

EXCELSIOR SURGICAL SOCIETY

MILITARY HEALTH SYSTEM Strategic Partnership



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes

100+years

Excelsior Surgical Society *Annual Newsletter*



Military Chapter of the ACS
September 2018

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I. A. OFFICERS

President: Colonel Stacy Shackelford, MD, FACS, US Air Force Medical Corps, Director, Joint Trauma System, DHA Combat Support Agency.



Vice-President (President Elect): Colonel Robert B. Lim, MD, FACS, FAMBS, Medical Corps, US Army; Chief, Metabolic and Advanced Laparoscopic Surgery, Tripler Army Medical Center.



Secretary: Captain Gordon Wisbach, MD, MBA, FACS, FAMBS, Medical Corps, US Navy; Assistant Department Head, Department of General Surgery, Naval Medical Center San Diego.



Treasurer: Colonel Kirby R. Gross, MD, FACS, Medical Corps, US Army; Director, Army Trauma Training Center, University of Miami.



Councilperson at Large, US Army: Colonel Matthew Martin, MD, FACS, FASMBS, Medical Corps, US Army; Trauma Medical Director, Madigan Army Medical Center.



Councilperson at Large, US Navy: Captain Romeo Ignacio, MD, FACS, Medical Corps, US Navy; Program Director, General Surgery, Naval Medical Center San Diego.



Councilperson at Large, US Air Force: Colonel Joe DuBose, MD, FACS, US Air Force Medical Corps; Director, Center for Sustainment of Trauma and Readiness Skills, Baltimore, MD.



Councilperson at Large, Reserve/National Guard: Colonel Jay A. Johannigman, MD, FACS, Medical Corps, US Army Reserve; Director of the Division of Trauma and Surgical Critical Care and Professor of Surgery at the University of Cincinnati.



I.B. Purpose

The recently re-established Excelsior Surgical Society (ESS) is the military chapter of the American College of Surgeons (ACS). The ESS and the Military Health System Strategic Partnership American College of Surgeons (MHSSPACS) has a simple goal: to improve military medicine. The partnership hopes to improve surgical education both on and off the battlefield by collaborating on issues that are pertinent to today's active duty surgeon. While this may include preparedness for combat surgery, it also has to do with quality assurance for non-combat surgery, patient safety, and the incorporation of new surgical techniques and technology. The current active duty surgeon needs to be facile both on the austere battlefield and with advanced laparoscopic procedures. Redeployment integration is as important as deployment preparation.

The Excelsior Surgical Society was reestablished in 2015 as a mechanism to foster ties between civilian and military surgeons at the annual American College of Surgeons (ACS) Clinical Congress. It was revitalized as part of the Military Health System and the ACS strategic relationship established in 2014 and officially known as the MHSSPACS. The purpose of the ESS is threefold: 1) Support the objectives of the MHSSPACS, which include improving surgical education, optimizing systems-based practices, and fostering research, 2) Serve as a specialty society providing a forum for the exchange of surgical knowledge as it relates to the practice of military surgery, 3) Provide a forum for military tri-service (Army, Navy, and Air Force) exchange of information as it relates to optimization of wartime and peacetime care of military personnel. The ESS will leverage the lessons learned and currently being learned as we move forward in the 21st century.

The ESS along with the ACS and the Defense Health Agency (DHA) create a forum to address the needs of military surgeons. Continuing medical education funding continues to be an issue for military surgeons and the ESS presents a unified voice to advocate for surgeons through communication to senior leadership and the DHA Director. The ESS will function as a state chapter of the ACS for the military's active duty surgeons. In addition, prior military to include active duty, Reserve, or National Guard, are invited to join.

