



## In This Issue

President's Message	1
ESS @ Clinical Congress	2
The Legacy of CJTH	3-5
Women and the ESS	6-10
ESS Staff Updates	6
ESS Committee Reports	11-13
» Program	
» Diversity & Inclusion	
» Membership	
» Mentorship	
» Outreach	
» Research	
ESS Service Updates	13-15

## Upcoming Events

ESS Annual Business Meeting ....	9/17
Military Session @ Clinical Congress Scientific Forum .....	10/23
ESS Symposium .....	10/24
Pryor Lecture .....	10/24
Region 13 COT Papers .....	10/24
Churchill Lecture .....	10/26

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# Annual Newsletter

September 2021

» I began last year's message with the sentence "Now more than ever military surgeons need to rely on one another and on opportunities within the Excelsior Surgical Society as a way to weather tumultuous times and optimize professional wellness." I stick by my words from a year ago and sincerely hope that the society has been a relevant and useful way to find partnership and professional growth during this time.

With the support of the Military Health System Strategic Partnership American College of Surgeons (MHSSPACS), committee leads, the Executive Council, and dedicated individual members, we have had a successful year. For the first time, the Excelsior Surgical Society will have a seat on the American College of Surgeons Board of Governors, and the ACS Clinical Congress has now committed to including our symposium's agenda as part of its annual program. The society's Vice President LTC (Dr) Danielle Holt, has taken the lead in organizing a new effort, our society-wide monthly webinars. Keep these webinars going by providing suggested topics and by participating!

The year has also been one of personal change as I have retired from military service to start a new chapter in civilian surgery. I can affirm from my current vantage point that the challenges and opportunities I had as a military surgeon (good, bad, and ugly) have prepared me for this next professional phase. As the Excelsior Surgical Society continues to grow in numbers and relevance, I encourage you to use it as a touchstone to remain engaged and ready. The society is in good hands moving forward, and I encourage you to "lean in" to its efforts and initiatives as a means for you to weather tumultuous times and to optimize your professional wellness.

Col(ret) Todd E. Rasmussen, MD, FACS

President, Excelsior Surgical Society





## ESS Leadership 2021 Executive Council



### President

Col Todd Rasmussen, MD, FACS  
Mayo Clinic, Rochester



### Vice-President (President Elect)

LTC Danielle Holt, MD, FACS  
Uniformed Services University



### Secretary

Col Jeremy Cannon, MD, SM, FACS  
University of Pennsylvania



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MAJ Mary T. O'Donnell MD, FACS, FACRS  
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### Councilperson at Large, US Army

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US Army Institute of Surgical Research



### Councilperson at Large, US Navy

CDR Matthew Bradley, MD, MS, FACS  
Walter Reed National Military Medical Ctr



### Councilperson at Large, US Air Force

Lt Col Scott Zakaluzny, MD, FACS  
David Grant Medical Center



### Councilperson at Large, Res/Natl Guard

CDR Jacob Glaser, MD, FACS  
South Austin Trauma Surgeons



### Councilperson at Large, Civilian

COL (Ret) Maggie Brandt, MD, MHSA, FACS  
University of Oklahoma Health Sciences Ctr

Clinical Congress 2021

## ACS CLINICAL CONGRESS

OCTOBER 23-27, 2021 | VIRTUAL

Resilience in the Pursuit of Excellence

REGISTER  
TODAY

## ESS @ Clinical Congress 2021

### Excelsior Surgical Society.

#### Edward D. Churchill Lecture

Tuesday, October 26, 2021 | Time 0900-1000 CDT  
Presiding Officer: Col Todd Rasmussen, MD, FACS  
Lecturer: Allan Douglas Kirk, MD, PhD, FACS



#### Scudder Oration on Trauma

Tuesday, October 26, 2021 | Time 1300-1355 CDT  
Presiding Officer: Eileen M. Bulger, MD, FACS  
Lecturer: Lenworth M. Jacobs, Jr., MD, MPH, FACS



#### Military Session @ Clin Cong Scientific Forum

Saturday, October 23, 2021 | Time 1500-1555 CDT  
Moderating: CDR Matthew Bradley, MD, MS, FACS



## 6<sup>th</sup> Annual ESS Symposium Highlights

### "Our Surgical Mission at Home and Abroad During the COVID-19 Pandemic and Beyond"

#### Sunday, October 24, 2021

##### "State of the Excelsior Surgical Society"

President Todd Rasmussen, MD, FACS

##### "Military Services Surgical Communities"

Consultants Updates and Panel Discussion



#### Sunday, October 24, 2021

##### Army Major John P. Pryor Lecture

##### "Development of a novel nanotherapy to stop non-compressible torso hemorrhage"

Melina R. Kibbe, MD, FACS

Dean, UVA School of Medicine

James Carroll Flippin Professor of Medical Science

Chief Health Affairs Officer, UVA Health





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## The Legacy of the Craig Joint Theater Hospital

By Maj James Wiseman, USAF, Maj Stephanie Streit, USAF, and LTC Philbert Van, USA

Twilight descended in the waning hours of June 21, 2006.

