

Newsletter Date

June 2007

Society of Medical Consultants
to the Armed Forces

www.smcaf.org

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SMCAF ANNUAL MEETING 2007

U.S. Navy Host's 62nd Annual Meeting
October 19-21, 2007

The Council will meet on Friday, October 19, 2007 at USUHS in the Board of Regents Room.

The conference will be held all day Saturday and half day on Sunday. We have applied for CME Credit hours for the one and a half days of attendance.

Committees will meet on Saturday afternoon during the scheduled lunch break. Box lunches will be provided for these breakout sessions.

Saturday night there will be a banquet, mess dress or black tie, where spouses and guests are invited.

PLEASE MARK YOUR CALENDARS

More details on the conference, registration, and hotel reservations may be found in this newsletter.

From The President

Military Medicine has found itself much in the news since our meeting last fall and the exposure was not good. We know our medics are doing a great job in caring for our sick and wounded, just as they have always done. But a problem was found at Walter Reed, you all know about it, so no need to re-hash it here.

If you have read some of the follow-on articles in the main stream media you find statements that the quality of care our sick and injured have received is second to none. The special commissions convened to look at military medicine in the wake of the "discoveries" at Walter Reed have all said that. We already knew it.

By the time we convene for our fall meeting more will have changed. Both the Army and Navy will have new SG's. As I write this in mid-May, we still don't know who they will be. Whoever they are, they are going to need all the support they can get to continue keep military medicine strong. SMCAF will be there to help.

The theme of our meeting this fall is going to be Combat Stress Related Disorders. During OIF/OEF there has been a national awakening about these disorders - though men have been writing about them for at least four millennia. PTSD, the disorder receiving the most media exposure, wasn't even recognized as a distinct medical entity until five years after the end of the conflict in Viet Nam. I contend that in the three decades that followed we have gained a greater understanding and acceptance of these disorders than we did in the preceding four millennia. During our program we will hear the latest about what DOD, VA and the civilian sector have learned about these disorders and how to help people with them. We will get the usual service updates - hopefully from the new SG's if not from their reps. Also, as a part of the meeting we will have a showing of the recently released documentary film, Fighting for Life, - the story of Military Doctors, Nurses and the Wounded in Time of War. This should be quite fitting and a wonderful response to the negative publicity military medicine received earlier this year.

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

SMCAF AWARD



At the Graduation Awards Ceremony on 17 May for the Class of 2007 at the School of Medicine, Uniformed Services University of the Health Sciences, the SMCAF award was granted to the students who had achieved the highest level of academic performance over all four years. I say students because this year for the first time two students achieved a perfect Grade point Average of 4.0. The awardees, the class valedictorians, were both Air Force: 2nd Lts Justin Fox and Joshua Tyler. They will be promoted to Captain with graduation. Doctor Fox was the class vice-president and Doctor Tyler won the AF surgeon general's award, the Kavolius Award for Academic Excellence, the Pleet award for neurology, and the specialty award for psychiatry. Both awardees were selected for Who's Who among Students in American Universities and had served as interviewers for the admissions committee.

The SMCAF award, having been established early in the history of the school and going to the top students, is given precedence and is the first presentation among the 28. All four surgeons general were in attendance. I will make a suggestion in the fall that the physical representation of our award be upgraded from a plaque. Several of the other awards had far more impressive mementos.

The University is doing well. It has proven its worth with its graduates comprising over 25% of active duty military physicians. The Public Health Service is again participating, making the school truly a uniformed services university. Applications were up this year and even during the years of declining applications, the quality of the students measured objectively never declined. The School of Medicine is rightly named for F. Edward Hebert given his husbandry of this vision through the Congress. The student body is very impressive as is the faculty. This school of medicine is year round, providing both a more robust curriculum in basic science and clinical medicine as well as time devoted to the history and ethics as well as practical knowledge of military medicine.

Michael J. Scotti, Jr., MD

Dues Notice

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.

**ACTIVE
MEMBERS**

If you have any questions in regard to your membership status, contact the Executive Director at smcaf@usuhs.mil

MINUTES FROM THE SPRING COUNCIL MEETING OF THE SOCIETY OF MEDICAL CONSULTANTS TO THE ARMED FORCES

A pre-meeting luncheon from 1200-1300 was held in the Board of Regents Room at Uniformed Services University in Bethesda, Maryland. Beginning at 1300, Dr. Harold Koenig, President of SMCAF, welcomed those in attendance and convened the Spring Council Meeting. The meeting was conducted in the same Board of Regents Room at U.S.U. First order of business was the annual reports given by the Surgeon Generals of the three major military services.