The ACS Board of Regents has provided full support of our society and, in accordance, has reduced the ACS membership rate by 50% for all active duty military and for Reserve and National Guard members during years that they are deployed. All active duty surgeons are encouraged to join the ESS and participate in the annual academic conference. Active membership in the ESS is available to currently serving active duty members in a branch of the U.S. Uniformed Medical Services, active or inactive Armed Forces Reserve or National Guard, or retired or honorably separated members. Membership in ESS also requires good standing with the ACS and an annual membership fee of \$100. Associate membership is available for medical students and residents at NO CHARGE and is available to other surgeons who do not meet the requirements for current or prior military service. Refer to the Society Bylaws for more details.

The New Excelsior Surgical Society (2016)/Washington, D.C.



Seated Left to Right (Front Row)

Norman Rich, MD, FACS, CAPT Eric Elster, MD, FACS, BG Jonathan Woodson, MD, FACS,
M. Margaret Knudson, MD, FACS

The Original Excelsior Surgical Society (1945)/ Rome, Italy



II. COMMITTEES

A. PROGRAM COMMITTEE

The fourth meeting of the Excelsior Surgical Society will take place 7:00 am–4:30 pm Sunday, October 21, 2018 at the Westin Boston Waterfront/ Grand Ballroom C-E/Concourse Level. The theme of this year’s meeting is Delivering Quality Surgical Care.

4th Annual Excelsior Surgical Society Meeting *“Delivering Quality Surgical Care”*

ACS Clinical Congress 2018
Boston, Massachusetts
Sunday, October 21, 2018
0700 to 1630 EST

The program will be educational for the trainee to senior staff surgeon. A panel discussion will feature the military Surgical Consultants, VADM Raquel Bono, MD, FACS, the Director of Defense Health Agency as well as Lt Col Peter Learn, MD FACS, Deputy Director of Surgery for Quality, Walter Reed National Military Medical Center. The military’s Region 13 Committee on Trauma Paper Competition will showcase the best surgical research performed in the U.S. military. Basil A. Pruitt, Jr, MD, FACS, FCCM, MCCM will deliver the Major John P. Pryor Lecture, the meeting’s keynote address. An additional highlight will be the session entitled “I’m Going Where?? Setting Yourself up for Combat Deployment Success” that will encapsulate lessons learned and pearls for general surgeons anticipating an upcoming deployment overseas.

Attendees will have the opportunity to meet with surgical leaders and fellowship program directors in the civilian sector. Clinical Congress attendees who are interested in enhancing military medicine now and in the future are encouraged to attend.

For the first time as part of the military track, the ACS Scientific Forum program is offering a military category in the Owen H. Wangenstein Scientific Forum to showcase the best surgical research conducted by the United States military. Military surgeons will present their research at the Military Scientific Forum on October 22, 2018 from 09:45 to 11:15 as part of the ACS Scientific Forum.

B. FINANCE AND MEMBERSHIP COMMITTEES

Becoming a dues-paying member of the Excelsior Surgical Society is of value. Excelsior Surgical Society successfully lobbied for Fellows of the American College of Surgeons to have annual ACS dues reduced by 50%. The 50% reduction in dues applies annually to all active duty surgeons. Reserve surgeons have a 50% reduction in dues for one year during years that they are deployed.

The Excelsior Surgical Society is on solid financial setting due to funds available from several legacy sources. The funds available to be accessed are the Churchill Fund, the Humphreys Fund and USUHS Leadership Funds. Even though several funds have been identified to be available to the Excelsior Surgical Society, use of these funds for Excelsior Surgical Society business requires approval by the original source of funds.

The Churchill Fund is maintained under the domain of the American College of Surgeons. Use of these funds requires senior administrative approval of the American College of Surgeons.

USUHS Leadership Funds are co-maintained with federal government oversight. Use of these funds requires administrative approval through USUHS.

Humphreys Funds are the residual funds of the retired Air Force Society of Clinical Surgeons. These funds also are maintained by the Henry Jackson Foundation and restrictions exist as to the best use.

The expenses of the Excelsior Surgical Society to date have been largely supported by the American College of Surgeons and USUHS. These expenses include the annual reception at the Clinical Congress of the American College of Surgeons and salary for administrative support for the Excelsior Surgical Society.

