

Newsletter Date  
January 2007

# Society of Medical Consultants to the Armed Forces

www.smcaf.org

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## SMCAF 2007 BUSINESS MEETINGS

### **THE SOCIETY OF MEDICAL CONSULTANTS TO THE ARMED FORCES 2007 MEETING DATES ARE AS FOLLOWS:**

The SMCAF spring council meeting will be held at the Uniformed Services University of the Health Sciences (USUHS) on Friday April 20, 2007.

Council Members will be notified separately by letter.

This year's annual meeting is scheduled for October 19-21, 2007 also being held at USUHS. The United States Navy will be the host for this year's meeting. The meeting will take place Friday thru Sunday beginning with the Council meeting scheduled for Friday October 19. A formal banquet will be held on Saturday evening October 20th.

**Mark your calendars  
and start making  
plans.**



## 2006-2007 Council

**President:** Harold M. Koenig, M.D.

**Vice President:** A. Mason Ahearn, M.D.

**Secretary Treasurer:** Michael S. Clark, M.D.

### **Councilors**

Michael J. Scotti, Jr., M.D.

Larry W. Laughlin, M.D.

Fred A. Cecere, M.D.

Thomas G. Peters, M.D.

Enrique Mendez, Jr., M.D. Honorary Councilor

James A. Zimble, M.D. Honorary Councilor

Peter F. Hoffman, M.D. Past President

Michael J. Scotti, Jr., M.D. Past President

### **Committee Chairmen**

John R. Pierce, M.D. Archives & Medical History

A. Herbert Alexander, M.D. Electronic Media & Communications

Edmund G. Howe, MD. Ethical Issues in Military Medicine

Peter F. Hoffman, M.D. Legislative & Legal

Joel C. Labow, M.D. Medical Education

Kenneth G. Swan, M.D. Membership

George K. Anderson, M.D. Professional Services

A. Mason Ahearn, M.D. Recruitment & Retention

### **AMA Representative**

Howard E. Fauver, M.D. Delegate

David M. Lichtman, M.D. Alternate

I have three issues I want to bring to your attention:

1. Over the last several years SMCAF has had a program to assist the military services with their efforts to recruit medical students into their scholarship programs and trained physicians into the service. A large number of SMCAF members volunteered to assist local commands in this recruiting effort. This program met varying degrees of success, depending on the local and initiative put forth by recruiters to use these volunteers.

Despite these efforts the services have found it increasingly difficult to recruit medical students into the Health Professions Scholarship Program (HPSP). During the recent legislative cycle Congress took some much needed action to enhance the attractiveness of the HPSP and other accession programs. Below is a short synopsis of the improvements that have been enacted.

- Increases in medical education loan repayment authority from \$22,000 to \$60,000;
- Increases in the stipend under the Health Professions Scholarship Program from \$579 a month to a maximum of \$30,000 a year;
- Increases in the maximum grant under the Health Professions Scholarship Program from \$15,000 to \$45,000;
- Increases in the reserve critical health skill special pay from \$10,000 to \$25,000;
- Increases in the accession bonus for dentists from \$30,000 to \$200,000; and
- Establishes a \$400,000 accession bonus for critical physician and dentist skills.

Now it is up to the services and the recruiting commands to make this work. That doesn't mean all those who have volunteered to assist medical recruiters can relax. We still need to assist when called on. We ought to all be aware of the substantial improvements that have been made to these programs

2. I received two fascinating proposals from Norman Ende, MD, Captain, Medical Corps, USNR (ret) who is a professor of pathology at New Jersey Medical School. He sent along a protocol he and Dr. Ken Swan have developed for *Treatment of Mass Casualties Resulting from a Manhattan Nuclear Explosion*. The second is a proposal for attempting repair in patients with severe neurologic injuries. Norm would like SMCAF members' comments on both of these proposals. Norm and Ken are both SMCAF members. Before 9/11 and the wars in Iraq and Afghanistan both of these proposals would have seemed far-fetched, but sadly that is no longer the case. The protocols are too long to include in the newsletter so I asked Herb Alexander, our webmaster, to put them up on our website, <http://www.smcaf.org/>. Go take a look and get your comments back to Norm.

