2003 Medical Service Corps Annual Report

CHIEF, MEDICAL SERVICE CORPS

December 15, 2003

Dear Medical Service Corps Officers,

We are an Army at War. We continue to be engaged in The Global War on Terrorism on multiple fronts. Over the past two years, we have embraced an unrelenting commitment to eliminate this universal threat to our citizens, our way of life and our Nation's values. We have also committed to engage this threat in any environment at home and abroad. Most noteworthy are our contributions to the successes realized in Operation Enduring Freedom and Operation Iraqi Freedom.

The men and women of our Medical Service Corps work countless hours in research facilities, providing direct healthcare and overseeing the delivery of health services in hostile field environments and world-class medical centers. All these efforts are focused on combating and eliminating terrorism and other threats that place our Soldiers at risk. These efforts are not unknown or unappreciated.

Our officers' contributions, however, are not without sacrifice. It is often said, "that peace and freedom can not be purchased with gold or silver but rather the blood of our Nation's youth." One such Soldier who paid the ultimate sacrifice was CPT J.R. Teal. Our only MSC combat loss.

While serving in Operation Iraqi Freedom as an Operations Officer in the 4th Infantry Division, CPT J.R. Teal was killed in action. He, like so many other young Soldiers, made the ultimate sacrifice for our Nation. CPT Teal was a very capable and competent officer who steadfastly ensured his brigade received the best combat health support possible. Moreover, he was a compassionate leader who went out of his way to provide assistance to all including a young Iraqi child in need of urgent medical care. Indeed, CPT Teal epitomized the admirable qualities that are quite representative of all our Soldiers.

In recognition of CPT Teal's honorable and selfless service, the 2003 Medical Service Corps Annual Report is dedicated to him and his gracious family.

Sincerely,

Richard L. Ursone
Brigadier General, U.S. Army
Chief, Medical Service Corps

CPT J.R. Teal

17 April 1972 - 23 October 2003

Cover Photo Captions

1 - CPT John Cloninger, 67G, completes a surgery at Fort Bragg, North Carolina.

2 - 1LT Anita Allen won a gold medal at the Pan American games in the women's modern pentatholon. She will represent the United States at the 2004 Summer Olympics in Athens.

3 - CPT David Derrick (72D), 101st Airborne Division, conducts water sampling at a local ice factory in Iraq.
4 - CPT Michael Ing
ram, 71A, exams blood agar plates while deployed with the 520th Theater Army Medical Laboratory.

5 - These officers attended the 2003 Junior Officer Week in Washington, DC. See full caption on page 20.

6 - The 212th MASH

7 - CPT Gary Hughes deployed with the 82nd Airborne Division in support of Operation Enduring Freedom.

8 - These MSC officers served in support of Operation Iraqi Freedom at the US Army Medical Materiel Center - South West Asia. See full caption on page 38.

9 - CPT Jeffrey Marks, 70D, deployed with the 520th Theater Army Medical Laboratory as the Security, Operations, and Information Management Officer.

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Message from The Surgeon General

Dear Medical Service Corps Officers,

It is indeed a pleasure to recount the numerous contributions of Medical Service Corps Officers over the past year. Your annual report, as always, is replete with individual officer contributions as well as the successes of our AMEDD organizations.

The value of the MSC has never been greater. The integral role MSC Officers play in our world-class research facilities, clinical provider services and in administrative and operational settings is unequal in quality and is a major factor in the success of our AMEDD and our Army.

These are challenging times for our Army and our Nation. We are an Army at War. Ostensibly, the competencies the MSC brings to the AMEDD ensure unquestioned and superlative mission success across the spectrum of conflicts and in any environment.

Thank you for all that you do every day to improve the quality of life and well being of our Soldiers, their families, and our retirees. I am confident that your significant contributions will continue to ensure our Country's ultimate success in the ongoing Global War on Terrorism.

Sincerely,

James B. Peake, MD
Lieutenant General
The Surgeon General

Message from the Chief, Medical Service Corps

This has been another impressive year of accomplishments for the officers of our Medical Service Corps (MSC). The performance of our officers individually and collectively is unsurpassed. Your accomplishments are even more meaningful and significant given we are an Army at War. The expectations of the Soldiers we serve are realized in every mission we are given and successfully accomplish. Around the globe, whether in our fixed facilities as providers and administrators, in hostile operational environments as planners and leaders, or at research centers as investigators and scientists, your contributions to Soldiers, families, and retirees is both superlative and unparalleled. My only regret is this is my last year as your Corps Chief – a position that humbles me and one that I do and will always cherish.

However, there are still some issues I plan to address and initiatives I will implement. During my remaining time as Corps Chief, I expect to achieve:

- The reinforcement of professional organization affiliation and certification. Every consultant will develop and maintain a list of professional community governing bodies and the requirements to meet the professional standard at all levels of certification. As officers achieve these professional benchmarks, their professional status will be annotated on their Officer Record Brief.
- Only MSC officers who have successfully completed company command will be assigned as primary instructors at the Army Medical Department Officer Basic and Officer Advanced Courses.
- The development by the Consultant of career assignment synchronization databases for each Area of Concentration (AOC) to include where officers are assigned and projected date of PCS/rotation. This information will be available and public to all officers via the web. Consequently, our officers will be better able to prepare for future assignments that fulfill both professional and personal aspirations. Each Consultant with the assistance of the appropriate Career Manager will be responsible to maintain the databases, directly involving them in the career planning of the officers in their AOC.
- An MSC Personnel database that captures the special skills and experiences of our officers will be developed and maintained by MS Branch Human Resources Command (HRCOM). This database will provide the capability to query for multiple skills/credentials and build a pool of qualified, leader developed officers with the skills, experience, and credentials to assume senior positions throughout the Corps and the AMEDD. Today, we do not have this capability and it hinders our ability to institutionally manage and cultivate skills for niche areas of influence such as combat developments, acquisition, TRICARE Policy, vaccines research, and various clinical and scientific research venues.

BG Ursone addresses MSC officers at Fort Lewis, Washington.

These initiatives are meant to address institutional and individual officer concerns. My objective is to ensure openness in our officers' career management and emphasis on facilitating better MSC leader development.

As many of you know, I work at the Pentagon. As such, I attend multiple meetings throughout this historic building. Often, I pass many pieces of military art that are displayed throughout the corridors and rings of the Pentagon. One day I was drawn to a particular print. This print depicts a young Marine in the arms of a young Corpsman. The scene is a pitched battle with the Marine and Corpsman appearing calm and removed – the medic administering to his wounded comrade. In the midst of receiving care, the Marine speaks these poignant words, "Give Me Tomorrow." Clearly, he knows this young medic holds his future, his life, in his hands.

Today, you, the officers of our Corps hold the future of so many Soldiers in your hands. And each and everyday your contributions give Soldiers, families, and retirees a tomorrow.

Our research soldier scientists envision, develop, acquire, and introduce to the field remedies for threat agents, infectious diseases, physical degradation, and mental well-being. They give commanders and Soldiers a tomorrow.

Our clinicians and healthcare providers serve in Medical Treatment Facilities (MTF) and deployed medical companies and TOE hospitals. In each and every organization, they provide the highest quality healthcare to beneficiaries, Soldiers deployed in harms way, and those people who suffer the severe realities of conflict or are subjected to harsh conditions wrought by human or natural disasters. These officers also give commanders, Soldiers and others a tomorrow.

Our administrative specialties provide the leadership and services that allow our tactical units and MTFs to operate unencumbered by bureaucracy or environment. The expertise displayed in the areas of healthcare administration,

BG Ursone talks with newly commissioned MSC officers during Branch Day at the Officer Basic Corps.

resource management, patient administration, information management and technology, and logistics is unsurpassed by any other military healthcare system in the world.

Operationally, our medical planners, aeromedical evacuation pilots, and other administrative officers develop and execute plans to support our Army's formation and maneuver operations. These officers' scope of influence ranges from medical platoons in combat battalions to companies in forward support battalions to staffs in Divisions and Corps as well as at the Army and Joint levels of operations to include Joint Task Forces and Combatant Commands. These officers prepare detailed and comprehensive plans and ensure their flawless synchronization and execution to give commanders and Soldiers a tomorrow.

Operationally, administratively, clinically and in research our officers are dynamic, agile, innovative and responsive in coordinating and delivering the full spectrum of health services in any environment. These endless contributions do not go unnoticed or unappreciated. I am grateful everyday for the quality of our officers and the depth of your commitment and service to our Nation and our Soldiers.

Over my tenure as Corps Chief, I have strived to improve the standing of both our officers and our Corps. We have introduced and implemented many processes and practices to improve the corporate management of our Corps and the leader development of our officers. Worthy of mention are the contributions emanating from the Senior Leader Team, the Consultants, and the Field Leadership Team. This group provided me candid, thoughtful and sage counsel as we exchanged and challenged ideas to improve our Corps. Many of our successes are the result of our collective work and are recognized elsewhere in this and previous annual reports. The policies and practices we implemented should on their own merit stand the test of time and be continued.