Even though we have generous legacy funding which will support the long term stability of the ESS, the Society must raise additional funds to reach our goal of becoming a self-sustaining, self-directed, enduring organization and to allow spending at the discretion of the membership through the ESS Executive Council. The source for these funds will come from dues and donations. Currently, 240 military surgeons have submitted an application for active, associate or honorary/distinguished membership. Payment may be submitted ONLINE or PRINT invoice and pay by check. Questions can be emailed to **excelsior@facs.org**.

Our current main expenses consist of salary for administrative support and the expense for the annual ESS reception at the Clinical Congress of the American College of Surgeons. Both of these expenses have been met by the American College of Surgeon thus far. However, as the Society matures, the expectation is the Excelsior Surgical Society will be self-sustaining. Additional financial goals include support of scholarships to attend the annual meeting, establishment of a Senior Visiting Surgeon program, and other scholarly endeavors in support of the Society's goals.

We are invested in supporting medical students and their membership is free. Mentorship is available during the ACS congress and a year-long Surgical Mentorship program is planned.

C. OUTREACH & SOCIAL MEDIA COMMITTEE

The Outreach Committee for the Excelsior Surgical Society has worked on a number of projects and programs to help promote the group and to reach out to current and potential future members. Among the top priorities was establishing a robust social media presence for the Society. The social media team currently consists of COL Matthew Martin, LCDR Pamela Choi, and CPT Luke Johnston, who have primarily focused on setting up the ESS account on Twitter and an ESS Facebook page. Anyone interested in contributing to the outreach and/or social media efforts is encouraged to contact us via the Facebook page or the Excelsior Twitter handle (@ExcelsiorSurgSociety).

The purpose of the Excelsior Surgical Society Twitter account is to highlight the achievements of military surgeons as well as to expand fellowship. Established in 2016, the Twitter account has had 130 Tweets, 329 followers and 269 likes. Future goals include increasing outreach to military alumni, residents, and students to provide mentorship and enhance engagement. We aim to achieve this by providing a military social media presence at various academic meetings as well as provide an open avenue for how to navigate through military specific career issues such as matching into surgical residency and fellowship or providing advice about deployments.

The Excelsior Society Facebook group currently has 128 members. In its brief history thus far, the group has been primarily focused on distributing information regarding society and other military related events at regional and national meetings. We hope to continue to use the group to be a central location for members to quickly access information on events and hope to expand the role of the group to share research and publications that are relevant to or authored by our members with the military surgery community. The Facebook page is currently a “private” Facebook site, and any interested surgeon or other allied healthcare provider can request access. Just go to www.facebook.com and search for “Excelsior Surgical Society”. There will be a link to request access, and it will usually be reviewed and granted within 48 hours.

Excelsior Social Media Team:

COL Matt Martin: @docmartin22

LCDR Pam Choi: @pmchoi

CPT Luke Johnston: @lukerjohnston



D. SENIOR VISITING SURGEON PROGRAM

The end of hostilities brings such a sense of relief that we are inclined to want to put the experience behind us. But we must remain prepared for any natural emergency and one way to do that is to study the past and incorporate its lesson in future action.

Michael E. DeBakey, MD, FACS

Modeled after the highly successful Senior Visiting (SVS) Program established in 2012 by the American Association for the Surgery of Trauma, we initiated a similar program. The SVS program is designed to share the war-time lessons learned that are responsible for the remarkable number of lives saved. These advances in combat patient care must be codified and available to the next generation of military surgeons. We must also continue to assure that those enrolled in military training programs are kept “combat ready” by offering them training in partnership with civilian trauma centers.

The goals of the SVS program are:

- ➔ Facilitate the assistance of civilian surgeons to their military counterparts,
- ➔ Establish scientific exchange between leaders in civilian trauma care in the United States and experienced military clinicians,
- ➔ Provide guidance for establishing enduring military-civilian hospital partnerships
- ➔ Provide mentorship for young military surgeons as they return to their military posts or practices after deployment

Our inaugural visit took place at the Naval Medical Center San Diego with a visit by Dr. Joseph Galante, MD, FACS on September 21, 2018. Dr. Galante visited from University of California Davis in Sacramento, California where he has been an integral part of the Military-Civilian Partnership with Travis Air Force Base Hospital.



