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The AAP Section on
Critical Care
25th Anniversary
1984–2009

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History

1984 Ronald Reagan is reelected president. Apple introduces the first Macintosh, Bruce McCandless makes the first untethered space walk, and after 37 weeks Thriller is knocked off as top album by Footloose.

The Society of Critical Care Medicine (SCCM) has a small but growing group of pediatric intensivists within its membership that parallels the growing understanding of many pathophysiologic states in critically ill children. Many pediatric physicians are practicing critical care across the country without an organizational home in the American Academy of Pediatrics (AAP).

Dr James Orlowski wrote a letter in 1981 requesting the formation of a section of pediatric critical care or intensive care medicine within the AAP. Discussions followed to determine whether to allow pediatric critical care medicine (PCCM) to become a separate section in the AAP or for it to be absorbed into one of several existing sections including anesthesiology, emergency medicine, or diseases of the chest. The anesthesiology section had even proposed to change its section name to Anesthesiology and Intensive Care Medicine to allow practitioners of PCCM into an AAP section.

A special meeting of interested AAP sections chaired by Dr Russell Raphaely was held at the airport in Chicago, IL, on February 16, 1983, where it was determined that a separate section of critical care medicine be formed. Other meeting participants included Drs Alvin Hackel, Peter Holbrook, Donald Taylor, and David Todres. At the AAP Executive Board Meeting in Arizona in March 1984 it was recommended that a new Section on Critical Care (SOCC) be formed. The recommendation was approved and SOCC became the 21st section in the AAP; by 1987 there were 313 SOCC members listed in the AAP directory.
The first official SOCC Executive Committee was 1984–1985
Russell C. Raphaely, MD, Chairperson  Michael Matlak, MD
Samuel Albert, MD  Fernando Stein, MD
John Brooks, MD  Peter Viles, MD

The initial SOCC bylaws had 6 general objectives, including 1) improve the care of children with or who are at risk of sustaining life-threatening single- or multiple-organ system failure caused by injury or disease, 2) provide a forum for the discussion of problems relating to critical care medicine in infants and children, 3) stimulate research in and the teaching of PCCM, 4) disseminate knowledge of PCCM through AAP channels to the medical profession at large, 5) stimulate programs for education of non-professionals in the field of PCCM, and 6) serve as consultants to the Executive Board of the AAP and make recommendations for programs and actions on matters relating to the care of critically ill infants and children.

Over the years, many of the foremost figures in the field have had leadership roles in the SOCC. In addition to the original founders of the SOCC Executive Committee, there were many other pioneers in the field such as Drs Jack Downes and George Gregory. While it would be impossible to acknowledge them all, the following is one anecdote from Dr Ashok Sarnaik:

“I was inspired by Dr Downes (and he didn’t even know me) and got him to autograph my Nelson’s. In March 1972, a dying newborn with hyaline membrane disease was cared for by me as a lone first-year resident. I had the most powerful tool to treat him with: Dr Gregory’s [New England Journal of Medicine] article on [continuous positive airway pressure]. The boy survived and he currently captains a commuter ship off Hilton Island.”

Current members of the SOCC owe a great deal of gratitude to the early leaders in the field, as it was their vision and perseverance that has allowed the SOCC to become what it is today.
Board Certification

During the early 1980s, efforts concerning certification in critical care focused on a non-specialty–based certification process. The concept was that critical care spanned subspecialties, and that there were sufficient commonalities between adult and pediatric, medical and surgical, principles of critical care that this would be viable. However, by 1985, it became apparent that this multidisciplinary approach had no practical means of implementation, and sub-board certification was immediately pursued in several subspecialties, including pediatrics. The first subspecialty examination in pediatric critical care was offered in July 1987, taken by 242 individuals, with 182 becoming certified in that year. There have been 10 subsequent certifying examinations offered, being taken by as few as 151 and as many as 281 people each. Currently the American Board of Pediatrics (ABP) lists 1,668 individuals as certified in PCCM, with 1,528 of these individuals in the United States.