In a nutshell, in the first proposal Norm and Ken crunch the numbers to show how many OR's, beds and personnel would be needed over the first several days to care for the immediate casualties. Beyond that they discuss a fascinating program for salvage of those with large amounts of radiation exposure but who may otherwise be well. They propose using type specific matched stored frozen units of cord blood (HUCB) to do this. They cite several studies that suggest this is feasible – if we have enough units of stored frozen cord blood available.

In the second proposal, Norm cites many studies that have shown improvement in laboratory animals after deliberate neurologic injury and infusion of HUCB. Not only is there histological evidence of repair, there is actual functional improvement in the animals. Even more interesting is that this occurred across species when HUCB was infused into mice.

Right now there is a funded program to store about 150,000 units of cord blood nationally, but what we may need may be a whole lot more of these stored units and have them geographically dispersed across our land. If we don't have it "in the bank" before something really bad happens we won't be able to go out and have "cord blood drives" like we do for whole blood and its components at times of disaster or when blood bank inventories get low. Remember, the vast majority of cord blood in this country goes down the drain. What an incredible waste of a product that some day may be life saving for untold numbers. So, go take a look at the proposals, they aren't very long, even with references. Norm wants your feedback, I gave him mine. Norm has the lead on this; he can be reached by email at [endo@umdni.edu](mailto:endo@umdni.edu) or phone at 973-972-6289.

3. I want to address with you our website and the use of email to distribute our future newsletters. Margo Cabrero, our Executive Director, tells me it costs over \$500 to send out each issue of the newsletter. Margo says she has email addresses for about one-half our membership. So, would each of you just take a moment of your time to send Margo a quick email at [SMCAF@usuhs.mil](mailto:SMCAF@usuhs.mil) so she can capture your email address and we can save SMCAF a lot of money? Regarding the website, I am on their board of a company that specializes in high end web applications for DoD. I have asked if they would take a look at our website and "spruce" it up a bit for us. They are going to do this *gratis*. One function we will add is a secure section which only members can access. This might be an area where we include a full roster of members with contact information and also the ability to post protocols like Norm's and Ken's and perhaps drafts of possible white papers for review by the membership before we make them public.

That's all for this edition.

Harold M. Koenig, M.D.  
President, SMCAF

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## Minutes: Annual Meeting, SMCAF, Oct 19-21, 2006

### Council Meeting Oct 20

#### SG Reports:

**LTG Kevin C. Kiley, Army SG:** OIF 93% survival rate. Automated Joint Trauma Registry tracking all patient data. Emphasis on hypothermia as presenting problem. Going to 1 PRC 1 FFP rather than 4-1 previous. Younger blood shown to improve survival. Blood about 25 days old at transfusion. All troops now have tourniquets and HemeCon dressings. "Quick-clot" shown to be very exothermic, burns tissue. Too much IV fluid now realized to dilute clotting factors. Traumatic Brain Injury (TBI) receiving much attention now. Blast can alter brain functions in subtle ways...not easy to pick up with routine neurological examinations. PTSD reported as high as 40% at 6 months... "nightmares, headaches..." not really that high in significant case percentages. ALTA now 100% implemented...headaches continue. "Anthrax is back"...immunization beginning again, now mandatory for troops. Unified Medical Command now in limbo...USAF opposed to it. A startling and encouraging 57% of Army (HPSP) MCs eligible to depart in FY 06 stayed in! (Usually about 15%) This increased retention may help offset HPSP recruiting shortfalls in HPSP recruiting now occurring (22% this last year). CSRB now for PAs. Their retention FY 06 was 60%. If current HPSP shortfalls persist, the storm will be in 2012-15. Army medical

recruiting currently under Army Accessions Command. Currently an AMEDD Recruiting BDE with 3 BTNs (fully operational next summer). LTG Kiley is going to try this for a year, but then consider asking that AMEDD recruiting be returned to OTSG due to the specific nature of this recruiting mission.

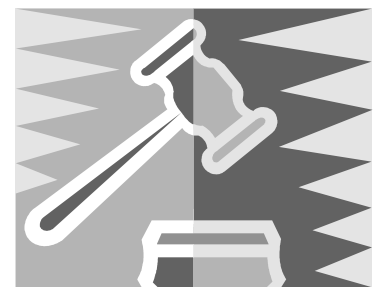
**RADM Adam M. Robinson, Commander NNMC:** HPSP: of 326 selected, 292 came in...no real disastrous shortfall. Navy agrees, recruiting best under SGs. Announced appointment of CAPT (Ret.) Sandra Yerkes as Director of Navy's HPSP. "The Medical Center with its GME and Research is the basis for the Military Medical Career Path...the mother ship to come back to for professional sustainment!" He noted the requirements for PEDS and PSYCH (not so much for SURGERY) in Humanitarian Assistance efforts.