III. ACCOMPLISHMENTS

A. **Out of the Crucible: How the US Military Transformed Combat Casualty Care in Iraq and Afghanistan (2017)** (Senior Editors: Drs. Elster and Kellerman)

During the last decade, the US Military Health System-while caring simultaneously for combatants fighting two wars and for millions of service members, dependents, and military retirees at home-completely transformed its approach to combat casualty care. From the point of injury on the battlefield to rehabilitation and reintegration of wounded warriors into their communities, military innovators rapidly devised, implemented, refined, and spread new techniques and technologies throughout the force. They were able to succeed because the Military Health System was willing to learn from its failures and build on its successes. Through a mix of keen observation and the systematic collection and analysis of data (most notably, creation of the Joint Trauma System), military medicine continually improved. Primarily written by the military providers responsible for innovations in each field, this 44-chapter book documents each of these advances and provides stories of individual service members who benefited from them.

<http://www.newswise.com/articles/transformation-of-combat-casualty-care-advances-in-military-healthcare-focus-of-new-book>

Active duty service members have an opportunity to order a copy of the landmark new book, published by the Borden Institute, which tells the story of how the US Military transformed combat casualty care in Iraq and Afghanistan. If you are currently active duty this book is available for **free**. (<http://www.cs.amedd.army.mil/borden/bookDetail.aspx?ID=380a108e-7c8c-4349-a8c9-0a6e7f9bf624>).

B. Dr. Yeu-Tsu Margaret Lee, MD, FACS awarded Dr. Mary Edwards Walker Inspiring Women in Surgery Award 2018



A general and oncologic surgeon with 50 years of experience at top academic medical centers, Dr. Lee has served as a role model for all surgeons, especially women surgeons. Born in war-torn Xian China in 1936 as the youngest of three daughters, she survived wartime illness as a child; her sisters did not. These challenges spurred Dr. Lee to become a physician and provide care to the sick, especially underserved populations. As such, she immigrated to the United States and matriculated at Harvard Medical School. Over the years she has been an exceptional leader in academic surgery, medical education, research, and patient care. Her career began as an Assistant Professor of Surgery at the University of Missouri Medical Center after completing a 2-year NCI fellowship in Surgical Oncology.

After a brief stint at the University of California, LA Medical Center, she moved to become an Associate Professor of Surgery and Head Physician of the Tumor Surgery Service at the University of Southern California Medical School from 1974-1983. In 1983, she became Chief of Surgical Oncology, Tripler Army Medical Center in Honolulu, Hawaii. In 1993, she became Professor of Surgery at the University of Hawaii, John A Burns School of Medicine, Honolulu Hawaii. For most of her career, she was the only female surgeon at her facility. She has contributed over 200 peer-reviewed publications, numerous book chapters and 11 books in her distinguished career. From 1999-2017, she has been a Visiting Professor of Surgery to Buddhist Tzuu-Chi University Medical School and Teaching hospital in Hualein Taiwan ROC. Women surgeons in Asian countries are much less common and obtaining the rank of Professor is a rarity. Her semi-retirement has allowed her to engage in several mission trips each year, bringing quality surgical care to those most in need.

Along the way, Dr. Lee served her adopted homeland in the U.S. Army Medical Corps, achieving the rank of Colonel. She was an active duty surgeon assigned to an evacuation hospital

during Operation Desert Storm. In a 400-bed hospital in northern Saudi Arabia, she served on a team of surgeons that performed 125 operations.

Her contributions provide an opportunity for those less fortunate to achieve their goals and dreams. She believes in paying it forward for the next generation. She has paved a road for future women surgeons to follow. Her passion, endless energy and dedication to the American College of Surgeons and to women in surgery are without equal.