A firefight had broken out between members of the Army's vaunted 10th Mountain Division and Taliban elements in the remote mountainous region of Naray Province in northeastern Afghanistan. Staff Sergeant Heathe N. Craig was a 28-year-old medic assigned to the 159th Medical Company out of Wiesbaden, Germany, deployed to Bagram Airfield in support of Operation Enduring Freedom. His unit would get the call shortly after he had finished a video call with his wife, 4-year-old son Jonas, and 1-year-old daughter Leona back home: there were three U.S. casualties in need of evacuation.

As they had done innumerable times before, the 159th mounted their UH-60 helicopters and set off to retrieve their comrades. Arriving at the scene it was clear that the terrain would not permit a helicopter landing, meaning the injured soldiers would have to be brought aboard by hoist. Despite the ongoing firefight, Staff Sergeant Craig fastened himself into the hoist and bravely descended to retrieve the first of the injured men below.

He then descended a second time into the fray to extract Pfc Brian Bradbury. As the two men were being raised to the waiting helicopter the line snapped, and both soldiers plummeted to their deaths.



Staff Sergeant Heathe N. Craig was a hero. He willingly risked his own life to save the lives of others.

From its first day of service on March 4, 2007, the Craig Joint Theater Hospital (CJTH) sought to uphold the deeply symbolic legacy of its namesake.

And the CJTH did not disappoint. Over the past 15 years, the facility has incubated innumerable young military surgeons and has served as a proving ground for military surgery writ large. And as the theater matured, so too has the hospital. Capacity has grown, as have its capabilities, and the work done within this historic venue has contributed volumes to the existing surgical literature.

Yet, the CJTH remains a military medical facility deep in the heart of an active combat zone, in a land that has borne witness to near-continuous conflict for the better part of 4 decades. So while the experiences provided by its rooms and halls were foundational for a generation of medics, the circumstances of its existence left their mark as well. What is the legacy of CJTH? Let's explore that question, through the words of some of those medical warriors whose shadows have darkened its doorways over the past decade and a half.





## Legacy of CJTH (con't)

### Maj Stephanie Streit, USAF MC

For those of us who have walked through Warriors' Way, the drawdown of Craig Joint Theater Hospital has meant...something. CJTH, long the largest US operated hospital in Afghanistan, has been central to the active duty experience of a generation of Air Force medical personnel. For some, the time spent there working day and night to save the lives of injured US and Coalition Forces has made us who we are- as surgeons, as military officers, and as people. For others, the pain and suffering witnessed there have collapsed some part of us under the terrible weight of grief and loss.

For most of us, it has meant a bit of both.

I walked through Warriors' Way in 2018, long after the worst of the war had passed, at a time when many friends and family members back home were surprised to hear we were "still over there." My time there wasn't what I had expected; wasn't like what my mentors had described. That was probably a good thing, in a lot of ways.



It wasn't all trauma, all the time. There was, for instance, an American contractor with Fournier's gangrene, and another with an aortic dissection. There was the Afghan woman with chorioamnionitis, and the Afghan man with stage III melanoma. Just like at home, there was very little predictability in my day.

I also watched a lot of Netflix and found time to teach myself to knit.

I wasn't there for that long, and I never trod outside the wire. I didn't fire a weapon, or ride in a helicopter. I didn't win a Bronze Star or earn a Purple Heart. I didn't single-handedly save anyone's life.

But I lived, ate, slept, and worked in Craig Joint Theater Hospital.

So did many surgeons before me and a few surgeons after me. There are a lot of service members--doctors, nurses, RTs, EMTs, PAs, NPs, veterinarians, and dentists--who spent time there, but I think even most of them would admit that what we trauma surgeons did there was different. We touched every patient. We went to every room. We provided every phase of care.