Op Tempo: Navy has General Surgeons on their **5<sup>th</sup> rotations** in Iraq. Re: Unification of the NNMC/Walter Reed complex: NNMC now has Army COL N. West as a Deputy Commander at NNMC and a Navy CAPT as Deputy at Walter Reed. In Dr. Robinson's absence last few weeks, COL West commanded NNMC...a historical first. "TBI is a sleeper... sometimes no immediate signs or symptoms...then subtle findings of brain injury." **Discussion:** Dr. Zimble: "Medical Corps recruiting needs to return to SGs and should be centralized under USUHS." Dr. Koenig: "We are disengaging our pathology from our GME programs by outsourcing retirees. If MEDCENS continue to treat just

Active Duty and Dependents, GME will not survive 5 years."

**Maj Gen Thomas J. Loftus, Assistant Air Force SG for Health Care Operations:** Aero medical Evac: 2000 moves per month. Air Force Surgical Unit moving into Afghanistan early in 2007. Ratio of HPSP applicants to selectees used to be 5:1...now 1:1, but AF filled in FY 06. He recommended improving MC separation process...HPSP resignees are still great recruiters unless they leave with bitter taste in mouth. "Go into their civilian offices...look at the military plaques and pictures on their walls...think what good things they tell their patients about their military time."

**Discussion:** Dr. Zimble: The professionally produced documentary film Fighting For Life is almost complete and should be released Feb-Mar 2007. This is very complimentary of Military Medicine. Dr Koenig: Discussed LSTAT (the ICU Stretcher) ...described weight reduction iterations...current model now 170 pounds...next generation next year will be at 100 pounds with oxygen generation rather than storage. A back-pack model coming in with fewer monitoring functions.



# Minutes: Annual Meeting, SMCAF, Oct 19-21, 2006 Continued

## COUNCIL BUSINESS MEETING:

Minutes of Spring Council Meeting were approved.

**Presidential Remarks:** Dr. Scotti reported reviewing SMCAF's list of past Presidents, and recognizing them as many of the truly great physicians of the 20<sup>th</sup> century. He spoke with enthusiasm about our upcoming Annual Meeting.

## Jackson Foundation Report:

**Bryce C. Redington, PhD:** We took in \$7500 from 7 Sponsors, 4 of which are Meeting Exhibitors. After projected meeting expenses we will have \$9600, \$4000 of this is from Humana (Outreach), available for recruiting funding.

**Annual Meeting Brief:** LTC Karen K. O'Brien, MC USA gave an outline on the up-coming meeting.

## Committee Reports:

**Electronic Media:** Dr. Alexander reported that he was serving as webmaster gratis. Dr Koenig suggested that his contacts at Defense Web might be willing to provide this service, also gratis, if Dr. Alexander becomes taxed in his present role.

**Medical Ethics:** Dr. Howe reported on a recent conference at USUHS, a very constructive meeting of some friends and some un-friends of Military Medicine. He also introduced problem of TBI patients, the ethical problems of obtaining *their* permission for surgical procedures, or to participate in research protocols, due to their brain damage.

**Legislative/TMC:** Dr. Scotti reported that the drop in military pension for a widow who reaches social security age will be eliminated "in a year or so". As to Tricare: " 'Choice' does not mean 'disengagement', when retain a good direct care system." Dr. Scotti will remain our TMC representative.

**Membership:** Dr. Swan proposed a slate of 24 new members, 8 Active, 11 Associate, 5 Candidate (4 of which are students).

**Recruiting/Retention:** Dr. Ahearn reported completing LTG Kiley's request that he meet COL Ben DeKoning, his Assistant SG (Force Projection) and work toward joint participation by SMCAF Nodes and Dr. DeKoning's group of MC Recruiters. Dr. Swan quoted Dr. G. Morrison, New England Journal of Medicine 352: 117-119, 2005 "for underrepresented students...the cost of attending medical school was the number one reason they did not apply." He is finalizing for publication his "Don't Know, Don't Care: Revisited." In his Conclusion, Dr. Swan reports "The current methods of recruiting and providing information to pre-medical and medical students are ineffective in changing opinions about military scholarship options....Equally important, the Department of Defense must target a younger audience." Dr. Arnyce Pock, Director, Medical Corps, USAF: "The single most daunting aspect of HPSP recruitment is deployment."