I believe that we have planned and set into motion an enterprise to make the MSC Officer "The Officer of Choice-for the AMEDD and the Army." The combination of improved career management processes and leader development experiences will produce officers of such caliber that they will be chosen to serve at the highest levels of the AMEDD. In my own way, my intent as Corps Chief was to give our MSC officers, you, a tomorrow; a future brighter than mine with opportunities for all our officers to achieve their own personal and professional goals. In many ways, I envy you as you seek out these opportunities, and I am grateful they are now available for future generations of MSC officers. Good luck, God Bless and thank you for your unwavering support and selfless service to our Soldiers and our Nation.

Progress and Success of FY03 Objectives

- Identification of top leader development concerns among our junior officers using the Mentoring Survey on the MSC Website
- Every AOC has a website, community page, or Knowledge Collaboration Center
- Successful management of our 70B officers in an AOC and management of our 67J officers into a secondary AOC not later than the 7th year of service
- Publication of graduate school programs that meet the current tuition cap of $12,000 per year
- HRCOM MSC Branch Career Manager Realignment

MSC Objectives for FY04

- Commitment to ensure maximum opportunities for MSC officers' attendance at the Army's Basic Officer Leadership Course (BOLC), Company Command Course, Staff Officer Course, and Intermediate Level Education (ILE)
- AOC Career Paths to Major
- Each Consultant displays the assignments of all their officers and projected rotation (PCS) date
- A personnel database to capture special skill sets and credentials held by our officers
- Annotation on the Officer Record Brief (ORB) to reflect board or certification by a professional community
- All OBC/OAC instructors will have completed a successful tour as a company commander
- Concentrate on highlighting "developmental" positions for each AOC

Leadership Initiative Update

This past year, 2003, makes the third year of the MSC Leadership Initiative. This initiative is comprised of a Senior Leaders Team (Colonels), Consultants (Colonels and Lieutenant Colonels) and the Field Leadership Team (Majors and Captains(P)) from across the Corps. These approximately 50 officers meet about three to four times a year to introduce issues, discuss challenges and recommend solutions to BG Ursone. Thereby, everyone in our Corps has a way to gain BG Ursone's awareness of issues that affect our officers.

Many topics were introduced and action taken to resolve. One of the major issues was the candid realization that meaningful and developmental relationships among junior and senior officers was less than satisfactory. Given this state of affairs, BG Ursone directed the development of a "Mentoring Survey" to be made available to the officers in our Corps. The survey was not limited by grade, AOC, race, or gender. It was an all encompassing investment to allow officers to respond to questions as well as allowing them the opportunity to express their thoughts in their own words. The results were not surprising but were very telling. A study of responses and a report were presented to BG Ursone and also posted on the MSC website to ensure unfettered access to this information and findings for all officers.

Field Leadership Team

Front Row (left-right): MAJ Michael Kozar, CW3 John Petersen, MAJ Eva Calero. Second Row: MAJ Melissa Stanfa-Brew, BG Ursone, MAJ Mary Connell. Back Row: MAJ Craig Moss, MAJ Andre Pippen, MAJ Brendon Bluestein, MAJ Steven Owens, MAJ Maurice Sipos, MAJ Jon Fristoe, MAJ Jeff Rimmer.

The Leadership Initiative also addressed the issue of timely and relevant information to our officers. As such, BG Ursone directed that every AOC would have at a minimum either a web page, an Army Knowledge Online (AKO) Community Page, or an AKO Knowledge Collaboration Center. This initiative began in January 2003. As of today every AOC has some web portal through which officers can access AOC specific information.

In FY04, the SLT/Consultants/FLT will work with developing AOC career progression patterns in conjunction with DA Pam 600-4. However, the bureaucracy of regulation approval will not slow us. We will place our work on the web as appropriate. Remember, these professional development plans will focus on successive assignments that build better developed officers within each AOC.

Finally, this body will develop a transition plan to sustain many of the initiatives and practices implemented during BG Ursone's tenure. The importance of this transition plan is that it allows our Corps to sustain momentum and allows the new Chief to then implement changes accordingly. The point is to have a plan for continued progress.

Officer Management and Human Resources Command

- Chief, MSC approves assignments for all COL/LTC(P); SSC/CGSC/LTHET; post O5/O6 Cmd and MSC Branch, HRCOM
- Realignment of MSC Branch and transition to HRCOM
  - Single career manager for LT-LTC in an AOC
  - Better affiliation with HRCOM-St. Louis
- Development of an MSC database to track special skills and experience of our MSC officers (WORKING)
- Annotate officers' specialty/professional credentials on the ORB (WORKING)

MSC Web Initiatives

- MSC Website
- AKO AOC Community Pages
- AKO Knowledge Collaboration Centers
- AKO Junior Leader Page
- Mentoring Survey and results
- Second Mentoring Survey (WORKING)
- Invovled in AKO Community of Practice initiative (WORKING)

Junior Officer Management and Leader Development

- All 70B 2LTs first assignment in TOE unit
- Allied Science officers practice their profession
- Promotion to Captain equals Voluntary Indefinite
- 70B AOC selection NLT 8th year of service
- 67J secondary AOC selection NLT 8th year of service/gates
- AOC Career Paths Online
- PMAD Online
- Mentoring Survey and results

Education and Training

- LTHET/TWI utilization tours
- Baylor HCA - dual degree; retain AOC
- DCA selection boards - defined credentials
- ***Army Officer Education System (OES) (WORKING)***
  - MSC officers attendance to the Army's Basic Officer Leaders Course (BOLC)
  - MSC officers attendance to CPT Command and Staff Courses
  - Selected officers to CGSC - ILE Advanced Operational Warfighting (AOW)

Consultant Initiatives

- Consultant Handbook
- Annual Consultant Update to Chief MSC
  - State of the AOC: MEL, CEL, Promotion, Strength, Authorizations and Inventory
- Emphasis on USAREC and Accessions
  - Special Pays - Loan Repayment/HPSP/Bonus
  - Improved Acessions and Retention of Allied Science AOCs
- Development and display of AOC database/spreadsheet of all officer assignments, current incumbent, and pending assignments on AKO (WORKING)
- Identify accredited professional governing bodies which grant credentials in each specialty. Annotate officer's credentials on the ORB (WORKING)

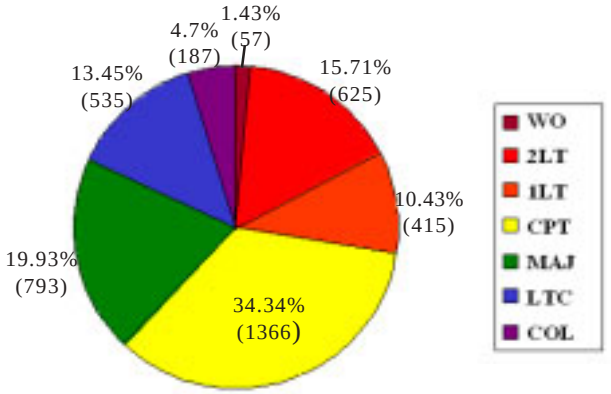
MSC Programs

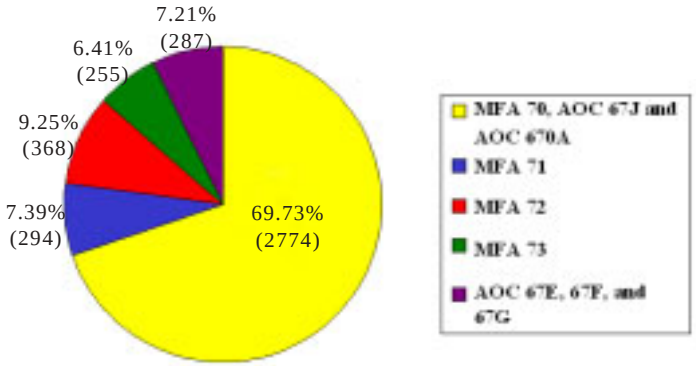
- MSC Retirement Recognition
- Junior Officer Week Program in Washington DC
- Chief's Notes
- MSC Updates with officers
- MSC Annual Report
- Expansion of Silver Caduceus Society Chapters (WORKING)

Demographics

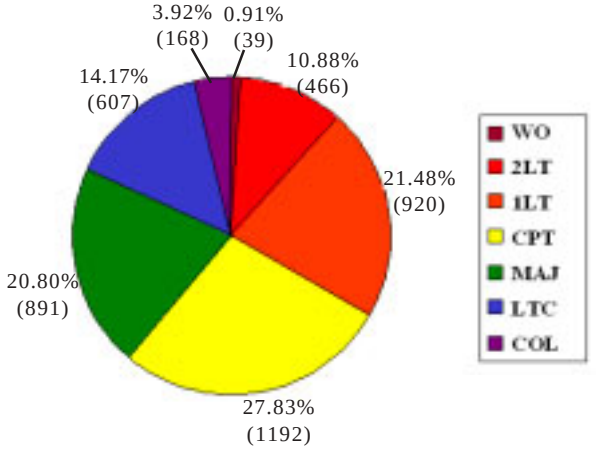
Active Duty and Reserve Component Officers
24 Separate Specialties