As a result of that central role surgeons held in the life of CJTH, we all came home *different* in some way. We are our own little fraternity. The rush is over. The door to that hallowed group is quickly slamming shut to new members. But our *fraternité* will live on.





## Legacy of CJTH (con't)

### LTC Philbert Van, MC, USAR

While I have previously been deployed to Afghanistan multiple times, I was never officially assigned to Craig Joint Theater Hospital (CJTH) at Bagram. The Role 3 hospital was always there for our FST/GHOST teams to provide advice or to accept a patient in transfer. However, it wasn't until my most recent deployment in the summer of 2021, after President Biden announced the withdrawal of US forces from Afghanistan by 11 SEPT, that I had an opportunity to work and live in CJTH.

On 14 JUN 2021, a ceremony was held to retire the large US flag displayed on the ceiling of Warrior's Way (the outdoor entrance area to CJTH). As more than a dozen servicemembers and civilians folded the flag, I couldn't help but wonder how many injured and medical personnel had passed underneath the flag over the many years. And how the end of an era was quickly approaching. Until the day of the ceremony, I hadn't given much thought to the origins of the hospital name. But afterward, I read about SSG Heathe Craig and learned of his dedication, courage, and selfless service in caring for the wounded—a reminder of what a true hero is.

After the Air Force medical and surgical teams left CJTH and handed over the "keys" to our small resuscitative/surgical team, we became responsible for the medical and surgical care of the rapidly shrinking population of military servicemembers and contractors at Bagram. Fortunately, we were augmented by a few Air Force medical personnel and Army medics. With inpatients long gone from the hospital, we provided sick call and COVID testing, and the capability for urgent resuscitation and damage control surgery. It was a surreal and eerie feeling, wandering the halls of a largely vacant hospital, with the majority of the rooms already sealed off.

Under the cover of darkness, several hours prior to the exfiltration from Bagram, we shouldered our rucksacks,

piled our medical and surgical gear onto rickshaws, turned out the lights, and quietly left Craig Joint Theater Hospital for the last time—good night and good luck.

The Craig Joint Theater Hospital will almost certainly have a complicated relationship with history. For some in the local Afghan population, it provided healthcare services that unquestionably would not have been available otherwise. For the embedded airmen, sailors, and soldiers, it was the arena in which their skills as medics were sharpened. For others who arrived as patients, it will no doubt remain one of the memories most closely tied to their wounds. But *legacy* is something fundamentally different from *history*, as legacy arises not out of institutions, but from the people that comprise those institutions. Those who served CJTH served honorably, through immeasurable personal sacrifices, and delivered time and again on their oaths, "Into whatever houses I may enter, I will go into them for the benefit of the sick."

This is the legacy of the SSG Heathe N. Craig Joint Theater Hospital, and how history will undoubtedly memorialize it. The brave warriors who walked its hallowed halls for 15 years knew that they, too, might be asked at any moment to make the ultimate sacrifice for the sake of the wounded.

### **And none backed down.**





## How the Excelsior Surgical Society Can Support and Advance Women in Military Surgery

By LTC Dawn Coleman, USA

Asked to speak on issues challenging contemporary women military surgeons, I first rejected the notion that my perspective as a reserve surgeon accurately reflects the collective of those women presently serving in our Armed Forces and the Excelsior Surgical Society at large. With continued deliberation, however, I realize my voice may offer a unique framework for comparison and gratitude which I present to you herein.

For background, I have the privilege of working at a premier academic institution (Go Blue!) as an Associate Professor of Surgery. My Department is on the vanguard of helping to change the culture of American Surgery with its [Michigan Promise](#) - a pledge of support to each individual to achieve their full professional and academic potential. I do most days at work what I love, consistently supporting the classic pillars of academic medicine. I have been well-mentored and well-sponsored by both men and women, and I have found ample opportunity to lead and to advance academically. Nonetheless, I too have experienced and witnessed some of the well-described sources of gender inequity and feel compelled to highlight opportunities for improvement in both academic and military surgery.

It is perhaps my greatest privilege to serve the United States as a LTC in the USAR, to defend our Constitution at the highest level, and to provide the requisite and world-class surgical care that our wounded warriors are due. The Army challenges me with clinical scenarios and conflict that I would not otherwise navigate. Across each of my deployments to date I have witnessed profound strength, camaraderie, selfless sacrifice, and courage that transcends rank, language and societal custom. I will remain forever indebted to the men and women I have had the true honor to serve alongside, care for, and learn from and I will continue to serve because I am certain this experience makes me a better surgeon, a better leader, a better wife, a better mother, and a better human.

