Introduction: The Role of the Pediatrician in Military Medicine

The year 2009 marked the 50th anniversary of the establishment of the Section on Uniformed Services of the American Academy of Pediatrics (AAP). In April 1959, the AAP’s Executive Board voted to approve the Section’s creation, an idea that was conceived nearly 2 years earlier by an army pediatrician named Major Bedford Berrey, who saw the need for an organization within the AAP’s larger umbrella that would advocate for both the unique needs of the military pediatrician as well as those of the military child and family. Counting 25 initial members from the army, navy, air force, and public health service, the Section on Military Pediatrics, as it was originally chartered, held its first organizational meeting in October 1959 at the AAP’s annual conference in Chicago, Illinois.1

Today, the Uniformed Services Section has grown to be the ninth largest section in the AAP, numbering over 900 members who practice not only in military facilities within the United States but in locations around the world from Europe to Asia, and from the Middle East to the North Pacific. Its members include military pediatric residents, new pediatricians embarking on their first tours of duty after residency, experienced clinicians and academicians throughout the military health care network, and even current and past CEOs of the AAP itself. In conjunction with the 2 military chapters of the AAP—Uniformed Services Chapter East and Chapter West, which were created in 1981 to give uniformed pediatricians equal voice in the creation and modification of policy within the AAP—the Section on Uniformed Services has been a vocal advocate for the children of military service members and the pediatricians who care for them in each of the last 6 decades.

Although the initial idea behind publication of this supplement was to commemorate the Section’s 50th anniversary, our goal has since expanded to include 5 separate articles that each reveal an important aspect of the history of military pediatrics—a legacy that predates the Section’s creation by over a century. We start with an overview of the past, present, and future state of the military family and the health care system that has evolved to take care of those families, from army surgeons who tended to the spouses and children of soldiers during the settlement of the western frontier in the 19th century to the present day worldwide network of military treatment facilities, which oversee the care of over 2 million children.2 From there we present the history of the military’s graduate medical education programs, which began at Chelsea Naval Hospital in Massachusetts in 1946, only 13 years after the creation of pediatrics as a board-certified specialty in 1933. The growth of these programs, in addition to the later opening of the Uniformed Services University of the Health Sciences in 1972 as the only federally run medical school in the nation, became key elements in the development, sustainment, and retention of a vital military pediatric
workforce during the modern era of the all volunteer military. The following 2 chapters focus on areas where military pediatricians, by virtue of both the unique environment that they worked in as well as the populations they took care of, made particularly significant contributions to pediatric medicine, specifically in the fields of neonatology and pediatric infectious disease. Although not intending to be comprehensive in their coverage, these chapters nevertheless tell the important story of how military pediatricians working in a setting supportive of academic inquiry led to important discoveries for the benefit of children not only within the military but for those around the world. And lastly, our final chapter on pediatricians at war details the little known yet interesting account of pediatricians who have served in times of conflict, from the Spanish-American War at the close of the 19th century to the hundreds of pediatricians who have deployed to Afghanistan and Iraq at the dawn of the 21st century.

While putting together these articles, we were well aware that we could not cover all aspects of military pediatrics and its broad and significant history. Instead, we hope that these narratives highlight some of the more interesting aspects of the military pediatric legacy in commemoration of the first 50 years of the Section on Uniformed Services—from the evolution of what is now a comprehensive, worldwide network of pediatric care to the creation of new resources to meet the unique needs of a current generation of military families; from innovations in medical education to the birth of neonatal ventilation; from the dawn of clinical immunology to present day pediatric immunotherapy; and from the grim theaters of war and conflict to humanitarian settings around the globe. It is indeed a fascinating story, and one that the authors and I hope you enjoy reading as much as we have enjoyed assembling.

REFERENCES

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