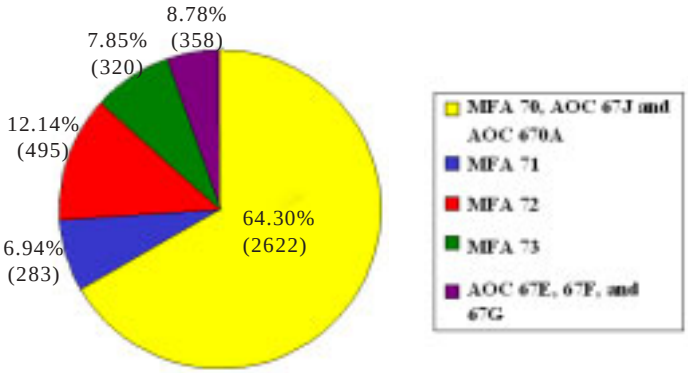
Active Duty - 3978





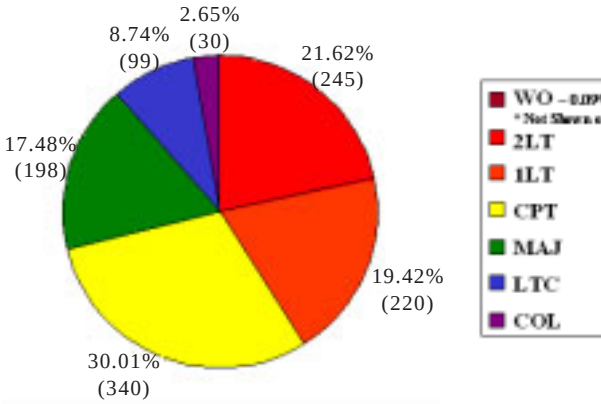
United States Army Reserves - 4283

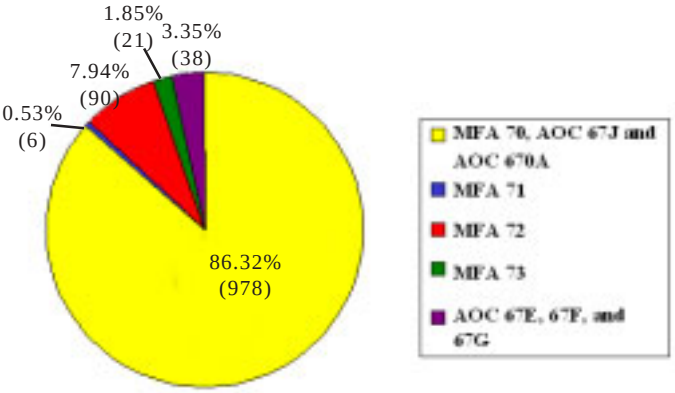




* 205 officers are in a student status or AOC is unknown. Those officers were not included in this chart. They were included on the rank chart.

United States Army National Guard - 1133

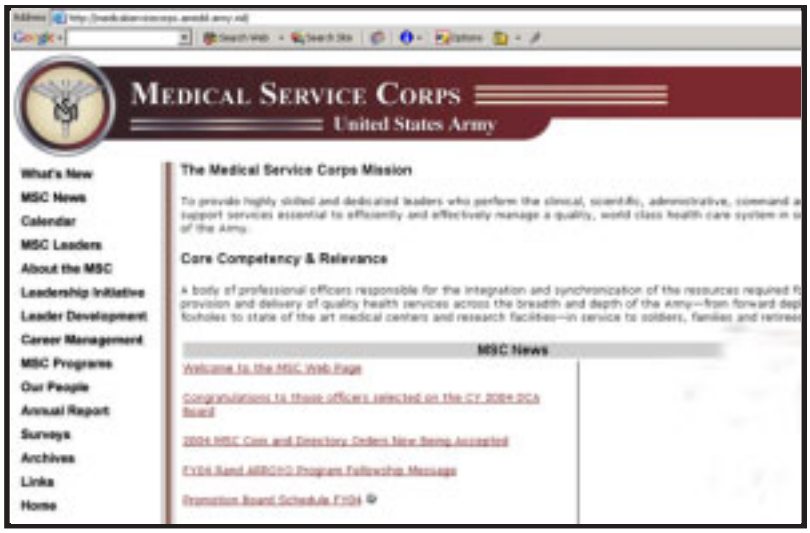




MSC Web Initiatives

In August 2002, the Medical Service Corps launched a new website designed to provide timely and relevant information to all of our officers around the world. Over the last year, there have been several notable improvements to the site. First, the site was redesigned so that each individual page has a unique URL allowing our officers to share links to specific information on the site rather than just to the home page. Second, a calendar feature was added. Today you can access the MSC calendar and find important dates including suspenses for Award of Excellence Nominations, Order of Military Merit nominations, MacArthur Award nominations, all Human Resources Command and U.S. Army Recruiting Command board dates, Post Professional Short Course dates and many other events. By clicking on the event the user can access a link providing more information such as board messages or an organization's website.

In December 2002, the Medical Service Corps expanded the web initiative to include AOC-specific websites, community pages on Army Knowledge Online (AKO) and Knowledge Collaboration Centers (KCCs) also on AKO. While the MSC Website remains the cornerstone for current Corps-wide information, the goal of the AOC-specific sites are to provide professional tools and AOC-specific leader development guidance to our officers within each of our 24 AOCs. The goal is also to connect individuals throughout a professional community in order to facilitate knowledge exchange among peer groups experiencing similar challenges as well as interaction between senior and junior officers. Today, all 24 AOCs have at least one of these three tools available.

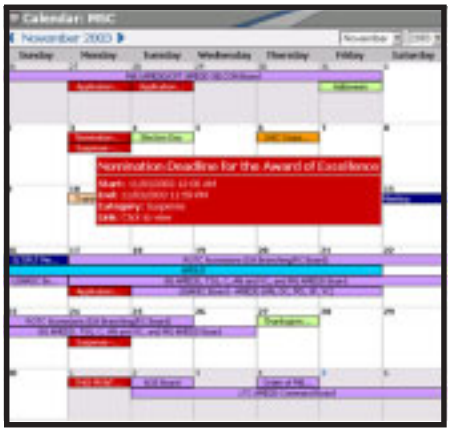


MSC Website
http://medicalservicecorps.amedd.army.mil

What do these AKO tools do?

A community page is a portal linking our officers to literally thousands of resource documents, discussions, and websites. The community page does not actually store information like a web page but, rather, "points" to a great deal of information creating a concise, "one-stop shop" type of environment. A community page is composed of various channels (boxes) that are used to organize information. The following are different types of channels: Links (linking the user to a myriad of information), Announcements (used to store short announcements along with a link to more information), Headlines (a summary of the website to which the channel is linked), Webpage (a miniature version of the actual website), KCC (showing the ten documents posted most recently as well as all featured documents), and the Discussion Channel (used to display discussion threads). Discussion threads are like message boards and anyone with access to the community page is able to post a message. To date, this feature is relatively under-utilized but is perhaps the most valuable for our officers at this time. Over the next several months many of our officers will either deploy to or redeploy from Operation Iraqi Freedom. Imagine the benefits of linking our redeploying officers with our deploying officers. Sharing real lessons learned, even providing specific points of contact on the ground (operational security is a consideration as always), and tips on how to be comfortable while living in the desert. Deploying officers can post questions and redeploying or deployed officers can officer suggestions. The value is immense but the tool must be used.

Working in conjunction with community pages are the KCCs. A KCC



The new Medical Service Corps calendar is easy to navigate, provides links to additional information, and is printer friendly.

Medical Service Corps Community Page

The KCC is similar to a public drive and looks like the Windows Explorer navigation tool.

is a tool that stores documents and is similar to a public drive on a network. Virtually any type of file can be uploaded into a KCC and then downloaded by the user to include photographs and video files, Adobe Acrobat files, Microsoft files, etc. A KCC is like a filing cabinet. Inside the filing cabinet the user will find folders and then documents within the folders. Navigating the KCC is similar to Windows Explorer navigation. On the left part of the screen, the documents are displayed as part of the taxonomy tree within the entire Collaboration Center. On the right, the subfolders and documents within the selected folder are displayed. Each KCC has a taxonomy (an organizational filing system) that was created by an officer appointed by the Consultant. Some documents may be found in more than one folder. The idea is to enable the user to find the right information in a timely manner. Currently, our officers have access to over 20,000 reference documents including After Action Reports (AAR), Standing Operation Procedures (SOP), counseling resources, Tactic, Techniques, and Procedures (TTP), Officer Professional Developments (OPD), and much more.

How do I get to these tools?

Use the URLs found throughout this report to access the MSC Website and other sites. Most of the public sites are available to everyone, however you may be required to enter an AKO user name and password to view some information. The links for each AOC community pages are found throughout this Report as well. Simply log in to AKO and then type the URL (you must log in to AKO first). There is also a set of step-by-step instructions on the MSC website.

To find AOC KCCs you can either go to the community page and find the KCC Channel or click on the KCC tab at the top of the AKO Home Page. Then click "Army Communities", "Medical", and "Medical Service Corps". From there you can subscribe to any KCC you wish by clicking on the box to the left of the KCC. Then click the "Subscribe" button located just above the split screen and to the right. Use the scroll bar on the bottom of the screen if it is not visible. Also please note that you can only subscribe to "filing cabinets". If there is an icon with two heads, click the link to the right of the icon and the filing cabinet icon will then be available.