First Sub-board of Pediatric Critical Care Medicine, May 1989.
Top: Michael Johnston, Peter Holbrook, Andrew Urbach, Howard Eigen, Mark Rogers
Bottom: George Lister, Dan Levin, Brad Fuhrman, Tom Green
Current Status

Fast-forward 25 years...the SOCC now has 724 members and an 8-member Executive Committee including the immediate past chair and a critical care post-residency training fellow. The fellow position was established in 2004 to gain insight on PCCM issues from those in training and to foster future leadership. The current SOCC chairperson is Dr Donald Vernon. The Executive Committee also includes non-voting but equally important positions for program chair, awards chair, nominations chair, membership chair, newsletter editor, and Web site editor. The SOCC has liaison relationships with AAP national committees, sections, and councils as well as liaisons from outside organizations, including the AAP Committee on Coding and Nomenclature, AAP Committee on Pediatric Emergency Medicine, AAP Section on Anesthesiology and Pain Medicine, AAP Section on Transport Medicine, American Association of Critical-Care Nurses (AACCN), SCCM, and World Federation of Pediatric Intensive & Critical Care Societies (WFPICCS). The SOCC also now invites affiliate members to join it. Affiliates may be health professionals in a related field (ie, registered nurses, nurse practitioners, respiratory therapists, and physician assistants) who are actively involved in some aspect of the study or care of critically ill infants, children, or adolescents.

Mission

The current mission of the SOCC is to optimize the care of critically ill infants, children, and adolescents through the educational and professional support of its members. The SOCC vision is to ensure that all children have access to high-quality, evidenced-based critical care services provided by well-trained, compassionate, ethical pediatric intensivists.

We believe

- Children deserve access to the highest quality critical care.
- Pediatric intensivists are best qualified to provide such care by directing the multidisciplinary health care team.
- The SOCC is the primary organization dedicated to advancing these values.
We will achieve our mission and realize our vision through
1. Education of our members, other members of the critical care community, the general pediatric health care community, and the public regarding critical care prevention and treatment.
2. Advocacy on behalf of children in need of critical care and on behalf of the providers of critical care to achieve equity of access to critical care for all children.
3. Work to optimize the number and distribution of the critical care pediatric workforce.
4. Encouraging critical care physicians to develop and sustain careers in research, leadership, and advocacy.
5. Work to ensure the quality of pediatric critical care.

Advocacy

The SOCC is an active advocate for children who need critical care as well as the specialists who provide this care. Advocacy for children has come in the form of AAP Board-approved statements authored by the SOCC and published in Pediatrics to provide guidance for the care of children. These include

“Admission and Discharge Guidelines for the Pediatric Patient Requiring Intermediate Care”
*Pediatrics*, May 2004 (reaffirmed 8/08)
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;113/5/1430.pdf

“Guidelines for Developing Admission and Discharge Policies for the Pediatric Intensive Care Unit”
*Pediatrics*, April 1999—joint with SCCM (reaffirmed 9/05 and 8/08)
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;103/4/840.pdf

“Guidelines and Levels of Care for Pediatric Intensive Care Units”
*Pediatrics*, October 2004—joint with SCCM (reaffirmed 8/08)
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;114/4/1114.pdf

Erratum: *Pediatrics*, August 2005
http://aappolicy.aappublications.org/cgi/reprint/pediatrics;116/2/524.pdf
Other SOCC statements under development will address the continuum of care of critically ill and injured children from the emergency department to the pediatric intensive care unit, neurological death of children in intensive care, pediatric organ donation and transplantation, and sedation of critically ill children. A fact sheet for parents titled “What is a Pediatric Critical Care Specialist?” is available via the AAP Web site at www.aap.org/sections/critcare/Whatiscritdoc.pdf. The SOCC also provides technical review of draft statements where critical care input is needed as well as for guidelines and documents developed by groups outside the AAP. Recently SOCC endorsed AACCN Standards for Establishing and Sustaining Healthy Work Environments.