**AMA Report:** Dr. Fauver reported a very successful SMCAF/NMVS Reception with about 30 attendees. He emphasized that the value of having military medical members at AMA was evident by the lack of any rancor or hostility expressed toward Military Medicine in discussions about and reports on interrogation techniques of detainees.

**Financial Report:** Dr. Ahearn summarized the report which he will present to the membership at the General Session. Our expenses totaled \$109,846.68, which included the purchase of a \$75000 CD (already earning us \$2,362.66 interest). We anticipate receiving another \$2000 or so from Dr. Scotti, as he closes out the NMVA account. We will have about \$9600 in our escrow account at the end of the Annual Meeting. With CD, we reported a September 30 balance of \$92,073.12.

## New Business:

It was moved and seconded that SMCAF waive the Annual Meeting Registration Fee (not banquet charge) for our Candidate Members, as we already invite USUHS students to our general sessions. Unanimous approval followed.

## Nominating Committee Report:

The nominating committee proposed following slate for 2006: President-Elect: Dr. A. Mason Ahearn; Councilor: Dr. Thomas G. Peters. The slate was approved by acclamation.

**Meeting Dates:** The council discussed up-coming dates and selected Friday April 20, 2007 for Spring Council Meeting and Friday through Sunday October 19-21, 2007 for SMCAF Annual Meeting.

**Moment of Silence:** The Council bowed their heads in reverence, as they recalled the passing of Michael Griffith, Robert J. Lull, and Harold W. Whitcher.

## SMCAF ANNUAL BUSINESS MEETING, OCT. 22, 2006

The Annual Business Meeting, SMCAF, was called to order just after 1100h. by Dr. Scotti.

**New Business:** Dr. Scotti yielded the floor to Dr. John M. Howard, due to his need for immediate departure. Dr. Howard moved that SMCAF confer Honorary Membership upon **MG Patrick H. Brady, USA, (Ret)**. MG Brady had just concluded a stirring and disturbing presentation on his role in the "Dust-Off" flights in Vietnam and on current problems with Aero medical Evacuation. The motion was passed unanimously.

**Minutes:** Minutes of previous meeting were accepted and approved as submitted.

**Committee Reports:** Brief Committee Reports were accepted, essentially as recorded above.

**Financial Report:** Dr. Ahearn presented the Annual Financial Report, which was accepted by the membership.

**Approval of Nominating Committee's Slate:** Dr. Scotti presented the slate of the Nominating Committee, which was accepted by acclamation. Dr. A. Mason Ahearn was designated SMCAF President-Elect, and Dr. Thomas G. Peters was appointed to SMCAF Council.

**Meeting Dates:** Dr. Scotti announced 2007 meeting dates: April 20 for Spring Council Meeting and October 19-21 for Annual Meeting.

**New Business:** Dr. Labow asked that SMCAF disseminate the excellent presentation on GME which had been presented in the General Session by LTC (P) Robert A. DeLorenzo, MC, USA. Dr. Koenig recorded it and will work on merging the recording with

Dr. DeLorenzo's slides and on getting the product to the membership. There was discussion about similar reproductions of all future presentations. Possible insertion on SMCAF website.

Dr. Moquin suggested consideration of inclusion in SMCAF of dentists. Dr. Scotti reminded the membership that **MG Gale S. Pollack, AN USA**, this year's Banquet Hostess, had challenged SMCAF to expand membership to include consultants in other branches of health care. The subject was discussed and referred to the Membership Committee for study and report at next Annual Meeting.

Some complaints were voiced regarding the Bethesda Hyatt Hotel. These involved poor service and noisy conditions in the hotel's two restaurants. The complaints will be studied and presented to the Hyatt.

**Passage of Gavel:** Dr. Scotti presented the SMCAF Gavel to incoming President, Dr. Harold M. Koenig. Dr. Koenig accepted the gavel and presented a plaque of appreciation to Dr. Scotti for his outstanding contributions as SMCAF President 2005-2006!