Major General Gale Pollock, acting Surgeon General of the Army, gave an overview of the status of the Army Medical Corps. She emphasized the present wars in Iraq and Afghanistan have been long and there has been a steady flow of injured soldiers. There are more soldiers surviving their injuries in these wars because of the excellent field medical care afforded.

The large number of injured soldiers and the extended duration of the war have stressed the Army medical system. This was reflected to some extent in the situation at Walter Reed. The Army Medical Corps has been under funded therefore capital improvements and physical plan upgrades have been delayed. She mentioned that the lay Press has criticized the Army medical system for being ill prepared to handle casualties and especially the rehabilitation needs of injured soldiers. General Pollock said this criticism was in some respects a positive commentary because it indicated how many of our soldiers were surviving their injuries compared to previous wars. She also countered criticism concerning the lack of continuity of care. She mentioned problems did exist in

transferring injured soldiers from the Army medical system into the Veterans Administration system. The Army is providing some rehabilitation prior to transfer to the VA.

It should be mentioned that General Pollock had recently taken her position when General Kiley stepped down as the Surgeon General of the Army. General Kiley had given the Army Surgeon General's report to SMCAF last year.

General Pollock mentioned that there was a movement in the Army Medical Corps for privatization of services similar to the other military services. She mentioned that Walter Reed Hospital would be closing and much of Walter Reed's function would be transferred to Bethesda Medical Center, which would become a joint- service hospital. She mentioned that if further funding is not received, the Army Medical Corps will not be able to make payroll by June 2007. Supplemental funding is expected, however.

General Pollock mentioned there was a problem with information being leaked to the press. There were also problems with low morale and low retention rates in the Army Medical Corps. She said shortages were especially acute in the Army Nurse Corps, which has a 40% shortage at present. Some of the medical specialties also have shortages. She is calling for a revamping of the needs of the Army Medical Corps with elimination of some specialties and possibly addition of a few new specialties. She felt that there would be a new full time Army Surgeon General in place by Labor Day of 2007. She also mentioned that a good deal of Army medical care is being transferred to Fort Belvoir which is farther from Washington, D.C. and offers better security.

Deputy Surgeon General Pollock fielded several questions and comments

especially concerning privatization. SMCAF members felt there was a need to reverse privatization. The term used was "military to civilian conversion of medical facilities". Recruiting was discussed and SMCAF members emphasized that multi-service recruiting should be performed rather than single service. Dr. Mason Ahearn, President-elect of SMCAF, mentioned the HPSP (Health Profession Scholarship Program). He felt that the application for HPSP should be standardized for all three services.

The second guest speaker was **Major General Brice Green, Deputy Surgeon General of the Air Force.** General Green gave an overview of the present status of the Medical Corps of the Air Force. He stressed the outstanding record the Air Force had in transporting casualties from war zones around the world and the staffing hospitals. He mentioned that no injured soldier had died during air transport. He mentioned the average age of an active duty Air Force soldier was 27 years while the average age for an Air Force reservist was 32 years of age. He, like General Pollock, mentioned that transitioning from the active military medical care to the VA continued to be a problem. He was disappointed with the disability ratings performed by the VA. He mentioned that the VA concentrated on disability whereas the Air Force medical system concentrated on return to duty. Many of the Air Force's medical staff are now being assigned to 120 day rotations, which facilitate the planning and aided with retention. Nursing and primary care were the most difficult recruiting areas for the Air Force. Bonuses were helpful. Also, he felt the "sustained benefit program" needed upgrading in the Air Force.

Minutes Continued

There was a good deal of military to civilian conversion in the Air Force and he mentioned that the Air Force was gradually losing its graduate medical education programs. He was especially concerned about the loss of Wilfred Hall, which is consolidating with the BAMC (Brooke Army Medical Center) in San Antonio. He was concerned that in many cases, the Veterans Administration does not cover families of injured soldiers, as does the military. He outlined how the Air Force is making major advancement in affiliating their graduate medical education with adjacent university medical schools and residency programs. He felt the association with university medical schools was vital for continuation of the Air Force's graduate medical education.