### ESS Staff Updates

» Garrett Kirk, MHSSPACS Program Manager, and 2LT Johnathan Trent, MHSSPACS Administrative Coordinator, have continued to support the Excelsior mission at every turn. With 2LT Trent's return from his training, we said farewell to Jennifer Gregory, who was a tremendous help to our organization during this difficult year. The team's accomplishments this year will be highlighted at the Business Meeting coming up during our usual meeting time on the 3<sup>rd</sup> Friday of September. Needless to say, it was a very busy, but ultimately very satisfying year. Thanks to all of you...the heart and soul of ESS...for making this such a great organization!



On left: Program Manager Garrett Kirk with faithful friend and companion, "Shiloh." On right: Program Coordinator (and army reservist) Johnathan Trent.





In the area of gender, the US Military has collectively made significant progress toward diversification supported by military ethos and efforts to limit discrimination across all service branches. Gender *integration* in the military occurred early relative to other career fields, and more recently gender restrictions on military career fields have been lifted (i.e. women are no longer excluded from any combat mission). Salaries based on rank and time in rank eliminate the potential for a gender pay gap.

Yet women represent only 16.5% of the active military workforce according to the Government Accounting Office. The gender gap in military medicine is significantly smaller, and efforts to address this gap have yielded positive results. USU medical school graduates entering surgery increased from 21% to 39% between 2002 to 2012 (*Am J Surg*, 2014. **208**, 550-5 and *Mil Med*, 2019. **184**, 383-7). Moreover, among 2014-2018 ERAS applicants that matched into Army General Surgery programs, 44% were female with females matching at a statistically higher rate than men (*J Am Coll Surgeons*, 2020. **231**, S175). Academic advancement appears to have lagged behind these trends, though. In 2017, women comprised 20% of Army surgeons, 24% of Navy surgeons and 23% of Air Force surgeons, yet only 14% of these military surgeons held USU academic appointments (*Mil Med*, 2019. **184**, 383-7). Moreover, these data indicate a growing gap with increasing academic rank in comparison to our

civilian counterparts (**Table 1**).

Considering the underrepresentation of women in faculty positions, recent efforts within the Department of Surgery at the Uniformed Services University of the Health Sciences have offered model for the active promotion of diversity across the DOD. Spearheaded by Dr. Gary Wind, a Professor of Surgery, the strategy focuses on encouraging graduating residents to immediately apply





for Assistant Professor in an effort to maximize their time in grade in anticipation of promotion, while simultaneously providing a narrative description of criteria for promotion to Associate professor proactively. Further, special attention is given to female faculty members who are nearing sufficient time in grade to warrant promotion in an offer of assistance.

The payoff has been a modest, but noticeable, increase in the rate of female appointments to the faculty of the Department of Surgery at USUHS over the past decade. For the most recent academic year (2020-2021), women accounted for 36% of the initial appointments to Assistant Professor, 26% of promotions to Associate Professor, and 10% of those to full Professor (**Figure 1**). The keys to implementing an effective strategy for fostering increased gender diversity in both military and civilian environments are an institutional culture that values this diversity as a priority, a charismatic and committed “champion” to organize, lead, and measure progress toward achieving that value, and the identification of specific and measurable benchmarks in pursuit of diversity.



LCDR Lyndsey Wessels (US Navy)

Diverse teams produce better health science with broader impact. Cognitive diversity offers a performance advantage, improving collective understanding and optimizing high-complexity problem solving (*J Vasc Surg*, 2021. 74, 86S-92S). Thus, to ensure apt and ready medical force to support Military service members and their families and ultimately, to retain a competitive advantage over our enemies, we must continue to support efforts to continue to close the gender gap in military surgery and enhance the recruitment and retention of diverse talent (**Figure 2**). Institutions such as the Excelsior Surgical Society should prioritize strategies and devote the requisite resources to counteract these barriers to the promotion and leadership advancement of women in academic surgery and the Military at large.

**Table 1: Department of Surgery by Academic Rank.** Total number of women in the rank and percentage of female representation at AAMC and USU, 2015-16.