Conclusion

In today's environment information management and knowledge sharing is critical to the success of our mission. Each point of contact for these web initiatives is genuinely interested in capturing and sharing information you find important in the execution of your day-to-day duties. Please contribute Tactical SOPS (TACSOP), TTPs, OPDs, Noncommissioned Officer Evaluation Reports (NCOER) and counseling ideas, command philosophies or additional duty information that you have found helpful. Knowledge shared is power squared.

Please visit the MSC website on a regular basis to stay abreast of current events affecting Corps business as well as your AOC specific web tool. New information is posted on the AOC sites nearly every day. Also, you may find the 70B – Junior Leader community page and KCC particularly useful. These sites have become the tools of choice for leaders across the Army to include officers from all branches and NCOs with over 1500 subscribers. As of publication, there have been over 20,000 document downloads from the 70B KCC.

Points of Contact for AOC Specific Web Tools

AOC	POC	KCC	Community Page	Web Site
70A	MAJ Mark Swofford	Complete	Complete	N/A
70B	CPT Brian Bender	Complete	Complete	N/A
70C	LTC Wade Smith	Complete	Complete	N/A
70D	Mr Eric Hanson	Complete	Complete	IP
70E	MAJ Christopher Amaker	Complete	Complete	N/A
70F	CPT Avery Davis	Complete	Complete	N/A
70H	CPT Tom Jones	Complete	Complete	N/A
70K/670A	LTC Mitchell Brew	Complete	Complete	N/A
70K9I	MAJ Scott Ehnes	IP	IP	N/A
67J	MAJ Jon Fristoe	Complete	Complete	IP
71A	MAJ Ewell and LT Belson	Complete	Complete	N/A
71B	CPT Mark Hartell	Complete	Complete	N/A
71E	CPT Hassan Zahwa	Complete	Complete	Complete
71F	MAJ Sipos and CPT Stetz	Complete	Complete	IP
72A	MAJ Christopher Moss	Complete	Complete	N/A
72B	COL Berte	Complete	Complete	N/A
72C	LTC Kathy Gates	Complete	Complete	Complete
72D/E	CPT James Flanagan	Complete	Complete	N/A
73A	LTC Walter Ross	Complete	Complete	Complete
73B	LTC Walter Ross	Complete	Complete	Complete
67E	LTC David Andersen	IP	IP	Complete
67F	CPT Emory Fehl	Complete	Complete	Complete
67G	CPT Alfonso Haro	Complete	Complete	IP

IP = In Progress

BG Sheila Baxter

BG Sheila Baxter
Assistant Surgeon General for Force Sustainment

Brigadier General Sheila R. Baxter was born April 4, 1955, in Franklin, Virginia. She graduated from Virginia State College in 1977 with a Baccalaureate Degree in Health and Physical Education and was commissioned a Distinguished Military Graduate through the Reserve Officers' Training Corps. She holds a Masters Degree in Health Services Management from Webster University.

Brigadier General Baxter entered the Army as a Medical Service Corps Officer in 1978. She has enjoyed a variety of command and staff assignments including: Platoon Leader and Training Officer, 702nd Medical Company, Fort Meade; Training Officer, 10th Combat Support Hospital, Fort Meade; Commander, 440th Medical Detachment, Fort Meade; Supply Officer, 106th Veterinary Detachment, Korea; Commander, B Company, 3rd Battalion, Academy Brigade, Fort Sam Houston; Chief, Materiel Branch, 34th General Hospital, Augsburg, Germany; S4, 1st Medical Group, Fort Hood and Operation Desert Shield/Storm, Saudi Arabia; Executive Officer, 147th Medical Logistics Battalion, Fort Sam Houston; Chief, Logistics Division, MEDDAC, Fort Huachuca; Commander, 226th Medical Logistics Battalion, Pirmasens, Germany; Executive Officer, Director of Logistics, Office of The Surgeon General; Commander, United States Army Medical Materiel Center, Europe; and Chief of Staff, U.S. Army Medical Research and Materiel Command, Fort Detrick. She is currently the Assistant Surgeon General/Deputy Chief of Staff for Force Sustainment, US Army Medical Command, Fort Sam Houston, Texas.

Brigadier General Baxter's military education includes the Army Medical Department Officer Basic and Advanced Courses, the Patient Administration Course, the Combined Arms Staff Service School, the Medical Logistics Management Course, the United States Army Command and General Staff College, and the Army War College.

Among her awards, decorations, and badges are the Legion of Merit, the Bronze Star, the Meritorious Service Medal with 4 Oak Leaf Clusters (OLC), the Army Commendation Medal with 2 OLC, the Army Achievement Medal with 2 OLC, the Meritorious Unit Commendation, the Army Staff Badge, the Kuwait Liberation Medal, Southwest Asia Service Medal with 2 Stars and the Expert Field Medical Badge. She is also a member of the Order of Military Medical Merit. In July 2002, Brigadier General Baxter received the Honorary Silver Award for excellence in community service from the Lord Mayor of Pirmasens, Germany.

She is a licensed Evangelist with the Church of God in Christ, Inc.

U.S. Army Recruiting Command

The AMEDD Recruiting Battalions' efforts and results this year were outstanding. This year is the third consecutive year of improvement in our MSC officer accessions. It also represents a marked improvement in our efforts to commission our five most critically under-strength specialties – Pharmacy, Optometry, Nuclear Medical Science, and Sanitary Engineering. USAREC met mission in every Area of Concentration (AOC) except for Sanitary Engineers (60% - 3/5). Also, this is the first year out of the last three or more years we have accessed the required number of Nuclear Medical Scientists and Entomologists.

Fiscal year 2003 was also a banner year for accessions into our U.S. Army Reserve ranks. We made mission in ten of fourteen AOCs. Again, this represents consistent improvement in meeting our USAR mission.

The success of MSC accessions in the active component and the USAR can be directly attributed to the professional bearing, diligent effort, and relentless dedication of our officer, NCO, and civilian AMEDD recruiters who consistently secure quality professionals for our Corps. Clearly, we are most grateful to USAREC for a stellar performance in 2003.

FY03 Medical Service Corps Direct Accessions for Active Duty

	Mission	Achieved	% Achieved
MFA 70 - Administrative Specialties			
70B Health Services Administration	0	4	400%
MFA 71 - Allied Sciences			
71A Microbiologist	6	6	100%
71B Biochemist	4	4	100%
71E Clinical Lab Officer	6	6	100%
71F Research Psychologist	2	2	100%
MFA 72 - Preventive Medicine			
72A Nuclear Medical Science Officer	5	5	100%
72B Entomologist	5	5	100%
72C Audiologist	4	4	100%
72D Environmental Science Officer	15	15	100%
72E Sanitary Engineer	5	3	60%
MFA 73 - Behavioral Sciences			
73A Social Worker	10	10	100%
73B Clinical Psychologist	16	21	132%
AOCs 67E, 67F, 67G			
67E Pharmacist	16	16	100%
67F Optometry	11	15	136%
67G Podiatrist	2	2	100%
Totals	107	118	110%

FY03 Medical Service Corps Direct Accessions for Reserve Components

	Mission	Achieved	% Achieved
MFA 70 - Administrative Specialties			
70B Health Services Administration	93	99	106%
MFA 71 - Allied Sciences			
71A Microbiologist	3	4	133%
71B Biochemist	2	2	100%
71E Clinical Lab Officer	9	8	89%
MFA 72 - Preventive Medicine			
72A Nuclear Medical Science Officer	2	2	100%
72B Entomologist	4	4	100%
72C Audiologist	3	5	167%
72D Environmental Science Officer	10	13	130%
72E Sanitary Engineer	8	7	88%
MFA 73 - Behavioral Sciences			
73A Social Worker	12	12	100%
73B Clinical Psychologist	8	2	25%
AOCs 67E, 67F, 67G			
67E Pharmacist	12	15	125%
67F Optometry	6	8	133%
67G Podiatrist	5	2	40%
Totals	177	183	103%

Medal of Honor

The MSC has the only two Medal of Honor recipients on active duty. Although their valor was not while serving as an MSC officer, each chose our ranks as the community in which they wished to be a part and continue their selfless service. Included are their citations. Please read them and know that our freedom and liberty are the result of these Soldiers' actions and the actions and sacrifices of the Soldiers who have gone before us, and the Soldiers who we serve today and in the future.

MAJ Alfred V. Rascon

MAJ Alfred Rascon received the Medal of Honor for his actions in the Republic of Vietnam on 16 March 1966 while serving in the U.S. Army, Reconnaissance Platoon, Headquarters Company, 1st Battalion (Airborne), 503rd Infantry, 173d Airborne Brigade (Separate) as a Specialist Fourth Class.