Advocacy for pediatric intensivists occurs via collaborative efforts within and outside the AAP. For example, with the help of SOCC members, the section was instrumental in working with the AAP Committee on Coding and Nomenclature to gain American Medical Association (AMA) Current Procedural Terminology (CPT®) Editorial Panel approval for establishment of new global CPT codes for pediatric critical care based on age. Dr David Jaimovich was one of the SOCC champions in this regard. In addition, the SOCC provides input to the Federation of Pediatric Organizations and oversees identification of critical care representatives appointed to the Council of Pediatric Subspecialties. Current SOCC representatives to the council are Drs Richard Mink and Christiane Corriveau.

Advocacy surrounding workforce issues will likely become increasingly important in the near future. Despite the roughly 100 new intensivists who graduate from fellowship programs each year, there appears to be more job openings than people to fill them—a situation created by increasing demand, the advent of in-house call, and the increasing number of intensivists needed for the emerging area of pediatric cardiac intensive care. Several SOCC members have been involved in advocacy efforts to address this possible upcoming workforce crisis through action with such groups as the Council of Pediatric Subspecialties.

The SOCC has also established a cadre of chapter liaisons to facilitate communication from the national to the state chapter level as well as
provide feedback to leadership on grassroots issues. Communication and networking between SOCC members is further enhanced via utilization of other vehicles such as the SOCC Web site, electronic mailing list, and biannual newsletter. The current newsletter editor is Dr Mary Lieh-Lai. Previous editors were Drs Otwell Timmons, Niranjan Kissoon, Timothy Yeh, Brahm Goldstein, and Kristan Outwater. The SOCC also shares information with other intensivists via PedsCCM.org: The Pediatric Critical Care Web site, currently edited by Dr Barry Markovitz.

**Education**

The SOCC sponsors a 1½-day program each year for SOCC members during the AAP National Conference & Exhibition (NCE) that includes presentation of scientific abstracts, posters, professor walk rounds, educational lectures on clinical and administrative issues, and an SOCC business meeting. Through the AAP, the SOCC implements an annual call for abstracts and, based on grading by a review committee, typically accepts the top 10 for oral and the next 18 for poster presentation. All accepted abstracts are published in *Pediatric Critical Care Medicine*. For this year’s program, 51 critical care abstracts were submitted. The current SOCC program chairperson is Dr John Straumanis. Previous program chairs were Drs James Fortenberry, Brahm Goldstein, Niranjan Kissoon, M. Michele Moss, Kristan Outwater, and Timothy Yeh. It is believed that the first official SOCC educational program was held during the October 1985 AAP Annual Meeting; Dr Daniel Levin was program chair.

Joint programs with other AAP sections on topics such as child abuse, disaster management, organ donation, chronic illness, critical care transport, and malpractice have also been successful. In addition, programs geared for the general pediatrician have been sponsored by the SOCC on issues such as early recognition of the critically ill child and resuscitation guidelines. For several years the SOCC sponsored a mini-resuscitation workshop with hands-on skills practice. In addition, the SOCC has sponsored, as a pre-conference to the AAP NCE, a 1- to 1½-day course for in-training fellows and junior faculty on preparing for life in academics directed by Dr Stephen Schexnayder in October 2003 and 2005 and Dr Mary Lieh-Lai in 2007.
The SOCC has also sponsored 2 pediatric critical care coding courses geared toward intensivists—one in October 2002 during the Pediatric Critical Care Colloquium in San Diego, CA, and another in June 2003 before the World Congress on Pediatric Critical Care in Montreal. Both courses were directed by Dr Alice Ackerman. Plans are currently underway to work with the AAP Private Payer Advocacy Committee to develop a Webinar on pediatric critical care coding. Stay tuned.

Many SOCC members are involved in reviewing the literature to provide summary and review of critical care issues for AAP Grand Rounds. A pediatric critical care article is also featured yearly in the “Focus on Subspecialties” column of AAP News as an opportunity to educate all AAP members on a particular PCCM topic or issue such as family-centered care, patient safety, simulation, sepsis, and traumatic brain injury in this setting. In addition, SOCC members are also involved in educational initiatives of the SCCM and are often selected as faculty.