Female Representation Across Academic Rank					
	<i>Instructor</i>	<i>Assistant Professor</i>	<i>Associate Professor</i>	<i>Full Professor</i>	<i>Total (All Ranks)</i>
<b>AAMC</b> (n=12,132)	178 (31%)	1,330 (24%)	479 (17%)	279 (9%)	2,305 (19%)
<b>USU</b> (n = 1,063)	11 (23%)	129 (15%)	7 (6%)	2 (4%)	149 (14%)

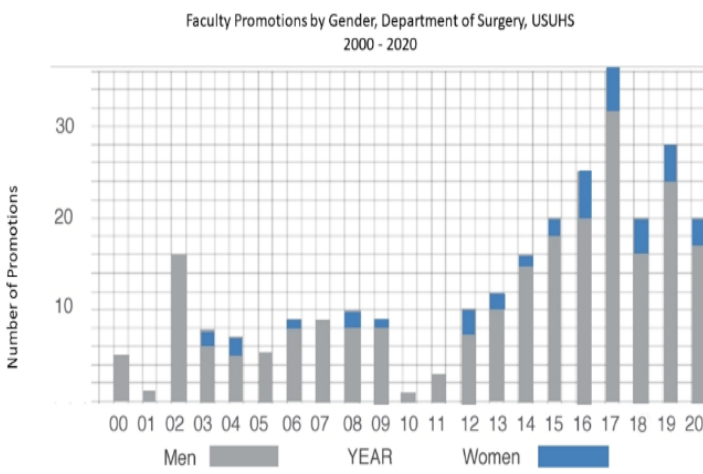
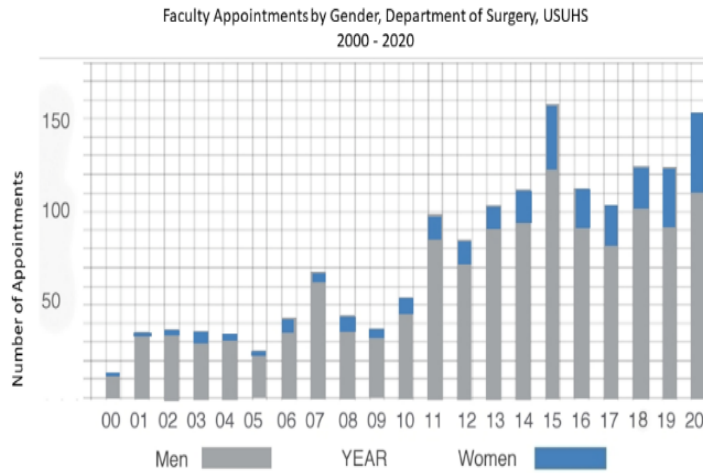
[AAMC = Association of American Medical Colleges; USU = Uniformed Services University; adapted from Herrick-Reynolds et al. *Mil Med*, 2019].





## Women Surgeons and the ESS (con't)

**Figure 1:** Faculty appointments (*top graph*) and promotions (*bottom graph*) by gender, Department of Surgery, USUHS, 2000-2020.



MAJ Joon Shim (US Army) during deployment.