Citation:

Specialist Four Alfred Rascon, distinguished himself by a series of extraordinarily courageous acts on 16 March 1966, while assigned as a medic to the Reconnaissance Platoon, Headquarters Company, 1st Battalion (Airborne), 503rd Infantry, 173d Airborne Brigade (Separate). While moving to reinforce its sister battalion under intense enemy attack, the Reconnaissance Platoon came under heavy fire from a numerically superior enemy force. The intense enemy fire from crew-served weapons and grenades severely wounded several point squad Soldiers. Specialist Rascon, ignoring directions to stay behind shelter until covering fire could be provided, made his way forward. He repeatedly tried to reach the severely wounded point machine-gunner laying on an open enemy trail, but was driven back each time by the withering fire. Disregarding his personal safety, he jumped to his feet, ignoring flying bullets and exploding grenades to reach his comrade. To protect him from further wounds, he intentionally placed his body between the soldier and enemy machine guns, sustaining numerous

shrapnel injuries and a serious wound to the hip. Disregarding his serious wounds he dragged the larger soldier from the fire-raked trail. Hearing the second machine-gunner yell that he was running out of ammunition, Specialist Rascon, under heavy enemy fire crawled back to the wounded machine-gunner stripping him of his bandoleers of ammunition, giving them to the machine-gunner who continued his suppressive fire. Specialist Rascon fearing the abandoned machine gun, its ammunition and spare barrel could fall into enemy hands made his way to retrieve them. On the way, he was wounded in the face and torso by grenade fragments, but disregarded these wounds to recover the abandoned machine gun, ammunition and spare barrel items, enabling another soldier to provide added suppressive fire to the pinned-down squad. In searching for the wounded, he saw the point grenadier being wounded by small arms fire and grenades being thrown at him. Disregarding his own life and his numerous wounds, Specialist Rascon reached and covered him with his body absorbing the blasts from the exploding grenades, and saving the soldier's life, but sustaining additional wounds to his body. While making his way to the wounded point squad leader, grenades were hurled at the sergeant. Again, in complete disregard for his own life, he reached and covered the sergeant with his body, absorbing the full force of the grenade explosions. Once more Specialist Rascon was critically wounded by shrapnel, but disregarded his own wounds to continue to search and aid the wounded. Severely wounded, he remained on the battlefield, inspiring his fellow Soldiers to continue the battle. After the enemy broke contact, he disregarded aid for himself, instead treating the wounded and directing their evacuation. Only after being placed on the evacuation helicopter did he allow aid to be given to him. Specialist Rascon's extraordinary valor in the face of deadly enemy fire, his heroism in rescuing the wounded, and his gallantry by repeatedly risking his own life for his fellow Soldiers are in keeping with the highest traditions of military service and reflect great credit upon himself, his unit, and the United States Army.

Reference Website: https://akosecured.detrick.army.mil/msc/our_people/rascon.htm

AKO User Name and Password is required to access this webpage.

LTC Gordon Roberts

LTC Gordon Roberts received the Medal of Honor for his actions in Thua Thien Province, Republic of Vietnam on 11 July 1969 while serving with Company B, 1st Battalion, 506th Infantry, 101st Division as a Specialist Fourth Class. He currently serves as a Medical Service Corps Operations Officer (70H) at Fort Bragg, North Carolina.

Citation:
For conspicuous gallantry and intrepidity in action at the risk of his life above and beyond the call of duty. Sgt. Roberts distinguished himself while serving as a rifleman in Company B, during combat operations. Sgt. Roberts' platoon was maneuvering along a ridge to attack heavily fortified enemy bunker positions which had pinned down an adjoining friendly company. As the platoon approached the enemy positions, it was suddenly pinned down by heavy automatic weapons and grenade fire from camouflaged enemy fortifications atop the overlooking hill. Seeing his platoon immobilized and in danger of failing in its mission, Sgt. Roberts crawled rapidly toward the closest enemy bunker. With complete disregard for his safety, he leaped to his feet and charged the bunker, firing as he ran. Despite the intense enemy fire directed at him, Sgt. Roberts silenced the 2-man bunker. Without hesitation, Sgt. Roberts continued his l-man assault on a second bunker. As he neared the second bunker, a burst of enemy fire knocked his rifle from his hands. Sgt. Roberts picked up a rifle dropped by a comrade and continued his assault, silencing the bunker. He continued his charge against a third bunker and destroyed it with well-thrown hand grenades. Although Sgt. Roberts was now cut off from his platoon, he continued his assault against a fourth enemy emplacement. He fought through a heavy hail of fire to join elements of the adjoining company which had been pinned down by the enemy fire. Although continually exposed to hostile fire, he assisted in moving wounded personnel from exposed positions on the hilltop to an evacuation area before returning to his unit. By his gallant and selfless actions, Sgt. Roberts contributed directly to saving the lives of his comrades and served as an inspiration to his fellow Soldiers in the defeat of the enemy force. Sgt. Roberts' extraordinary heroism in action at the risk of his life were in keeping with the highest traditions of the military service and reflect great credit upon himself, his unit, and the U.S. Army.

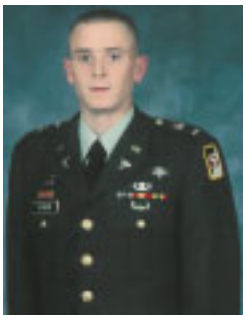
Reference Website: https://akosecured.detrick.army.mil/msc/our_people/roberts.htm

AKO User Name and Password is required to access this webpage.

CPT Ronald Havard, 72D

CPT Havard is currently serving in the Industrial Hygiene (IH) Division at USACHPPM-South, Ft. McPherson, Georgia. While serving as an IH Project Officer, CPT Havard developed a new system for managing motor pool industrial hygiene surveys thereby increasing the divisions effectiveness while conserving resources.

CPT James Stokoe, 70B



CPT Stokoe is the Executive Officer of the 514th Medical Company (Ground Ambulance). He oversaw Combat Health Support to 5,000 ROTC cadets and cadre members during Advanced Camp. CPT Stokoe was directly responsible for the 514th Medical Company (GA) performing over 175 missions (ROTC lanes) as the unit treated over 500 real world patients and evacuated 75 to higher echelons of health care. CPT Stokoe organized the brigade's medical standardization training and trained 110 active-duty and reserve medics and recertified 45 ROTC cadre members on Combat Life Support prior to initiating ROTC support.

Mentoring in the MSC

This past year we have formally recognized our Corps' chal lenges with the subject of mentoring. As an initiative of the Senior Leader Team (SLT)/Consultant/Field Leadership Team (FLT) a mentoring survey instrument was developed by COL Bob Gifford and CPT John Leso. The survey was reviewed by other members of the SLT/Consultants/FLT to ensure this survey was a satisfactory product.

Purpose

The survey was placed on the MSC Website and officers were asked to participate regardless of grade, gender, ethnicity, AOC or current assignment. Our primary intent was to publicly introduce the subject to our officers. The need to openly discuss mentoring was predicated on the informal comments provided by our officers in various venues – VTC with the Chief, visits with officers at home station and Post Professional Short Courses, MSC Day at Officer Advanced and Basic Courses. The survey served as a tool to ensure all who desired could participate and share their unfiltered perspective on mentoring in the MSC. The survey also provided us the first empirical data that serves as a baseline for future surveys and data collection initiatives. The intent of the survey was to bring greater awareness to the subject of mentoring. We have accomplished this.

Findings

The findings of the survey were telling but not surprising. We discovered that there are quiet contrasting definitions of mentoring. We also learned that regardless of gender, ethnicity, or AOC officers want guidance from officers they deem successful. The survey reinforces a major challenge – ensure that senior officers are both accessible and approachable. Given the current operation tempo (OPTEMPO) it is legitimate to consider this as a factor for senior officers not being accessible or approachable. However, in all candor, senior officers should – if it is important to them – make time for any officer but specifically any officer in their charge.

Another consideration or concern is the perception that officers are not seeking mentors but rather sponsors and patrons. We should challenge this idea of a "good old boy" network in any AOC and within our Corps.

A complete analysis of the survey results is available on the MSC website (http://medicalservicecorps.amedd.army.mil/leader_development/mentoring_survey_report.ppt)

Common Misconceptions About Mentoring

- o - Senior leader must ask junior leader
- o - Formal program; senior leader is/should be "assigned" to junior leader
  - True in civilian sector
- o - Mentor must be an MSC
- o - Mentor must be in AOC
- o - Mentor must be at same duty location
  - Maybe necessary for 2LT/1LT
- o - Mentor must be in same unit/chain of command

Reported Rating of Mentor Attributes (All Respondents)

0 Not Important	1 Somewhat Important	2 Important	3 Very Important	4 Essential	
A1:	Provides advice/counsel on day-to-day work issues				1.76
A2:	***Provides advice/counsel on career development issues***				***3.47***
A3:	Provides advice/counsel on personnal and/or family issues				1.50
A4:	Participates in appropriate social activies with protege outside of work				1.38
A5:	***Is successful in his or her career***				***3.16***
A6:	Has up-to-date knowledge about promotion and career advancement				3.17
A7:	Has up-to-date institutional knolwedge about the MSC				3.04
A8:	***Has an "open door" policy (available or easily approachable)***				***3.52***
A9:	Is in my AOC				2.26
A10:	Is of my same gender				0.66
A11:	Is similar to me in terms of ethnicity				0.40

The Way Ahead

Our next steps will include:

1) Providing all officers better/relevant information on career management
2) A new survey to gain more in depth information on perspective and expectations of our officers
3) Offer more opportunity for the interface of junior/senior officers in all our AOCs
4) Develop various approaches to cultivate distance relationships via the web/AKO/e-mail.
5) The ides of developing a common understanding of what junior officers expect from senior officers is imperative.