Finally, an exciting new offering, PREP® ICU, was launched by the AAP in January 2008 under the leadership and vision of Dr Otwell Timmons. The current editors are Drs Otwell Timmons, Jeremy Garrett, and Richard Fiser. PREP® ICU is an AAP online self-assessment continuing medical education program in pediatric critical care that focuses on the content specifications developed by the ABP for the Subspecialty Certifying Examination. With an annual subscription and access to approximately 8 peer-reviewed questions and critiques a month, the program provides up to 16 AMA PRA Category 1 Credit(s)” and also meets Part Two of the ABP Maintenance of Certification requirements for evidence of lifelong learning in pediatric critical care. This program was conceived through the SOCC Executive Committee and brought to fruition through financial support and staffing of the AAP Division of Scholarly Journals and Professional Periodicals and the dedication of an expert editorial board (in addition to the editors named above) of SOCC members including Drs Dana Braner; Susan Bratton; Edward Conway, Jr; Bradley Fuhrman; James Hansen; Mary Lieh-Lai; Anthony Pearson-Shaver; and Ann Thompson. Currently there more than 400 subscribers!
Research

The SOCC strives to promote an understanding of critical illness and injury in children by supporting fellows through clinical and laboratory research. Based on availability of outside funding, a $10,000 New Investigator Research Award is made available to SOCC members annually on a competitive basis. A list of research award recipients and project titles granted from 1996 to 2007 is provided under “Awards” on pages 12 and 13 of this booklet.

In addition, the SOCC participates in the Eunice Kennedy Shriver National Institute of Child Health and Human Development Pediatric Critical Care Scientist Development Program (PCCSDP)—a national faculty training program administered at the University of Utah School of Medicine and directed by Dr J. Michael Dean. The National Advisory Committee is composed of outstanding scientists and leaders in pediatric critical care and includes a current member of the SOCC Executive Committee, Dr Mary Lieh-Lai, as well as other SOCC members at large. The committee provides oversight for the program, selects applicants for funding as PCCSDP scholars, and provides mentorship for PCCSDP scholars. The training program is entering its sixth year, is intended to fund the very best young faculty to train in the most outstanding laboratory settings, and requires 5 years of commitment and participation from PCCSDP scholars and their institutions. Local training and mentorship are provided. Because of this support, most of the awardees have successfully obtained National Institutes of Health KO8 awards.
Awards

The SOCC sponsors several awards to recognize achievements and research in the field of critical care.

**Distinguished Career Award**

The SOCC Distinguished Career Award was established in 1995 and is an annual award of $1,000 intended to recognize significant career achievements in the field of pediatric critical care by senior leaders in the SOCC. This award is funded by the SOCC and is usually presented during the SOCC educational program at the AAP NCE. Award recipients include

2009  
Jerry Zimmerman, MD

2008  
Patrick Kochanek, MD

2007  
Ashok Sarnaik, MD

2006  
David Nichols, MD

2005  
J. Michael Dean, MD

2004  
Bradley Fuhrman, MD
2003
Ann Thompson, MD

2002
Daniel Levin, MD

2001
Murray Pollack, MD

2000
Russell Raphaely, MD

1999
George Lister, MD

1998
George Gregory, MD

1997
Peter Holbrook, MD

1996
John Downes, MD

1995
I. David Todres, MD

Note: Dr Todres passed away in September 2008.
New Investigator Research Award
The SOCC New Investigator Research Award was established in 1996 as a $10,000 award intended to allow an individual SOCC member during his or her pediatric critical care fellowship, or within 2 years of completing an accredited critical care fellowship, to gain research experience by conducting basic scientific or clinical research. The purpose of the award is to promote an understanding of critical illness and injury in children through clinical or laboratory research and is generally contingent on outside funding. This award is usually announced during the SOCC educational program at the AAP NCE and the study results presented at this same meeting the following year. Award recipients to date are indicated in the box that follows.