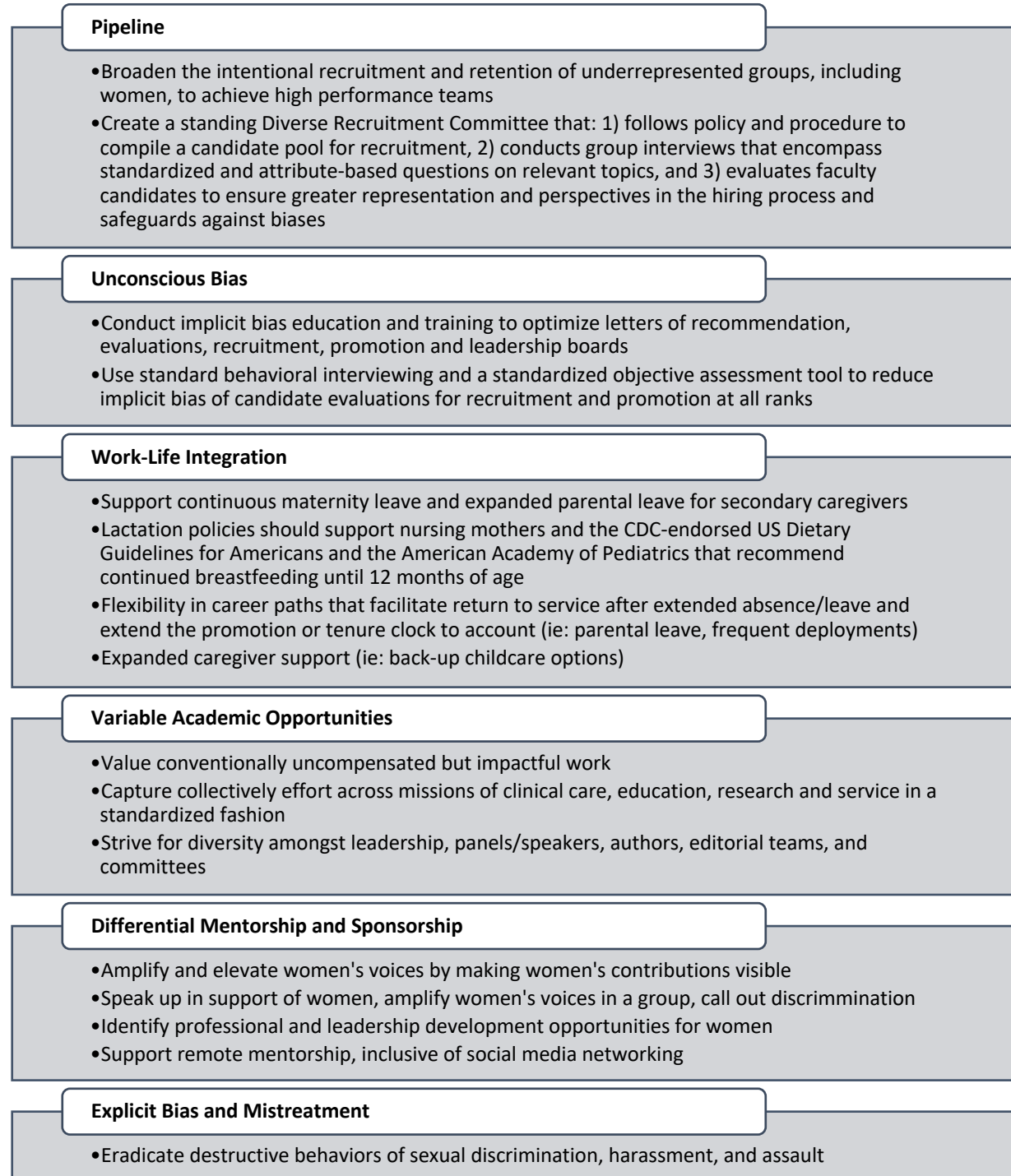
LTC (US Army) Farah Husain poses with personalized marker on deployment.

The Excelsior Surgical Society would like to acknowledge Dr. Gary Wind, Professor of Surgery, Uniformed Services University of the Health Sciences, for his contribution of data and figures featured in this article.





**Figure 2: Gender Inequity Sources and Proposed Combative Strategies** (\*not a comprehensive list)



Adapted from Thompson-Burdine et al. *JAMA Netw Open*, 2019 and Coleman DM and Telem DA. Women in Surgery. In: Mullholland MW and Newman EA, eds. *The Diversity Promise: Success in Academic Surgery and Medicine Through Diversity, Equity, and Inclusion*. Philadelphia, PA: Wolters Kluwer; 2021.





## ESS COMMITTEE UPDATES

### Program Committee

**Chair:** Col Todd Rasmussen, ESS President  
**Co-Chair:** LTC Danielle Holt, ESS Vice President  
**Executive Council Member:** Col Todd Rasmussen

The Program Committee has been hard at work planning the virtual ESS Symposium for 2021 and the future 2022 Symposium. The pivot back to a virtual format presented some challenges, but our committee and the administrative team of Garrett Kirk and LT Jonathan Trent worked through them to present what we hope will be another successful gathering of our members, friends, colleagues, and special guests. We are working closely with the College to make sure the ESS Symposium is listed in the program book for 2021 and beyond to increase awareness of our activities and educational offerings to the broader College membership. The tri-service Region 13 Trauma Papers Competition will be conducted virtually during the ESS Symposium. This year, we are thrilled to welcome Dr. Melina Kibbe as our Army Major John P. Pryor lecturer during the ESS Symposium and Dr. Allan Kirk as the Edward D. Churchill lecturer during the Clinical Congress proper.

As many of you know, we also sought to increase our engagement of the broader ESS membership through a series of monthly webinars. These covered a range of topics from pragmatic clinical talks on the management of colorectal emergencies to career broadening topics on the various guard and reserve options available to surgeons. We hope you were able to join us for some of these webinars that included not only a lecture but an opportunity for ESS member to connect on a regular basis throughout the year. Please provide us your feedback on this new offering, or your interest in leading a webinar discussion by e-mailing [excelsior@facs.org](mailto:excelsior@facs.org).