The next reporting **Surgeon General was Admiral John Mateczun, the Deputy Surgeon General of the Navy.** Like his associates, he was concerned about the transition to the Veterans Administration following naval medical care. He felt that rehabilitation in most cases should be done at the Veterans Hospitals rather than in the Navy medical system. He mentioned an interesting fact that the junior officers in the Navy have been mobilized for war on multiple occasions whereas most of the senior leadership in the Navy had never been mobilized. He emphasized the quality of the medical centers within the Navy, especially San Diego and Portsmouth. He mentioned that smaller Navy medical centers would probably be downgraded and possibly phased out. In the future, probably only two or three major Naval medical centers would exist. Admiral Mateczun was concerned about the lack of authorization to mobilize the naval reserves, which he felt was needed. He mentioned with pride the recent very successful trip of the hospital ship *Mercy* to Indonesia. This was extremely positive mission for promoting American-Indonesian relations. Surveys have shown the

mission was well received by the Indonesian people. The hospital ship *Mercy* may be sent to South America on a goodwill mission next year. He further mentioned the Navy had been assisting in the global war on terrorism and that more funding was needed for this particular mission. Admiral Mateczun agreed that joint-service provision of care was coming in the future. He termed this "integration of services". He mentioned that the Navy has had far fewer casualties than the other services in our present wars. He, similar to the other Surgeon Generals, was concerned with the rehabilitation of injured sailors. Camp Pendleton and Camp Lejeune presently offer rehabilitation services. A great deal of medical care within the navy is being transferred to the private sector. He said possibly only the District of Columbia, Portsmouth and San Diego will be left to provide Navy health care in the future. Admiral Mateczun was somewhat uncertain about the appropriateness of joint-service hospitals. He felt that they were being forced upon the system. At approximately 1500, President Koenig opened the general session of the society. The minutes from the October meeting were reviewed and approved. President Koenig delivered his opening remarks and stressed that during his presidency he would focus on combat stress disorders. He referred to recent studies showing increased health problems among combat veterans especially those of the Gulf War. There were both physical and mental health problems. It was proposed that the society work with other organizations in preparing a video on combat stress disorders. He said TriWest; one of the TRICARE, Managed Care Contractors is interested in working with SMCAF on this. An alternative would be joining forces with AMSUS or the Jackson Foundation for funding. The video could be used for CME credit. The video would be made by recording the presentations at the Annual Meeting in October and ready for dissemination throughout the country soon thereafter. A committee of members was appointed to produce the video on traumatic stress

disorders: Fred Cecere, James Bloom, and George Anderson.

A financial report on the 2006 Annual Meeting was given by Mr. John Lowe of The Jackson Foundation. A copy of this report was passed out to the members. It showed that the annual meeting reduced the general balance to \$7,551.00. It was noted that each year the society is losing a small amount of money on its Annual Meeting despite sponsorships.

Next, Captain James Bloom discussed the Annual Meeting to be held October 19-21, 2007 at U.S.U. The agenda would be similar to previous years. The banquet speaker is yet to be announced.

President Koenig mentioned that Captain Bloom publishes a series of naval history vignettes. It was suggested that these be sent to the board members and possibly to all members of SMCAF. Captain Bloom is presently transmitting to over 400 constituents. He felt that it would be possible to add members of the SMCAF to his e-mailings. Members also suggested that these historical military vignettes, many of which were medically oriented, should be published on the SMCAF website and made available to SMCAF members. Several of the members mentioned that they had read Captain Bloom's vignettes and found them quite interesting and educational.

Dr. Mason Ahearn proposed that a cocktail reception be held Friday evening before the opening of the Annual SMCAF Meeting. This would be called the President's Reception. It would be open to Council Members, past Presidents, consultants, Continued Education Chairs and speakers for the Annual Meeting. This reception could be sponsored and financed by friends of our society possibly from the pharmaceutical industry, TriWest or some other vendor. Dr. Ahearn suggested the reception be held at the Hyatt Hotel or similar location. Mr. John Lowe reported on the Jackson Foundation and its continued close association with SMCAF.

MINUTES CONTINUED

He mentioned that the Jackson Foundation helps fund SMCAF activities.