### AAP Section on Critical Care
### New Investigator Research Award

<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient</th>
<th>Title of Abstract</th>
</tr>
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<tbody>
<tr>
<td>1996</td>
<td>Heidi V. Connolly, MD</td>
<td>University of Rochester School of Medicine Rochester, NY</td>
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<tr>
<td>1996</td>
<td>Paula Ann Chorazy, MD</td>
<td>Medical College of Wisconsin Milwaukee, WI</td>
</tr>
<tr>
<td>1997</td>
<td>Jeannette C. Cocabo, MD</td>
<td>Washington University School of Medicine St Louis, MO</td>
</tr>
<tr>
<td>1998</td>
<td>JoAnne E. Natale, MD</td>
<td>Johns Hopkins Hospital Baltimore, MD</td>
</tr>
<tr>
<td>1999</td>
<td>Scot Bateman, MD</td>
<td>Harvard School of Public Health Boston, MA</td>
</tr>
<tr>
<td>Year</td>
<td>Recipient</td>
<td>Title of Abstract</td>
</tr>
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<td>------</td>
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</tbody>
</table>
| 1999 | Neal Thomas, MD  
Pennsylvania State  
University College of Medicine  
Hershey, PA | Collectins and Inflammation in Multiple Organ Dysfunction |
| 2000 | Sree Chirumamilla, MD  
Medical College of Virginia  
Children’s Medical Center  
Richmond, VA | Traumatic Brain Injury Induced Cell Proliferation in the Mammalian Central Nervous System |
| 2001 | Lara Primak, MD  
University Hospital of Cleveland  
Cleveland, OH | Vasopressin Antagonism Following Cardiopulmonary Bypass |
| 2002 | Melissa C. Evans, MD  
Medical College of Virginia  
Richmond, VA | Use of Protein Synthesis Inhibitors for Metabolic Down-Regulation in Shock |
| 2005 | Janet L. Rossi, MD  
Children’s Memorial Hospital  
Chicago, IL | The Role of Myosin Light Chain Kinase in Acute Lung Injury and Sepsis |
| 2006 | Eman Al-Khadra, MD  
Cincinnati Children’s Hospital Medical Center  
Cincinnati, OH | Role of Panton-Valentine-Leukocidin in the Virulence of Community-Associated Methicillin Resistant S aureus |
| 2007 | John N. Kheir, MD  
Children’s Hospital Boston  
Boston, MA | Use of Nanoparticles to Achieve Intravenous Oxygenation |
Scientific Abstract Awards
The SOCC accepts abstracts, oral and poster, for presentation during the SOCC scientific program each year at the AAP NCE. These abstracts must focus on topics impacting the clinical care of critically ill and injured infants, children, and adolescents, or other clinical and laboratory research of interest to the pediatric intensivist. Based on highest rank and scoring by an SOCC abstract review committee, 1 annual Best Abstract Award of $400 and 2 annual Physician in Training Awards of $200 are selected for presentation each fall during the SOCC program. Recipients for the latter must be a resident or fellow at the time of abstract submission.

Conclusion
As this is written, the specialty of PCCM has officially reached the age of majority, 22 years having passed since the first certifying examination was offered in the summer of 1987. At this point, one can reasonably submit that PCCM has passed through its childhood and adolescence, and is now in a stage of vigorous young adulthood. Indeed, as noted in a 2005 editorial in Critical Care Medicine, “No specialty has had to prove its worth like critical care medicine.” Studies have repeatedly shown that the presence and involvement of an intensivist leads to improvement in survival, resource utilization, and cost-efficiency in critically ill patients. The SOCC has been part of this development since the beginning, and its members have always been the same individuals instrumental in the progress of the subspecialty.