Conclusion

Regardless of how anyone defines "mentoring" it is imperative that our officers engender overtones in seeking counsel and guidance. All officers should be accessible and approachable. However it is incumbent that these two attributes are manifested in the attitude and behavior of our senior leaders. Our commitment for the coming year is to continue to explore "mentoring" in the MSC, provide a better understand of expectations and develop approaches to meet the expectations of our officers in their professional and personal development.

Most Commonly Cited Reasons MSC Officers Do Not Have a Mentor

- o - Have a mentor (Survey Issue)
- o - Not in a Medical Unit/No other MSCs available
  - Most prevalent amont 2LT/1LTs in Manuever BNs
- o - Senior officers are too busy/not interested
  - 15% of LT, 21% of CPT, and 13% of LTC responses
- o - Not impressed with or lack of respect for senior MSCs
  - 11% of CPT responses and 7% of MAJ responses
- o - Seek advice from several people/no single mentor
- o - Have not been asked by a senior leader/want to be asked first

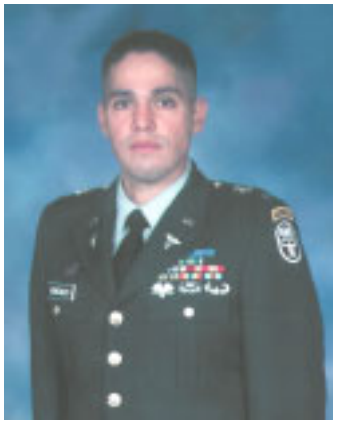
Junior officers identified senior leadership's lack of availability as a key barrier to achieving a mentoring relationship.

General MacArthur Leadership Award

Captain Alejandro Gonzales' demonstrated leadership skills, proven ability to complete any mission, and daily contributions to develop future leaders clearly warrant his selection for the 2002 General Douglas MacArthur Leadership Award. His key contributions include managing the training area at Camp Bullis and maintaining the operational readiness of the vehicles, weapons, and equipment that support the Army Medical Department (AMEDD) Center and School's training mission. CPT Gonzales leads by example and continuously validates his reputation as a competent and independent leader with impeccable standards. His contagious enthusiasm and confidence inspire others to meet his standards of excellence. He is a leader that people love to follow.

Captain Gonzales currently serves as the Executive Officer for E Company, Academy Battalion, which provides medical, logistical, and administrative support for all of the AMEDD Center & School courses at Fort Sam Houston and Camp Bullis. He also performs duties as the Maintenance Officer and Medical Platoon Leader, managing the maintenance and accountability of 1,020 weapons, 361 tactical communication systems (including 161 (Single Channel Ground to Air Radio System (SINCGARS)), and 1,898 M40 protective masks. In less than four months as the Maintenance Officer, CPT Gonzales unified the efforts of 13 civilian employees and six enlisted mechanics charged with maintaining a battalion-sized motor pool of 133 tactical vehicles. He established lasting systems that developed maintenance teams in order to track individual and team productivity. These initiatives increased the average operational readiness rate to 95 percent over the past three months.

Based on his proven experience and managerial knowledge, CPT Gonzales was tasked to manage a budget of $400,000. In less than four months, he identified and recovered $25,000 in discrepancies. The battalion and brigade staffs frequently seek guidance from CPT Gonzales based on his competence and knowledge of budgeting. CPT Gonzales provided training to five civilians and four Soldiers in the government credit card tracking system, Customer Automation Reporting Environment (CARE). To date, this training has led to approximately $3,000 in rebates.



CPT Alejandro Gonzales

As the Medical Platoon Leader, CPT Gonzales takes the time to know and sincerely talk to his Soldiers. CPT Gonzales avidly supports education and regularly tutors and proofreads college papers for a number of Soldiers in the company, including the First Sergeant. CPT Gonzales obtained his Master's Degree in Business Administration, graduating Magna Cum Laude with a 3.78 grade point average.

CPT Gonzales is a model of selfless service. He volunteered his personal time to train 28 Expert Field Medical Badge candidates, which produced a 36 percent pass rate for the brigade. The overall pass rate for testing at Fort Hood was a mere seven percent. CPT Gonzales conducted the road march and land navigation training. The officer in charge of the testing commended the brigade for exceptional preparation, especially for the 12-mile road march.

CPT Gonzales accepts his award from GEN Shinseki.

Prior to his current assignment, CPT Gonzales served as the Executive Officer for Camp Bullis, Texas. During the last nine months of that assignment, CPT Gonzales assumed duties as the Deputy Commander of Camp Bullis. He supervised 22 civilian employees, maintained accountability of $3.85 million in equipment, and personally managed the $2.5 million command budget. CPT Gonzales executed more than 10 contracts valued at $5.1 million. The most significant of these projects involved the qualification range revitalization and modernization.

CPT Gonzales is a model husband and father. He has coached for two years in his daughter's YMCA Soccer League and serves as a leader in the community. He has been a mentor for the past two years through the Fort Sam Houston Mentorship Program, and after the floods of 2002, he organized a volunteer group to provide relief in conjunction with the Salvation Army of San Antonio.

CPT Gonzales always does the right thing for the right reason. He conceptualizes future requirements and takes action to make these visions reality. He has been instrumental in the training process for all Combat Medics of the Army, increasing the competency of these lifesaving Soldiers on the battlefield. Anyone who knows CPT Gonzales would undoubtedly testify that he is a most deserving officer for the 2002 General Douglas MacArthur Leadership Award.

Reference Website: http://medicalservicecorps.amedd.army.mil/msc_programs/macarthur/2003_macarthur.htm

Reserve Affairs

COL Robert Tabaroni
Assistant Corps Chief for Reserve Affairs

This is my first year serving as the Assistant Corps Chief for Reserve Affairs. It has been an extraordinary year.

Without question the role of our reserve components – the United States Army Reserves and National Guard – in the Global War on Terrorism (GWOT) is both significant and meaningful. Our MSC officers serving across the spectrum of health services units is unparalleled. We have hospitals and evacuation units at the fore having seen tours in Afghanistan (Operation Enduring Freedom) and Iraq (Operation Iraqi Freedom). Our officers at the U.S. Army Reserve Command (USARC), State Area Commands (STARC), and Reserve Support Commands (RSC) have played integral roles in the mobilization and deployment of many of our Soldiers as well as in redeployment and demobilization phases of the Nation's call up. We are involved at all levels, in all types of units and our involvement will continue to increase.

MAJ Mary Chestnut, 71E, USAR deployed in support of Operation Iraqi Freedom with the 801st CSH as the Laboratory OIC.

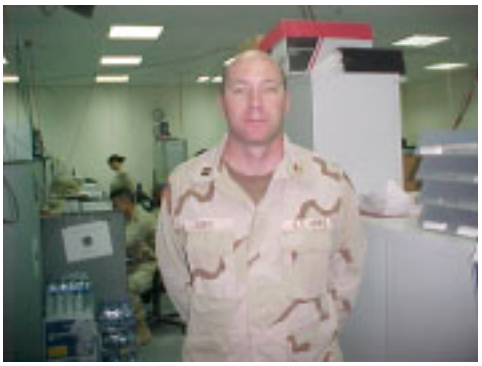
As your representative to BG Ursone, I have been intimately involved in his MSC Leadership Initiative as a standing member of his Senior Leaders Team (SLT). In this forum, we have discussed issues of note for all Army components primarily focused on leader development and mentoring. I should also mention that COLs Deb Cook and Donna Carmen also serve on the SLT and MAJ Steven Owens (USANG) serves on the Field Leadership Team (FLT).

We are now recipients of BG Ursone's Corps Chief Notes. These notes are designed to share with all our officers are the challenges affecting our Corps and the status of initiatives to improve opportunity for our officers. They also serve as a common news link among us as well as with the various MSC websites.

Over the past year, every MSC AOC has developed a website on Army Knowledge Online (AKO). Officers in each specialty should review their AOC community page and knowledge collaboration center (KCC). These sites are under the purview of each Consultant and provide relevant and timely information. It is BG Ursone's intent to seek RC Consultants for each AOC. In this way, we can develop relationships of professional community with the officers of all components in our Corps. Also, I would recommend the MSC website and the new 70B/Junior Leader website on AKO. The Junior Leader site is an exceptionally relevant site to all our officers and offers excellent information for junior leaders and captures salient points about deployment lessons learned through its extensive library of AARs from NTC/JRTC and multiple real world operations from Bosnia/Kosovo to the hostilities in the Middle East.

We also have opportunities to recognize our most deserving officers. Two such programs are The Surgeon General's "A" Proficiency Designator and the MSC Award of Excellence (AOE).

CPT John Davis, 72E, USAR deployed with the 424th Medical Battalion.



The "A" designator recognizes our most distinguished officers in a specific field – in simplest terms to it is the equivalent to granting a professional tenure. The second program is the Medical Service Corps Award of Excellence (AOE). This program recognizes exceptional company grade and junior warrant officers. The award is presented annually and the recipients are recognized at a luncheon in Washington DC during Junior Officer Week (JOW). JOW is an opportunity for the five AOE recipients and approximately 20 other AOE nominees to participate in a week of key programs focused on leader and professional development. Both programs are under subscribed by our RC. Both programs' nomination procedures and timelines are posted on the MSC website (http://medicalservicecorps.amedd.army.mil). Take the time to recognize our great officers.

