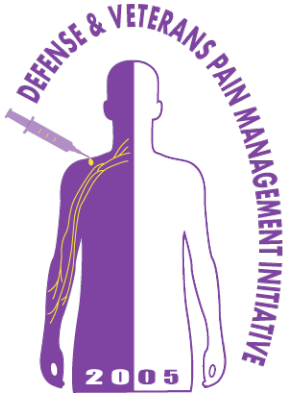

CHARTER OF THE

DEFENSE & VETERANS PAIN MANAGEMENT INITIATIVE (DVPMI)

October 15, 2008

ARTICLE I: NAME AND OBJECT

1. Name. The name of the organization was originally the "Military Advanced Regional Anesthesia & Analgesia (MARAA)." The organization voted unanimously on 15 Oct 08 to change the name to the "Defense & Veterans Pain Management Initiative (DVPMI)"
2. Object. The objective of the organization is the promotion of regional anesthesia and improved analgesia for military personnel and dependents from point of injury, evacuation, to CONUS, and the VA.
3. Purpose. The organization will work to develop consensus recommendations from the Air Force, Army, and Navy anesthesia services for improvements in medical practice and technology that will promote regional anesthesia and analgesia in the care of military beneficiaries. The organization serves as an advisory board to the individual service anesthesia consultants to the surgeons general.

ARTICLE II: MANAGEMENT

The organization will consist of the anesthesiology Consultant of each military service (or their designee), and three additional appointees by each service anesthesiology Consultant, to include: an Acute Pain physician, a Chronic Pain physician, and a Certified Registered Nurse Anesthetists (CRNA) (12 member board). Each member of the organization has one vote on issues that require agreement/collaboration between services. All decisions will be made by a simple two thirds majority. Issues that fail to obtain a two thirds majority consensus will be tabled and re-addressed at the next meeting called by the President of the organization.

ARTICLE III: DIRECTORS

The organization will select a President of the organization from organization members each fiscal year by simple majority vote. The President will be responsible for soliciting meeting issues from members and setting meeting agendas. The President will be responsible for generating organization position 'white papers' on decisions made by the organization. The position white papers will provide each service anesthesia consultant with collaborative recommendations for issues considered by the organization. The President can assign the writing of decision papers to committee members. The president will have final editorial authority over any white paper recommendations submitted to the service anesthesiology consultants.

ARTICLE IV: MEETINGS

1. Meetings. The organization will meet twice yearly. One formal meeting will be at the Uniformed Services Society of Anesthesiology meeting during the American Society of Anesthesiology conference. A second meeting will be scheduled during the Spring. Meetings will be coordinated by the organization president. Organization members can send proxies to attend meetings in their place (proxy voting is allowed) if approved by that member's service anesthesiology consultant. Teleconferencing is an acceptable means of attending a meeting. Meetings will only be held when a quorum of members (or their proxies) is available. A quorum will be defined as a majority of voting members with representation from each service.
2. Special Meetings. The president can call for a special meeting by organization members on issues requiring prompt attention.
3. Conduct of Meetings. Meetings will be presided over by the President or, in the absence of the President, a member of the organization designated by the President.
4. Meeting Agenda. The President will provide members with the meeting agenda one week prior to the scheduled meetings. Members may add new items to the agenda during meetings with the President's request for 'new business'. Meetings will be concluded with review of old business.

ARTICLE V: ORGANIZATION SEAL

The organization seal is represented at the head of this document.

ARTICLE VII: AMENDMENTS

Amendment 1 (6 April 2006): The voting MARAA membership will include one CRNA vote per service. Representatives will be chosen by each service's anesthesiology consultants. There will now be 9 total votes (2 physicians and 1 CRNA per service).

Amendment 2 (15 Oct 2008): MARAA will become DVPMI and based on the following provisions: 1) consultants will continue to make decisions / set up a board; 2) include representatives from both chronic and acute pain; 3) collaboration with VA; 4) obtain permanent DoD funding.

Amendment 3 (15 Oct 2008): The voting DVPMI membership will include one Chronic Pain vote per service. Representatives will be chosen by each service's anesthesiology consultants. There will now be 12 total votes: 3 physicians (2 acute & 1 chronic pain) and 1 CRNA per service.