In the final analysis, then, one can only conclude that pediatric critical care is a vigorous, active, and maturing subspecialty. That is not to say there are no issues or uncertainties; we intensivists certainly appear to have been cursed to live in interesting times. But the specialty is of proved benefit in saving and improving the lives of critically ill children, with an expanding base of scientific evidence on which to base clinical practice. It can be said with confidence that the future of pediatric critical care, and the SOCC, is a bright one.
AAP Section on Critical Care Executive Committee Rosters

1984–1985
Russell C. Raphaely, MD, chair
Samuel Albert, MD
John Brooks, MD
Michael Matlak, MD
Fernando Stein, MD
Peter Viles, MD

1985–1986
Russell C. Raphaely, MD, chair
Samuel Albert, MD
John Brooks, MD
Michael Matlak, MD
Fernando Stein, MD
Peter Viles, MD

1986–1987
Russell C. Raphaely, MD, chair
Samuel Albert, MD
John Brooks, MD
Michael Matlak, MD
Fernando Stein, MD
Peter Viles, MD

1987–1988
Fernando Stein, MD, chair
Samuel Albert, MD
Robert K. Crone, MD
Michael Matlak, MD
Samuel J. Tilden, MD
Peter Viles, MD
Russell C. Raphaely, MD, ex officio

1988–1989
Fernando Stein, MD, chair
Samuel Albert, MD
Robert K. Crone, MD
Michael Matlak, MD
Samuel J. Tilden, MD
Peter Viles, MD
Russell C. Raphaely, MD, ex officio

1989–1990
Fernando Stein, MD, chair
Samuel Albert, MD
Robert K. Crone, MD
Michael Matlak, MD
Samuel J. Tilden, MD
Peter Viles, MD
Russell C. Raphaely, MD, ex officio

1990–1991
J. Michael Dean, MD, chair
Samuel Albert, MD
Michael Matlak, MD
Kristan Outwater, MD
Peter Viles, MD
Russell C. Raphaely, MD, ex officio

1991–1992
J. Michael Dean, MD, chair
Daniel Notterman, MD
Richard A. Orr, MD
Kristan Outwater, MD
Timothy S. Yeh, MD
1992–1993
Kristan Outwater, MD, chair
Daniel Notterman, MD
Richard A. Orr, MD
Timothy S. Yeh, MD
J. Michael Dean, MD, ex officio

1993–1994
Kristan Outwater, MD, chair
Harold Amer, MD
Brahm Goldstein, MD
Daniel Notterman, MD
Curt Steinhart, MD
Timothy S. Yeh, MD
J. Michael Dean, MD, ex officio

1994–1995
Kristan Outwater, MD, chair
Harold Amer, MD
Brahm Goldstein, MD
M. Michele Moss, MD
Daniel Notterman, MD
Curt Steinhart, MD
Timothy S. Yeh, MD
J. Michael Dean, MD, ex officio

1995–1996
Kristan Outwater, MD, chair
Harold Amer, MD
Brahm Goldstein, MD
M. Michele Moss, MD
Daniel Notterman, MD
Curt Steinhart, MD
Timothy S. Yeh, MD
J. Michael Dean, MD, ex officio

1996–1997
Timothy S. Yeh, MD, chair
Harold Amer, MD
M. Michele Moss, MD
Daniel Notterman, MD

1997–1998
Kristan Outwater, MD, chair
Daniel Notterman, MD
Curt Steinhart, MD
Stephanie Storgion, MD

1998–1999
Kristan Outwater, MD, chair
Daniel Notterman, MD
Curt Steinhart, MD
Stephanie Storgion, MD

1999–2000
Kristan Outwater, MD, chair
Daniel Notterman, MD
Curt Steinhart, MD
Stephanie Storgion, MD

2000–2001
M. Michele Moss, MD, chair
Alice Ackerman, MD
Thomas Bojko, MD
Brahm Goldstein, MD
Niranjan Kissoon, MD
Stephanie Storgion, MD
Otwell Timmons, MD
Timothy S. Yeh, MD, ex officio
2001–2002
M. Michele Moss, MD, chair
Alice Ackerman, MD
Thomas Bojko, MD
Brahm Goldstein, MD
Stephanie Storgion, MD
Otwell Timmons, MD
Timothy S. Yeh, MD, ex officio

2002–2003
M. Michele Moss, MD, chair
Alice Ackerman, MD
Thomas Bojko, MD
Barry P. Markovitz, MD
Otwell Timmons, MD
Donald Vernon, MD
Timothy S. Yeh, MD, ex officio