Finally, I am seeking your input so that I may ably represent all our officers. As I stated earlier, I am your representative. I serve your interests within our MSC. There is no doubt that the MSC recognizes the size and quality of our RC units and officers. I want to continue to recognize the outstanding contributions of the RC and the officers who make them. Your input can only make our Corps better.

I am proud and honored to represent you and to be affiliated with an outstanding group of professionals and I thank you for your service to our great country.

Award of Excellence

Since 1982, the Chief, Medical Service Corps has presented the Award of Excellence to a junior officer in each of five categories. The winners of the 2002 Chief, Medical Service Corps' Awards of Excellence are:

Health Services Category

CPT Rachel Wienke

CPT Wienke is currently the Center Brigade S-1 at Fort Sam Houston, TX. Upon assuming duties as the Center Brigade S-1, she demonstrated a unique talent of generating workable solutions to difficult and complex organizational issues. She developed a Battle Rhythm for the S-1 section to help ensure that all suspenses are met and to help maintain focus on recurring reports and actions. As a result of her effort and dedication to her mission and Soldiers, she will be assigned to one of the Center Brigade's most demanding training companies.

Health Sciences Category

CPT Mark Hartell

Assigned to Walter Reed Army Institute of Research as a Drug Development Team Leader, CPT Hartell currently stands as the subject matter expert for threat overview briefings covering the operational and strategic concepts of anthrax threat. In addition to his duties at WRAIR, CPT Hartell is also a senior analytical consultant for the U.S. Air Force and the Defense Threat Reduction Agency (DTRA) to review, plan, and coordinate advanced protocols in direct support of Counter-Force Weapons Development projects.

Health Services Maintenance Technician Category

CW2 William Bosley

As the Battalion Maintenance Officer for the 147th Medical Logistics Battalion, CW2 Bosley was responsible for accountability, operation and maintenance of over $21 million worth of equipment and vehicles. After the 147th MEDLOG Battalion transitioned to the 591st Medical Logistics Company, CW2 Bosley served as the maintenance platoon leader for medical and motorpool maintenance. As the Company Movement Officer, CW2 Bosley assisted his unit in winning the Chief of Staff of the Army, Small Unit Deployment Excellence Award.

Army Reserve Category

CPT Michael Dean

CPT Dean serves at the U.S. Army Medical Department Recruiting Command in Tampa, Florida. During the first, second, and third quarters of FY 2002, CPT Dean earned recognition as Top AMEDD USAR Recruiter. He achieved 200% of his total annual mission requirements, writing contracts to access officers into both active and reserve components in nine different areas of concentration (AOCs).

National Guard Category

CPT Glen Winekauf

CPT Winekauf is commander of the 134th Medical Company (Ground Ambulance), Iowa National Guard. Under CPT Winekauf's leadership, his company distinguished itself during Annual Training 2002 at Fort Indiantown Gap, Pennsylvania at the Regional Medical Training Site. His unit also received an excellent Training Assessment Mode (TAM) evaluation during its annual lanes training exercise.

Reference Website: http://medicalservicecorps.amedd.army.mil/msc_programs/aoe_jow.htm

Junior Officer Week

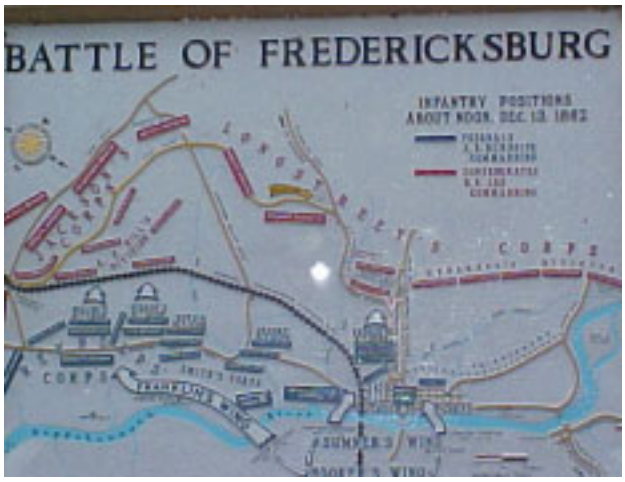
Junior Officer Week participants toured the United States Capitol Building accompanied by professional staffers from the office of Congressman Rob Simmons (R-CT).

The Award of Excellence and Junior Officer Week programs provide personal recognition to outstanding junior Medical Service Corps officers who have made significant contributions to the Army Medical Department mission and performed in an exceptionally outstanding manner. Over 125 officers competed for the 2002 Award of Excellence and the opportunity to participate in Junior Officer Week held 5-10 April 2003. Nineteen company-grade officers from around the world, representing a broad variety of MSC specialties, from active and reserve components were selected and attended the 18th Annual Junior Officer Week held in the National Capitol Region, 5-10 April 2003.

In addition to recognizing some of our outstanding young officers, Junior Officer Week also establishes a forum in which the officers may meet and discuss issues with the senior leadership of the Medical Service Corps. During the week, participants met with a senior officer from their Area of Concentration (AOC) or Multifunctional Area (MFA), the Chief, Medical Service Corps, and had the opportunity to interact with two previous Corps Chiefs. The officers also participated in several small group sessions designed to discuss career concerns and decisions our officers face during early years of service. This information is valuable in assisting the MSC senior leadership understand the issues that confront our young officers. Further, the information is instrumental in developing new tools to provide timely and relevant information to our MSC officers.

The Staff Ride

During the week, JOW participants as well as other local-area MSCs attended a Staff Ride at the Fredericksburg National Battlefield in Fredericksburg, Virginia. Mr. Ted Ballard from the Center for Military History and Dr. John Greeonwood, Army Medical Department Historian, provided historical expertise on the strategic and tactical aspects of the Battle of Fredericksburg. The historians described the personalities of the leaders and the circumstances of the time, which greatly influenced the outcome of the battle. COL (Ret) Dick Ginn, author of The History of the U.S. Army Medical Service Corps, provided additional insight into the medical operations and logistics of the battle. The staff ride reinforces lessons learned from a historical context but also illustrates that, with the passage of time and the advent of technology, our mission, doctrine, and challenges remain. This is particularly true of communication and leaders' clarity of intent.



Junior Officer Week Participants

CPT Beauvais, Bradley - 70C
CW2 Bosley, William* - 670A
CPT Clark, Matthew- 71F
CPT Dean, Michael* - 70F
CPT Ernest, Raquel - 70E
1LT Gill, Vineet - 72D
2LT Gladden, Jeremiah - 70B
WO1 Griffith, Keith - 670A
CPT Hartell, Mark* - 71B
CPT Lovins, Karrie - 72D
CPT McClung, Eric - 70D
CPT Michael, Tracy - 70K
CPT Squitier, Jason - 72B
CPT Stokoe, Scott - 70B
CPT Wienke, Rachel* - 70F
CPT Williams, Jana - 67F
CPT Winekauf, Glen* - 70B
CPT Yosick, Todd - 73A
CPT Wells, Kenney - 67F

* denotes AOE Winner

The Award of Excellence Luncheon

Another highlight of Junior Officer Week was, as always, the Award of Excellence Luncheon held in honor of this year's five Award of Excellence recipients and fourteen Junior Officer Week attendees. The Chief, Medical Service Corps, Brigadier General Richard L. Ursone, presented the Award of Excellence to the following officers in each of five categories: Health Services – CPT Rachel Wienke; Health Sciences – CPT Mark Hartell; Health Services Maintenance Technician – CW2 William Bosley; Army National Guard – CPT Glen Winekauf; and U.S. Army Reserves – CPT Michael Dean.

This year's AOE Luncheon was particularly special. BG (Ret.) France Jordan, the ninth Chief, Medical Service Corps (1981-1984), addressed the luncheon. The focus of his message was training, educating, and mentoring our junior officers. He reinforced the significance of these topics, individually and collectively, on officer leader development. BG (Ret.) Mack Hill, the fifteenth Chief, Medical Service Corps (1996-2000), was also present. The former Chiefs joined BG Ursone in presenting each AOE recipient with an MSC Medallion, MSC Certificate of Appreciation, and the Chief's personal coin. The fourteen officers selected to attend Junior Officer Week were presented with an MSC Certificate of Appreciation and the Chief's coin.

*Pictured (left to right): **Front** - CPT Rachel Wienke, CPT Karrie Lovins, BG (Ret.) France Jordan, BG Richard Ursone, BG (Ret.) Mack Hill, CPT Raquel Ernest, CPT Jana Williams **Back** - CPT Todd Yosick, CPT Kenney Wells, 2LT Jeremiah Gladden, CPT Michael Dean, CPT Glen Winekauf, CPT Scott Stokoe, CPT Matthew Clark, 1LT Vineet Gill, CPT Eric McClung, CPT Tracy Michael, 2LT William Bosley, CPT Bradley Beauvais, WO1 Keith Griffith, CPT Jason Squitier, CPT Mark Hartell*

The weeks' activities also included a variety of professional development activities including a tour of the United States Capitol Building, the Pentagon, and participation in a Mock Promotion board at the DA Secretariat, U.S. Army Total Personnel Command. The attendees received typical promotion board instructions given by CPT Bernita Hightower, currently assigned as a Board Recorder for the DA Secretariat, and then reviewed and voted on records as members sitting on a promotion board.