Dr. Kenneth Swan past president and professor of surgery at New Jersey Medical School gave an interesting presentation on wound management stressing the use in most cases for delayed primary closure in three to five days. He pointed out several military publications, which were outdated and inappropriate concerning wound care. Dr. Swan mentioned exceptions in which primary closure could be performed. He mentioned that it was the surgeon's judgment and experience that determined this. Dr. Swan's excellent presentation with slides showing battlefield injuries stimulated discussion among the surgeons present. It was certainly agreed that alternatives to delayed closure existed such as head and neck wounds and wounds with exposed tendons and neurovascular structures. A discussion of the primary use of VAC's for war wounds ensued.

Dr. George Anderson reported on AMSUS. He stressed that all SMCAF members be members of AMSUS and that AMSUS was an ally to our society. He mentioned several areas of mutual benefit. The forthcoming video on stress disorders would be a good area for mutual cooperation he felt.

Dr. Mason Ahearn suggested that a memorial be established for Dr. Bryan Algood, who was killed recently in combat in Iraq. Suggestions brought forth included: 1) naming of a symposium or a scientific meeting in his honor or 2) the establishment of an award in Dr. Algood's name to be presented at the annual meeting or 3) establishing a named lecture at the Annual Meeting. This will be further discussed and the final determination will be made at Annual Meeting in October. It was proposed that a letter from the society would be in order to endorse the work of General Weightman, the Commanding General at Walter Reed.

Also General Weightman would be invited to membership in SMCAF. A copy of such letter was disseminated. It would be signed by President Harold Koenig and President Elect Mason Ahearn.

Dr. Kenneth Swan gave the membership report. The printed report was passed out.

There were several new members, many of them associates, meaning they were still on active duty and would not pay dues. One member was moved to the emeritus status. The membership report was approved. Next, Dr. Ahearn presented the recruiting and retention report. It was emphasized that bonuses and increased salaries retained military personnel but did not recruit military personnel. He commented on the army medical recruiting DVD and was somewhat critical of it, other members of the council were of same mind. Dr. Ahearn felt that a recruiting DVD should be prepared which promotes all three services while emphasizing the differences of each. He mentioned that accidental recruiting was possibly the best form of recruiting. General Anderson mentioned that a new film had been prepared for military recruiting. He had seen it and considered it much improved. This film will be shown at the Sundance Film Festival and other areas around the country. Possibly, the film will be shown before the Annual Meeting of SMCAF in October.

Dr. Herbert Alexander presented the Electronic Media and Communications reports. Several areas of potential improvement for the society were presented.

The Ethics Committee report was given by Dr. Edmund Howe. He discussed his visit and inspection of the facilities at Guantanamo, Cuba. He discussed the Institute of Medicine endorsing it as an ethical Institution. Dr. Howe again emphasized the need for collaboration with AMSUS.

Dr. Swan suggested that the Journal of Military Medicine become the official organ of SMCAF.

The general consensus of the membership was that this is a very good idea and should be implemented. It was mentioned that we do have an AMA delegate from SMCAF. The AMA requires that at least 35% of the membership be members of the AMA in order to maintain this delegate's position.

Dr. Mike Scottie gave the report on the TMC (The Military Coalition). Our society endorsed this organization and their nominations. It was mentioned that one of our members, Dr. Norman Ende, had done basic stem cell research and had proposals before the various Governmental Medical Affairs Committees on stem cell research in the military. Dr. Ende's work was endorsed.

The annual financial statement of the society was dispersed by Dr. Michael S. Clarke, the Secretary/Treasurer. It was accepted by acclamation without discussion. The nominating report was likewise presented and accepted by the councilors unanimously. The consolidation with NVMS was complete and funds have been received from this now defunct national medical organization of medical military retirees. Another \$1800 would be soon received.

A moment of silence was held for our departed physician, Dr. Mel Museles. It was mentioned that Dr. Lichtman, a former President of SMCAF, is interested in a council position. This was favorably discussed and there was no objection. The use of donated materials to the organization was also discussed. The meeting was adjourned by Dr. Koenig at 1700.

Submitted By:
Michael S. Clarke, M.D.