2003–2004
M. Michele Moss, MD, chair
Alice Ackerman, MD
Thomas Bojko, MD
Barry P. Markovitz, MD
Richard A. Salerno, MD
Otwell Timmons, MD
Donald Vernon, MD
Timothy S. Yeh, MD, ex officio

2004–2005
Alice Ackerman, MD, chair
Thomas Bojko, MD
David G. Jaimovich, MD
Barry P. Markovitz, MD, MPH
Richard A. Salerno, MD
Otwell Timmons, MD
Donald Vernon, MD
M. Michele Moss, MD, ex officio

2005–2006
Alice Ackerman, MD, chair
Thomas Bojko, MD, MS
David G. Jaimovich, MD
Barry P. Markovitz, MD, MPH
Vicki Montgomery, MD
Richard A. Salerno, MD
Donald Vernon, MD
M. Michele Moss, MD, ex officio

2006–2007
Alice Ackerman, MD, chair
Thomas Bojko, MD, MS
David G. Jaimovich, MD
Barry P. Markovitz, MD, MPH
Vicki Montgomery, MD
Richard A. Salerno, MD
Donald Vernon, MD
M. Michele Moss, MD, ex officio

2007–2008
Alice Ackerman, MD, MBA, chair
Edward E. Conway, Jr, MD, MS
David G. Jaimovich, MD
Barry P. Markovitz, MD, MPH
Megan E. McCabe, MD
Vicki Montgomery, MD
Donald Vernon, MD
M. Michele Moss, MD, ex officio

2008–2009
Donald Vernon, MD, chair
Edward E. Conway, Jr, MD, MS
Mary Lieh-Lai, MD
Richard B. Mink, MD
Vicki Montgomery, MD
Richard A. Salerno, MD, MS
Luke A. Zabrocki, MD
Alice Ackerman, MD, MBA, ex officio
### Past Members of the SOCC Executive Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Years</th>
<th>Chair/Ex officio Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Samuel Albert, MD</td>
<td>1984–1991</td>
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<td>Harold Amer, MD</td>
<td>1993–2000</td>
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<td>Thomas Bojko, MD, MS</td>
<td>2000–2006</td>
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<td>John Brooks, MD</td>
<td>1984–1987</td>
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<td>Edward E. Conway, Jr, MD, MS</td>
<td>2007–2012</td>
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<td>David G. Jaimovich, MD</td>
<td>2004–2008</td>
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<td>Niranjan Kissoon, MD</td>
<td>1999–2001</td>
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<td>Mary Lieh-Lai, MD</td>
<td>2008–2013</td>
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<tr>
<td>Michael Matlak, MD</td>
<td>1984–1991</td>
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<tr>
<td>Richard B. Mink, MD</td>
<td>2008–2014</td>
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<tr>
<td>Viki Montgomery, MD</td>
<td>2005–2011</td>
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<td>Daniel Notterman, MD</td>
<td>1991–2000</td>
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<td>Richard A. Salerno, MD</td>
<td>2008–2014</td>
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<tr>
<td>Curt Steinhardt, MD</td>
<td>1993–1998</td>
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<tr>
<td>Stephanie Storgion, MD</td>
<td>1996–2002</td>
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<td>Samuel J. Tilden, MD</td>
<td>1987–1990</td>
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<tr>
<td>Otwell Timmons, MD</td>
<td>2000–2005</td>
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<tr>
<td>Peter Viles, MD</td>
<td>1984–1991</td>
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### Post-Residency Training Fellow Executive Committee Members

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<tbody>
<tr>
<td>Richard A. Salerno, MD</td>
<td>2004–2006</td>
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<tr>
<td>Megan E. McCabe, MD</td>
<td>2007–2008</td>
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AAP Section on Critical Care
Executive Committee Chairpersons

Russell Raphaely, MD
1984–1987

Fernando Stein, MD
1987–1990

J. Michael Dean, MD
1990–1992

Kristan Outwater, MD
1992–1996

Timothy Yeh, MD
1996–2000

M. Michele Moss, MD
2000–2004

Alice Ackerman, MD
2004–2008

Donald Vernon, MD
2008–2012