Despite an unprecedentedly challenging fiscal year for the Department of Defense (DOD), a few die-hard military and civilian members of the Uniformed Services Society of Anesthesiologists (USSA) converged on San Francisco for their 11th annual meeting on October 11, 2013. The meeting opened with a recorded greeting from the USSA President, Rep. Andy Harris, M.D., of Maryland, who was unable to attend in person due to the exigencies of ongoing talks in Washington. The theme of this year’s meeting was “Practice Management” and featured some of the most respected lecturers from within the Department of Defense, including Mike Fahlgren, M.D., Perioperative Medical Director at the Walter Reed National Military Medical Center (WRNMMC); Carlton Brown, M.D., an Assistant Professor at the Uniformed Services University; Lou Damiano, M.D., one of the architects of integrating the former National Naval Medical Center and Walter Reed Army Medical Center; Scott Griffith, M.D., Director of the National Capital Consortium Pain Management Fellowship; and Christian Popa, M.D., B.S., Director of the Surgical ICU at WRNMMC. In addition to these distinguished speakers from within USSA, the meeting featured David Cross, M.D. and James “Judge” Hicks, M.D., from the ASA Committee on Practice Management, who led a panel discussion that was the capstone of the day’s themed discussions. In an effort to promote research and scholarly activity, the meeting has long featured a resident poster competition, modeled along the lines of the ASA’s Scientific Abstracts and Medically Challenging Cases. Congratulations go to this year’s Paul D. Mongan Military Anesthesiology Research Award winner, Nicole King, M.D., a CA-2 resident from Naval Medical Center San Diego.

To facilitate travel for the members, the USSA Annual Meeting has always taken place the day prior to the start of the ASA annual meeting. Past USSA annual meetings have offered such varied themes as “Traumatic Brain Injury,” featuring Lieutenant Colonel Tim Maxwell, a Marine who suffered a TBI during combat operations. Other focus areas from prior years included simulation in anesthesiology education and training, controversies in anesthesiology, humanitarian missions and battlefield transfusion therapy. Richard Dutton, M.D., M.B.A., Executive Director of the Anesthesia Quality Institute, Mark Warner, M.D., 2011 past president of ASA, Ron Miller, M.D., and simulation expert David Gaba, M.D., have all served previously as keynote speakers.

In addition, USSA took the lead on planning and promoting the first Run for the Warriors® at the ASA 2010 annual meeting in San Diego. This 5K run/walk has received strong and sustained support from the ASA leadership, and several large academic centers compete each year to be the top fundraising...
team at the race. Now in its fourth year, this event has raised more than $350,000 for Hope for the Warriors® and has already been approved as an official part of the next ASA annual meeting in New Orleans. Thank you, ASA!

However, on a less optimistic note, government funding and travel limitations led to a mere 35 anesthesiologists and residents attending the 2013 USSA Annual Meeting, down from a typical attendance figure of 80-100 per year. Of those 35, a number were DOD contractors (many retired and former military) who are required to fund their own travel and were planning to attend regardless of government funding. An increasingly fiscally constrained environment, capped off by the spending cuts known as sequestration, led many active-duty military anesthesiologists to assume that there would be no funding available. Others applied for funding but were given no final answer until the lapse of appropriations, otherwise known as the government shutdown, at which point all funded travel requests were denied. Due also to the shutdown, military residents were barred from accepting funding from the Henry M. Jackson Foundation for the Advancement of Military Medicine, an important external nonprofit source dedicated to the training and sustainment of military medical providers. This “perfect storm” of events that began in the spring and came to a head on October 1 with the government shutdown left many military anesthesiologists with no viable alternative for attending the meeting, even at their own expense, because airplane tickets purchased at that late date would have been prohibitively expensive. One can only hope that the fiscal climate in 2014 will be more supportive of military anesthesiologists attending the 2014 USSA and ASA annual meetings, interacting with and learning from their civilian counterparts, and ensuring the hard-learned medical lessons of conflicts overseas are captured for the good of all patients.

USSA is a component society of the ASA open to current, former and reservist military anesthesiologists, regardless of their physical location, as well as others with a relationship to the uniformed services (Veterans Administration, U.S. Public Health Service, and others). This component society is designed to replace being an active member of a state component society, which can be challenging for military anesthesiologists given the frequency of moving from one place to the other. Since ASA members may only be a member of one component society at a time, those who prefer to be members of their state society may still join the USSA as affiliate members for a nominal fee. For more information about membership options in the USSA and future events, please see the website http://ussa-asa.org/.

For those anesthesiologists who have served, are serving, or will serve in harm’s way in defense of this great nation, thank you.