Dr. Koenig announced his intention to designate "Post Traumatic Stress Disorder" as the theme for the 2007 Annual Meeting.

Dr. Koenig held a moment of silence for our departed comrades, Drs. Michael Griffith, Robert J. Lull, and Harold W. Whitcher

Dr. Koenig adjourned the business meeting shortly after 1200h.

### Addendum:

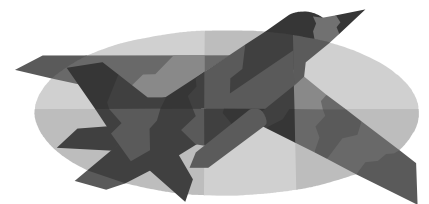
After lunch, Drs. Ahearn and Swan visited with Hyatt Management and reported the complaints. Hyatt official took details, apologized, and promised constructive corrective action. Hyatt was assured that restaurants would be scrutinized next year.

Respectfully submitted,  
A. Mason Ahearn, MD, Secretary

### Brief Summary of MG Brady's remarks

re: his concern about current aero medical evacuation: "Dust-off" mission launch time in RVN was average 3 minutes. Current is average 20 minutes. New safety protocols eat up patient care minutes! Black Hawk is a "bad med-evac bird". Difficult attitude at landing. Litter problems persist. They currently launch two birds (4 engines) (4X maintenance.) The decision to abort in Mogadishu ("Black Hawk Down") was made by the Aviation BTN Commander. "This decision should remain between the 'medevac' pilot and the medic on the ground caring for the patient!"

### MG Brady



## Minutes: SMCAF Committee on Recruitment/Retention SMCAF Annual Meeting. Oct. 21. 2006

### Members present:

Dr. A. M. Ahearn, Chair	<a href="mailto:amahearn2@yahoo.com">amahearn2@yahoo.com</a>
Dr. Alexander M. Sloan, Senior Advisor,	<a href="mailto:rustysloan@aol.com">rustysloan@aol.com</a>
Dr. Cynthia Macri, USUHS Advisor	<a href="mailto:cymacri@usuhs.mil">cymacri@usuhs.mil</a>
COL Bernard DeKoningMCUSA	<a href="mailto:Bernard.DeKoning@us.army.mil">Bernard.DeKoning@us.army.mil</a>
Dr. Felicia Pehrson	<a href="mailto:Felicia.Pehrson@us.army.mil">Felicia.Pehrson@us.army.mil</a>
2dLt. Gary L. Legault	<a href="mailto:s9glegault@usuhs.mil">s9glegault@usuhs.mil</a>
2dLt. Justin P. Fox	<a href="mailto:s7jfox@usuhs.mil">s7jfox@usuhs.mil</a>
2d Lt. Joshua A. Tyler	<a href="mailto:s7jtyler@usuhs.mil">s7jtyler@usuhs.mil</a>
Dr. Ross B. Moquin	<a href="mailto:rossanddottie@paonline.com">rossanddottie@paonline.com</a>
LTC Karen O'Brien, MC USA	<a href="mailto:Karen.obrien@us.army.mil">Karen.obrien@us.army.mil</a>
Dr. Sandra Yerkes	<a href="mailto:syerkes1@comcast.net">syerkes1@comcast.net</a>
CDR David McLean MC,USN	<a href="mailto:DBMcLean@nmetc.med.navy.mil">DBMcLean@nmetc.med.navy.mil</a>
Dr. R. William Burmeister	<a href="mailto:bugcdr@charterinternet.com">bugcdr@charterinternet.com</a>
Dr. Ken Swan	<a href="mailto:swanke@umdnj.edu.com">swanke@umdnj.edu.com</a>
Dr. Bob Cutting	<a href="mailto:rentadoc@knology.net">rentadoc@knology.net</a>
Dr. Michael Clarke	<a href="mailto:mscdr@sbcglobal.net">mscdr@sbcglobal.net</a>

### COL Bernard L. DeKoning, MC, USA Assistant Army SG (Force Projection) :

Three keys to successful MC recruiting are:

- 1) Peer-to-Peer: Army has set-up a task force of 89 young enthusiastic MCs to accept assignments and back-up AMEDD recruiters at meetings, fairs, etc.
- 2) DVD – MC specific. Dr. DeKoning later showed the DVD/
- 3) Streamline HPSP Application Process

There was considerable committee discussion...should we unify the whole HPSP application process and place it under USUHS control?...recruiters not willing to give up their names, even if their HPSP has filled...there's always the contact for next year!