### Diversity, Equity, & Inclusion Committee

**Chair:** MAJ Michelle Buehner  
**Co-Chair:** MAJ Chonna Kendrick  
**Executive Council Member:** LTC Danielle Holt

This committee serves to address issues unique to minority surgeons serving in the Armed Forces and to promote an inclusive program and membership. The Diversity & Inclusion Committee developed a survey for our members to better understand the groups' demographics and ascertain if there are biases within our medical groups. We received some great feedback, but less than a quarter of our members responded. Our committee is hopeful we can get more responses in the future. In December of 2020, Dr. Bowen from BAMC led a compelling webinar on interactive listening and how to address DEI challenges within our clinical practices. Goals of the future are to continue creating an environment to encourage all our members and work on ways to eliminate bias/discrimination in our military health system.





## ESS COMMITTEE UPDATES (cont.)

### Membership Committee

**Chair:** LTC Danielle Holt

**Co-Chair:** LTC Jamison Nielsen

**Executive Council Member:** MAJ Mary T. O'Donnell

The Membership Committee (formerly the Finance Committee) focused on its dual responsibilities of preserving the organization's financial wellbeing and serving members' needs. This past year presented both challenges and opportunities in the setting of COVID restrictions. In response to interests of the membership the Membership Committee organized and moderated a webinar entitled "*Military Civilian Partnerships: The Good, the Bad, and the Ugly.*" It is anticipated to continue into further discussions involving the future of military surgery and role our civilian partners will play. The committee continues to provide stewardship of legacy funds and encourage increased participation. There is a shared commitment to not simply increase the number of members, but to ensure that the ESS is responsive to their interests and provides an equitable forum.

### Mentorship Committee

**Chair:** LTC Sue Gillern

**Co-Chair:** MAJ Maggie Gallagher

**Executive Council Member:** Col Todd Rasmussen

The Mentorship Committee provides resources for the education, residency, and professional development needs of future and current military surgeons. The committee has focused on building and expanding our network of military surgical providers as well as providing mentorship throughout their careers. This year, the Mentorship Committee continued to reach out to all military medical students at both USUHS and civilian medical schools with an interest in a surgical career. We hosted an Excelsior Surgical Society webinar with General Surgery program directors from all services. This webinar was attended by over 100 HPSP and USUHS students, helping to showcase our training programs and provide information to students. This was especially helpful given the current pandemic and some limitations in travel and student rotations. The Committee has been working to pair students with military surgical mentors who will work with the students as they advance through medical school and residency. The ESS Surgical Interest Facebook Group has continued to be a place for students to ask questions and network with the military surgical community. Please feel free to join the "Excelsior Surgical Society Mentorship and General Surgery Interest Group" and provide insight to these students!





## ESS COMMITTEE UPDATES (cont.)

### Mentorship Committee (cont.)

The Mentorship Committee has also been working to re-start the Senior Visiting Surgeon program that was so invaluable during OIF and OEF. We continue to work on developing a Visiting Professor-type experience for reciprocal visits between senior military and civilian surgeons with the goal of restarting this program in 2021. The Committee looks forward to further building upon invaluable military-civilian relationships.

### Outreach Committee

**Co-Chair: LCDR Pam Choi**

**Co-Chair: LCDR Luke Johnston**

**Executive Council Member: Col Jeremy Cannon**

With another year of COVID-enforced social distancing and virtual meetings, the Outreach Committee has remained dedicated to its mission of bringing our community together while forging new connections. We established partnerships with the military components of other military surgical societies including the Association of Academic Surgeons, Association of Women in Surgery, and the Eastern Association for the Surgery of Trauma. New committee member and incoming chair, James Wiseman, has also expanded the Excelsior Surgical Society social media footprint by reviving military spotlights, highlighting the academic publications of military surgeons, as well as featuring important military medical figures from history. As a result, engagement and interest among junior residents and medical students has increased.

The committee continues to seek new and compelling media for presenting the Excelsior Surgical Society to the public. If you are on Twitter, be sure to follow us (@ExcelsiorSurg)! Future plans include monthly HPSP student highlights, and a “Tweetorial” on women military surgeons, a cooperative undertaking with AMWA and AWS.

We are also working with the Membership Committee to devise strategies for converting our Twitter/Facebook followers into members. Specific plans in this realm are just starting to take shape, so stand by!