*DRAFT AGENDA: ANNUAL MEETING OCTOBER 19-21, 2007
SUBJECT TO CHANGE*

Combat Stress Related Disorders

Friday: October 19, 2007

Council meeting: USUHS Board of Regents Room: 0800

Saturday: October 20, 2007

Introductory Remarks

CDR Everett Alvarez, USN, Retired, Chairman, USUHS Board of Regents
Viet Nam POW

Combat Stress Related Disorders, a perspective from a non-mental health professional
Vice Admiral Harold Koenig, MC, USN Retired

The program for returning Viet Nam POW's
Earl Brown, M.D.

The primary care perspective

Colonel Michael Roy, MC, USA.
Department of Internal Medicine, USUHS

Symposium:

Overview of the WRAIR Research on veterans of OIF/OEF

Colonel Charles Hoge, MC, USA
Department of Psychiatry and Behavioral Sciences, Walter Reed Army Institute of Research

Symposium:

VA programs and issues in caring for veterans with combat stress related disorders
Speakers to be determined

Symposium

The post 9-11 civilian experience
Speakers to be determined

Sunday: October 21, 2007

Presentation on each services progress and problems in medical recruiting
Speakers – each service's representative

The Millennium Cohort Study – What we are learning from it about the health of people who have served in the military
Speaker – Tyler Smith, Study Director

Fighting for Life – the story of Military Doctors, Nurses and the Wounded in Time of War

62nd ANNUAL MEETING, OCTOBER 19-21, 2007

I wish to pre-register for the 62nd Annual SMCAF Meeting, October 19-21, 2007, at the Uniformed Services University of the Health Sciences.
(Please print)

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

SMCAF BANQUET:

Saturday October 20, 2007, 7:30 pm at USUHS. Cocktails (cash bar) commencing at 6:45 pm

_____ Prime Rib with Au Jus

_____ Grilled Salmon with Sautéed Spinach and a lemon Dill Sauce

Reserve # _____ Place(s), at \$ 60.00 per person

GUEST NAME: _____

*****MEAL CHOICE CANNOT BE GUARANTEED IF YOU DO NOT PRE-REGISTER*******SMCAF LUNCH/COUNCIL MEETING:**

Sunday October 21, 2007, Noon, at the USUHS cafeteria small dining room.

Reserve # _____ Place(s) at \$ 15.00 per person

CHECK ENCLOSED: Conference Registration Fee: \$ _____ Member \$25.00 / Non-Member \$ 50.00 / Candidate Member \$0.00
Breakfast on Saturday & Sunday and Lunch on Saturday included in Registration

Banquet: \$ _____ for _____ place (s)

Brunch: \$ _____ for _____ place(s)

Total: \$ _____

Total cost for one member attending the conference, banquet and luncheon is \$ 100.00.

USUHS is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians and will sponsor this years SMCAF meeting. There is a \$25.00 registration fee for members; and a registration fee of \$50.00 has been set for non-members.

*****No monies will be returned after 1 September 2007*****

DETACH AND MAIL WITH CHECK TO:
(Make payable to SMCAF)

SMCAF
C/O MARGO CABRERO
5 SOUTHERN WAY
FREDERICKSBURG, VA 22406

Make your hotel reservations directly to the hotel. Note cut off date.

Blocks of rooms have been reserved in Bethesda at the following hotel:

Hyatt Regency Bethesda	800-233-1234		cut off Date
Code: Society of Medical Consultants	301-657-1234	Single/Double \$ 195.00	September 18, 2007

In order to plan accordingly for bus transportation, please let us know if you will be using transportation services provided for this event.

Transportation needed yes / no (please circle if applicable).

SMCAF

C/O 5 Southern Way
Fredericksburg, VA
22406

E-MAIL:
smcaf@usuhs.mil

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See us at:
www.smcaf.org

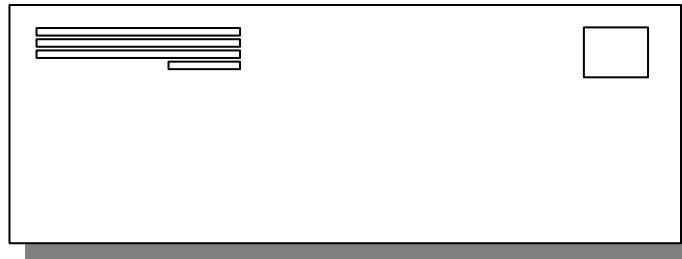
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