Discussion re: American Medical Student Association. AMEDD recruiters can't get in to their meetings. LT. Josh Tyler reported that he, and other student members of AMSA can get the recruiters in as their guests as long as they are accompanied. Ben and Josh will get together and make it happen.

Discussion on service attractiveness: "The tide is turning to the Army." (Tyler). More emphasis in Army on GME. No tour as GMO.

Dr. DeKoning spoke about SGs letter to med school deans asking for 15 minutes of class time to introduce DVD and AMEDD recruiting.. Cmtee rec: maybe "Orientation Week" might be a good time for a "free lunch" presentation, as students are captive on campus during that week.

Dr. Swan reviewed "Don't Know, Don't Care, Revisited": his conclusions, we need to recruit at the pre-med and even the high school level. Discussion about a tri-service DVD for high school kids extolling benefits of a career in military medicine with information for parents (even a DVD for mail-out to parents of interested high school kids).

### CDR David McLean, Director Medical Department Accessions, NMETC:

- Much of the discussions alluded to above carried on through CDR McLean's briefing period.
- Navy still attaining GPA of 3.5 and MCAT Score of 28 on average in their HPSP.
- Navy planning to replace GMOs with Primary Care GME on first tours.
- Unified Medical Command will not unify medical recruiting at this time (Title 10 Restrictions).
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### 2dLt. Josh Tyler, MC, USAF, SMCAF Student Node:

We were very "close to the bell" and had almost no time for Josh. He is preparing a written summary.

- Incentives for MC Recruiting: Money and GME!
- Abu Ghraib and Guantanamo: "culture of distrust for students"

## **Report of the Archives and History Committee to the Council**

I have completed my project of getting two of the Society's older publications into an electronic format so that they can be added to the web site. The Society's 1987 and 1998 white papers on military graduate medical education (Military GME Under Stress and GME: the Lifeblood of Military Medicine - The Stress Continues) are now in appropriate electronic form (PDF format) and have been added to the Society's website ([www.SMCAF.org](http://www.SMCAF.org)). Dr. Herb Alexander's assistance with this project is greatly appreciated.

I continue to follow the progress of revising *The Medics War* written by Albert Cowdrey and published by the U.S. Army Center for Military History (CMH). The book was not well received especially by members of the Society.

As reported past couple of years, the CMH agreed to do a revision of this book and according to John Elsberg of CMH everyone is really committed to having this done correctly and there is funding for publication of the revised edition. When completed the book would be published as a Second Revised Edition which means it gets treated as a new book. He also said that because of the problems identified by the Society in the first edition, *The Medic's War* which is still on the Center for Military History's book list is not on their CD-ROM.

I spoke with Dr. John Greenwood, historian in The Office of the Surgeon General (U.S. Army), who said they have still not been able to get to this project this year because of higher priority work.

## **Report of the AMA Delegate**

The Society hosted an information exchange on 11 November at Bally's in Las Vegas in conjunction with the AMA House of Delegates Meeting. There were thirty two attendees representing current, former and future military physicians. As Delegate, I served as host and was ably assisted by COL Cathy Nace, MC, USA and Dr. Manoli Cassimatis, COL, MC, USA (Ret).

I presented a brief update on the status of recruiting at USUHS where the number of applicants is actually increased over the previous year. Problems with the numbers applying for the Health Professional Scholarship Program are reportedly improved but are still problematic. Ground was recently broken at USUHS for a new Academic Center, the first new construction in thirty years. Although much of the building has been allocated to support the Graduate School of Nursing, which has never had any dedicated space, there will also be a large area in support of graduate medical education.

COL Nace, who in addition to her duties as Director of Medical Education at Walter Reed has recently taken on the job of Director of Graduate Education at National Naval medical Center at Bethesda, provided an update on the impact of BRAC initiatives in the National Capital Area. Integration of clinical services is progressing rapidly with dermatology and orthopaedics leading the way. Dr. Kussman, BG, MC, USA (Ret), Acting Under Secretary for Health of the Veterans Health Administration, noted that funds to support the construction necessary to support the integration have not yet been identified. Brig Gen Young, USAF, MC discussed BRAC activities at the San Antonio Uniformed Services Health Education Consortium. All residencies are in the process of being combined and the vision is that there will be more civilian involvement. He also noted that money was an issue there as well since construction costs have skyrocketed post Katrina. He also noted that the proposed closure of Wilford Hall in-patient facility will necessitate restructuring of trauma services in the San Antonio area.