IV. RETIREMENTS

A. COLONEL (RET) NORMAN RICH, MD, FACS

Dr. Rich's career is distinguished by his contributions to vascular and trauma surgery in the military. He entered the military in 1960 and completed his surgical residency at Letterman General Hospital in 1965. From there he served with distinction in Viet Nam where he started the Vascular Trauma registry, which is still utilized today. He became the first chairman for the department of surgery at the Uniformed Services University of the Health Sciences (USUHS). He has published over 300 original manuscripts and 5 books. His success has earned countless awards, recognitions, honorary memberships, faculty positions, and titles in 45 countries. A retirement ceremony was held on July 6, 2018 for Dr. Rich at the Norman Rich Department of General Surgery, USUHS.



B. Society of Air Force Clinical Surgeons, 1998-2014

As the newly re-established Excelsior Surgical Society prepares for its second annual meeting, it is with a sense of regret that we bid farewell to our individual service societies. The Society of Air Force Clinical Surgeons was the longest-standing military surgical society in the United States. The following brief history of the Society is adapted from the address of Col Larry Fontanelle, historian, presented on April 4, 2000.

The first formal meeting of the SAFCS was held in 1958 at Lackland Air Force Base under the direction of the first president Brigadier General Robert E. Lee, president.

General Lee played an important role in promoting the policies and ideals of this great society through his active and retired life. The greatest honor that the Society could present to General

Lee was at the 1963 symposium when the membership unanimously voted to establish an annual Robert E. Lee Memorial Lectureship.

A few men deserve the title “Founding Fathers” of SAFCS, Colonel David Gold, Colonel Oakley Park, Brigadier General Don S. Wenger, Colonel Julian Jarman, Brigadier General James P. Jernigan, and Major General James W. Humphreys.

The Society was organized:

- To promote excellence in surgery within the United States Air Force and to develop guidelines for surgical training.
- To act as a platform for presenting papers at local and national meetings.
- To serve as an important part of maintaining a fraternal relationship among the various surgical specialties and therefore get to know one another as people rather than names on records.
- To keep and update what our fellow surgeons are doing throughout the Air Force.
- To give us a forum through which we could advertise the very special qualities of surgical practice in the United States Air Force to our civilian colleagues and consultants.
- To discuss mutual problems and to develop common solutions.
- And to exert some influence on the Surgeon General’s Office in an effort to obtain required support personnel, facilities, money, and ideals.

Throughout the earlier years, the emphasis of the Society was to become a Chapter of the American College of Surgeons; however, this was eventually rejected by the Society. It was felt that this would greatly limit the Society’s function as an independent organization for which we have prided ourselves over the years.

In 1959, great strides were made by the Society to obtain travel funds from the Surgeon General’s Office for those individuals attending and participating in the Annual Meeting. This became available in 1960.

Discussion to consolidate the Army, Navy, and Air Force Surgical Societies into a Tri-Service Surgical Society was rejected again because of our need to remain independent and viable.

At the 1963 meeting, the Committee for Clinical Research was organized for coordinating clinical research and preparing papers within the individual specialties. Acceptable papers were published in the Medical Service Digest.

The 1975 Symposium was the most trying of all. It was at this meeting that the financial support from the Surgeon General's Office was withdrawn. This resulted in loss of priority and military housing and transportation, funding for consultants and a decrease in membership participation. In spite of these severe obstacles, the Board of Governors decided that the meeting should be held and was a complete success.

Financial support was restored in 1976. It was also at this meeting that the final constitution was revised and approved with the incorporation of an associate membership group with its own elective member at large.

In 1980, there continued to be discussions over the years of attempting to combine our annual meeting with other annual meetings such as the Society of Clinical Physicians and also the Association of Military Surgeons of the United States. Then again, the Board of Governors who stated that we should be separate and independent rejected this.