Please check the web site throughout the year as we add new content: [www.facs.org/military](http://www.facs.org/military).





## Research Committee

**Chair:** CDR Matt Bradley

**Co-Chair:** MAJ Jason Bingham

**Executive Council Member:** Col Todd Rasmussen

The Research Committee moderates the Region 13 ACS Committee on Trauma (COT) paper competition as well as a military-specific session during the Scientific Forum portion of the Clinical Congress. This year's ACS COT Region 13 Paper Competition will be held during the Excelsior Surgical Society Symposium on Sunday, October 24, 2021. Please plan to join us in support of the investigators who have spent so much time and effort seeking to advance the science of military surgery.

This year, the Research Committee established the [Military Surgery Research Collaboration | Facebook](#) group. This closed Facebook group is meant to promote collaboration, improve communication, and tear down the information silos that currently exist between researchers within the DoD. We encourage all members to log on and participate in the conversation. Additionally, the Research Committee is exploring opportunities for Military-Civilian research partnerships with leaders at several large academic institutions. We hope to have more details on this exciting initiative very soon.

## ESS SERVICE UPDATES

### US Army

COL Jennifer Gurney

Hello fellow Army surgeons. If the last year has shown us anything, it is that we can continue to adapt and adjust to changing times in the US and overseas. While the COVID pandemic has helped us learn to better leverage virtual platforms (and how to not look silly on Zoom) – it has also injected some challenges with collaboration and protected times for academic meetings. I personally have to that the ESS leadership/membership for helping me work on our lines of effort in 2020 when my 5-month deployment turned into a 13-month deployment. In the deployed environment, COVID brought forth an interesting set of challenges and I'm sure, as many of you saw in the States and in civilian centers, surgeon leadership was more important than ever. The JTS continues to work closely with the ESS, MHSSPACS, and the Army MEDCOM leadership to advance mil-civ partnerships. Army efforts with partnerships and training standardization have been led by many members of Excelsior; our membership has been very successful in working with Army MEDCOM (thanks Danielle, Tyson, Vance, Kirby, etc!!) to drive change. Everyone who reads this should encourage their surgical colleagues to join the Excelsior Surgical Society – working together as an organization and a team, we can continue to impact change from every angle. Look forward to seeing everyone again when we are (finally) on the other side of the pandemic.





## ESS SERVICE UPDATES (cont.)

### US Navy

CDR Matthew Bradley

The Navy continues to grow its membership through social media outreach. We continue to promote collaboration through our Research and Mentorship Committees and look forward to connecting with the ESS during the ACS Symposium.

### US Air Force

Lt Col Scott Zakaluzny

During this time of transition the USAF is leveraging the resources of selected MTFs and our robust mil-civ partnerships to ensure our surgical community remains ready and able to provide the highest quality Combat Casualty Care anywhere and anytime at a moment's notice. We will keep our eye on the ball: readiness must be our highest priority.

### Reserve/National Guard

CDR Jacob Glaser

The Reserve component has spent the last year 'Designing the Force' as part of a strategic realignment to support the expeditionary mission. Surgeon staffing in the reserves continues to be low, with efforts underway to increase the retention bonus and decrease mobilization length. As discussed in our recent Webinar, "*Coming in For a Landing: Reserves, Retirement, and Life after Active Duty*," intentional engagement with the ESS, to include educating members on transition from active duty and civilian life into the reserves, continues to be a critical step to positively influence the future of our specialty and support the Reserve mission.

### Civilian

COL (Ret) Maggie Brandt

I think the original Excelsior Surgical Society (ESS) did not survive into the 21st century because there was hope that it would not have relevance in the aftermath of World War II. Unfortunately, that was not so. The reboot of this society has been a great opportunity for military surgeons to socialize and to learn from each other. Activities of the ESS as a chapter of the American College





## ESS SERVICE UPDATES (cont.)

### Civilian (cont.)

of Surgeons (ACS) is a splendid way to maintain the visibility of military surgeons to members of the College and a way for us, as military surgeons, to contribute our unique fund of knowledge to the ACS. Few civilians are aware of the many service members who remain in down range and in harm's way.

I am proud to have served this society as the Civilian Councilperson-at-Large. My term ends this year. This dynamic society has grown and matured as a result of a lot of work done in a short time. I hope this is only a beginning of a vibrant surgical society that will continue to contribute to the advancement of quality surgical care and be a home for military surgeons in every stage of their career well into the future.