There was considerable discussion about several reports before the House. The Board of Trustee Report 12 that initially called for the Department of Health and Human Services to assume command and control of all assets in response to disasters. After it was pointed out that the Department was ill-suited for such a roll, the wording was changed to reflect a coordinating rather than controlling role. COL Can Ritchie briefly discussed the outcome of discussions following the last meeting concerning the role of physicians in detainee interrogations.

Dr. Cassimatis and Maj Gen Harmon, USAF, MC presented an update on the status of disaster training in and out of the military.

The Society will next host a reception at the House of Delegates Meeting at the Chicago Hilton and Towers on 23 June 2007, room and time to be announced.

**The Society of Medical Consultants to the Armed Forces  
2006-2007**

**Officers**

President	Harold M. Koenig, M.D.
Vice President	A. Mason Ahearn, M.D.
Secretary/Treasurer	Michael S. Clark, M.D.

**Councilors****Term Expires**

Michael J. Scotti, M.D.	2007
Larry W. Laughlin, M.D.	2008
Fred A. Cecere, M.D.	2009
Thomas G. Peters, M.D.	2010
Enrique Mendez, Jr., M.D.	Honorary Councilor
James A. Zimble, M.D.	Honorary Councilor
Peter F. Hoffman, M.D. (Past Pres)	2007
Michael J. Scotti, M.D. (Past Pres)	2008

**AMA Representatives**

Howard E. Fauver, M.D.	Delegate
David M. Lichtman, M.D.	Alternate Delegate

**Committee Chairmen**

John R. Pierce, M.D. (2001)	Archives and Medical History
A. Herbert Alexander, M.D. (2002)	Electronic Media and Communication
Edmund G. Howe, M.D. (2001)	Ethical Issues in Military Medicine
Peter F. Hoffman, M.D. (2003)	Legislative and Legal
Joel C. Labow, M.D. (2003)	Medical Education
Kenneth G. Swan, M.D. (2002)	Membership
George K. Anderson, M.D. (2004)	Professional Services
A. Mason Ahearn, M.D. (2002)	Recruitment and Retention

**WELCOME TO THE FOLLOWING NEW SMCAF MEMBERS**Active

Richard J. Barohn, M.D.  
Melvin D. Cheitlin, M.D.  
David G. Doane, M.D.  
William J. McDaniel, M.D.  
Scott D. Miller, M.D.  
Anthony A. Smith, M.D.  
James B. Thrasher, M.D.  
Rudolf C. Ulirsch, M.D.

Associate

David M. Benedek, M.D.  
Jonathan S. Collins, M.D.  
Bernard L. DeKoning, M.D.  
Robert A. De Lorenzo, M.D.  
Thomas A. Erchinger, M.D.  
Karl R. Kerchief, M.D.  
David S. Louder, M.D.  
David B. McLean, M.D.  
Karen K. O'Brien, M.D.  
John M. Powers, M.D.  
David B. Sproat, M.D.

Candidate

ENS Wesley R. Campbell  
2LT Delnora Erickson  
2LT Justin P. Fox  
2LT Gary L. Legault  
2d Lt Joshua A. Tyler



## DUES NOTICE

### **ACTIVE MEMBERS**

If you received a dues notice included in your newsletter, you are, according to SMCAF records an "Active Member". Active Members are physicians who served on active duty in one of the branches of the Uniformed Services of the United States and who have served as Medical Consultants to a component of the Uniformed Services.

Physicians in the reserve components who are consultants are also qualified for Active Membership.

All active members are required to pay dues in the amount of \$100 on a yearly basis.

If you have any questions in regard to your membership status, contact the Executive Director at [smcaf@usuhs.mil](mailto:smcaf@usuhs.mil)

## MEMBERSHIP E-MAIL ADDRESSES

SMCAF Is compiling a list of our members e-mail address with the idea of possibly adding the current newsletter to its web site as well as past issues. This will relieve the cost of printing and mailing the newsletter as well as increasing the use of its web site.

