goal outlined by our founding fourteen in 1946, that being attention to and the preservation of "The Lessons, Always the Lessons."

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