In 1983, a clinical surgeon's award was approved to be given to the resident, either research or clinical, for the best paper. There would be a committee to pick the best three or four papers that had been submitted and these residents would present this for the award. This is in addition to the Surgeon General's Award. In 1983, The Board of Governors committed \$1,000 to the Clinical Surgeon's Award for a resident paper competition.

In 1988, the James W. Humphrey's Surgical Education Fund was created to honor Major General James W. Humphrey's who was one of the great supporters of the Society and named a Founding Father.

In 1990, the first annual Residents' Knowledge Bowl was held. Each of the four Air Force Resident Training Centers were represented by one GYN and three General Surgery Residents of any PG level who would compete academically. This has been a huge success and is one of the highlights of the Annual Society Meeting.

In 1995, Mrs. Libby Wittle who was the first and only administrative secretary to the Society retired after a very distinguished career. Mrs. Rose Thomas became the administrative secretary in 1998, and remained in this key position through the close of the society.

Over the years, the Society has incorporated, in addition to its academic goals, informal sporting events that have been a huge success especially the golf tournament always headed up by General Paul Myers. General Humphrey's stated that General Paul was the only golfer he knew whose handicap matched his age.

What then does the future hold for the Society? I believe that we will continue to grow in greatness as each subsequent year has proven. It will be a trying time for the next few years because of the losses of highly qualified surgeons in the Air Force. If one looks back in the history of military medicine, we can see that there have been many obstacles throughout the

years, but we can see today we have existed and have overcome them in an outstanding manner. There are frustrations in all forms of endeavors and the United States Air Force Medical Corps is with its own problems at this time. However, seeing how we have overcome these in the past, and looking at the present leadership in the Surgeon General's Office, I know that we will persevere. We have a great organization and we are Air Force Surgeons, and together we will overcome these temporary frustrations and continue to maintain the best surgical care in the entire world.

The last full meeting of the SAFCS was held in 2012 in San Antonio, although the Board of Governors continued to meet for several years, working with Army and Navy colleagues and searching for a way forward for a military surgical society in an era plagued with cost-cutting and travel restrictions for the military. With the signing of the Military Health Services Strategic Partnership with the American College of Surgeons, a truly Tri-Service society was created with the re-establishment of the Excelsior Surgical Society.

C. The Gary P. Wratten Army Surgical Symposium, 1978-2014

The Gary P. Wratten Army Surgical Symposium was founded in 1979 as the annual meeting for Army Surgery and was held for 32th consecutive years. The symposium named in memory of Major Gary P. Wratten, a distinguished 1963 graduate of the Walter Reed Army Medical Center surgical residency. Major Wratten was killed in action in the Republic of Vietnam in November 1966 while serving as the commander of the 45th Surgical (MUST) Hospital.

The conference began as “Current Problems in Surgery” in 1967 and was hosted by Walter Reed Army Medical Center through 1974. It was designed to promote an active exchange of surgical expertise between military and civilian surgeons. After a five-year hiatus, it was revived as the Gary P. Wratten Army Surgical Symposium on May 16, 1979, in partnership with the newly formed Uniformed Services University of the Health Sciences and with co-sponsorship from the Washington, DC, Chapter of the American College of Surgeons. The Symposium was structured around original Army surgical research presentations. The Leonard D. Heaton Distinguished Professor Lecture Series was established at that time in honor of LTG (Ret.) Heaton, the U.S. Army Surgeon General from 1959 to 1970 and a strong advocate for the establishment of surgical training programs in the Army. In 1995, the Symposium was timed to be associated with the Spring Meeting of the American College of Surgeons. On its 20th anniversary, the Symposium was honored by inclusion of papers in the September/October issue of *Current Surgery*, the official journal of the Association of Program Directors in Surgery and the Gary P. Wratten Army Surgical Symposium. MAJ 2 Wratten’s legacy was poignantly displayed at 2002’s meeting with the attendance of Mrs. Wratten and 30 family members. The meeting last held in 2014 was the premiere military surgical event providing the Army’s latest in basic and clinical sciences related to combat casualty care as well the subsections of general surgery practice.

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