This extremely enlightening experience demonstrated the objectivity of the process and the challenges board members face as they evaluate officers' records. As such, the officers came away with an increased understanding of the importance of a complete personnel file and an appreciation for the board process.

BG (Ret.) France Jordan, the ninth Chief, Medical Service Corps (1981-1984) addresses the audience during the AOE Luncheon.

Selection and Eligibility Requirements

The Chief, Medical Service Corps convenes a board of senior MSC officers to select the Award of Excellence recipients. Junior Officer Week participants are selected based on the Order of Merit List. An officer must be nominated for the AOE in order to be selected for JOW. Eligible officers are 2LT-CPT (not previously considered for MAJ) and WO1-CW2 (not previously considered for CW3). The Award of Excellence message is posted each June on the MSC Website.

The officers prepare for a CBRNE briefing presented by LTC Debra Schnelle.

Carmack Medal

The Carmack Medal was established in 1958 by Colonel (Ret.) Joseph Carmack to honor Medical Service Corps officers graduating with the highest class standing from the Medical Services Officer Advance Course. The award, a bronze coin, is minted at the Philadelphia Mint. The Commandant of the Academy of Health Sciences selects and awards the medal. In 1997, the officer advanced course was converted to small group instruction and the award was not presented for several years. In 2002, Mr. Joseph Carmack, Jr. reinitiated presentation of the award. The award is now presented to the Medical Service Corps officer graduating with the highest class standing from all the Medical Service Corps officers graduating from the Army Medical Department Officer Basic Courses for the calendar year.

BG (Ret.) Jordan presents the Carmack Medal to CPT Kenney Wells

This year's Carmack Medal recipient is CPT Kenney Wells. CPT Wells was the Distinguished Honor Graduate for his Officer Basic Course class. CPT Wells is currently participating in the Optometry Residency Program at Brook Army Medical Center.

MSC Contributions

CPT Lyle Rasmussen, 70K

CPT Rasmussen configured 1st Infantry Division's Class VIII authorized stockage list (ASL) to be 100% mobile. He did so by transforming the load plans for the warehouse, utilizing electronic shop vans loaded onto the back of the warehouse 5-ton vehicles. These shop vans allowed for a more efficient utilization of space, a temperature-controlled environment, and a better organization for the numerous loose items on the Class VIII ASL. The better utilization of space also allowed the bulk items and other warehouse equipment needed for setup to be loaded onto the remaining organic vehicles and trailers ensuring the warehouse remains 100% mobile at all times.

CPT Jon Baker, 70H

CPT Jon Baker deployed to Afghanistan with the 82nd Logistics Task force in support of Operation Enduring Freedom as the Medical Company Commander. CPT Baker's critical interaction with international, Special Operation Forces, and conventional medical forces ensured that health care was improved within Kandahar, all safe houses, and forward into the tactical objectives during combat operations. This is a difficult task for any medical commander on a linear battlefield, but the asymmetrical threats and geographical distances made this an especially challenging task. CPT Baker's analysis of combat operations resulted in the timely and effective integration of the regiment's medical assets.

CPT Beverly Casiano, 70F

During her tenure as Team Commander, San Antonio Health Care Recruiting Team, 5th AMEDD Recruiting Detachment, CPT Casiano led her team to achieve 5th Recruiting Brigade's Top Overall Health Care Recruiting Team for FY 2002. Her dedication to duty and her endless drive to succeed were evident as she overproduced in her individual mission with 100% mission box and for the team she overproduced achieving 457.14%.

CPT Carzell Middleton, 70K

Photo Not Available

Presently serving at Bayne-Jones Army Community Hospital, Fort Polk, Louisiana, CPT Middleton is the Chief, Health Services and Human Resource Manager. He has improved the ROTC Cadets Troop Leadership Training Program, integrating ROTC Cadets into active duty units, exposing them to the rigors of JRTC training and the demands of TDA healthcare. He has also integrated himself in to the community and the Family Readiness Group (FRG), donating his time and organizational skill to the hospital FRG and the installation activity committee.

CPT David Baer, 71B

CPT Baer is assigned to the U.S. Army Institute of Surgical Research. He has designed and implemented a $210,000 program to investigate novel treatments for combat wound infections using genetically engineered pathogens. His success in genetically engineering bacteria to luminesce (glow) resulted in establishing the methodology for monitoring these pathogens and enabling non-invasive imaging of infection. This method reduced the number of animals required for testing antimicrobials by over 50%, resulting in a proportional savings of time and resources. He successfully validated these pathogens in animal models and then proceeded to test a novel wound dressing composed of an antibiotic polymer. Polymer wound dressings can be effective in covering minor wounds that included superficial gunshot and fragment injuries. These types of wounds can comprise up to 46% of wounded in action injuries. In order to maintain the fighting effectiveness of a soldier who receives such a wound, a durable wound cover that prevents contamination, allows for routine inspection of the wound and has minimal impact on normal duties as required. Additionally, an antimicrobial function will help prevent these small soft-tissue wounds from becoming complicated due to bacteria already present in the wound. Such complications can result in a soldier becoming unfit for duty or extending the time needed for full recovery.

2LT Jeremiah Gladden, 70B

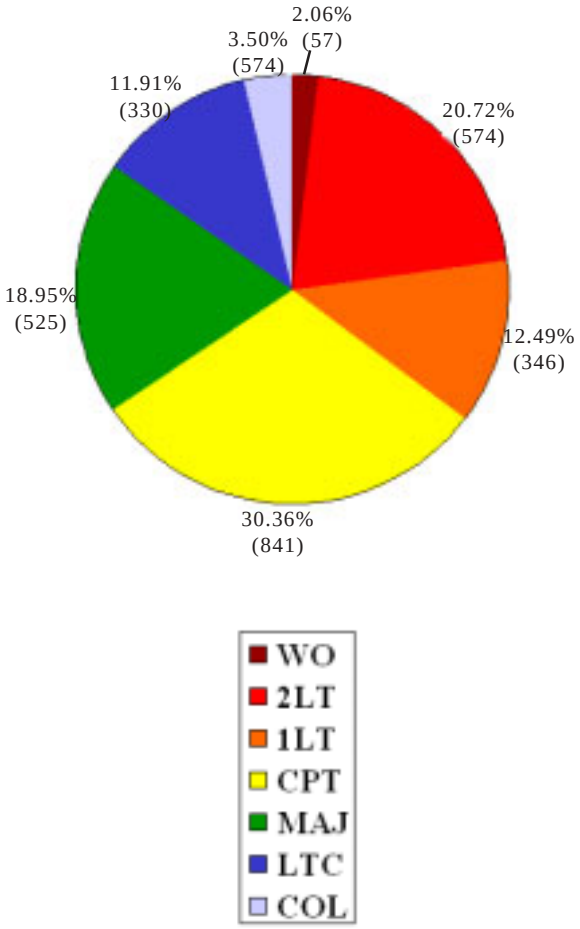
2LT Jeremiah Gladden was selected as the Deputy State Surgeon for the Ohio Army National Guard. As such LT Gladden is responsible for tracking the medical readiness of all units in Ohio, three physical exam station operations , which service 100 Soldiers each training day, and 18 simultaneous immunization and screening teams that run concurrently but in separate locations across the state. He coordinates these operations with higher units' headquarters. Staffing these operations with doctors, dentist, nurses, medics and other support personnel from across Detachment 6 and organic unit personnel from each command proved quite successful.

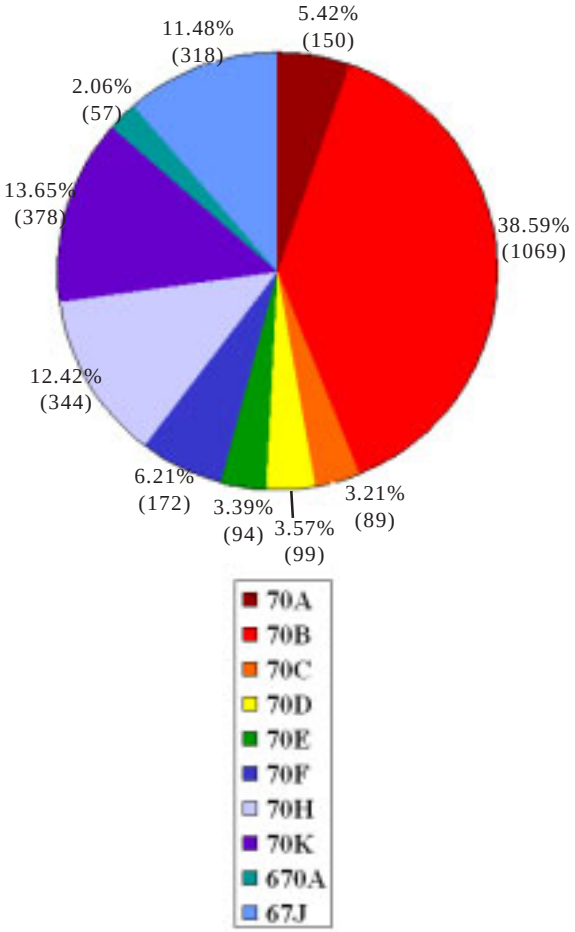
Health Services

COL James Greenwood
Assistant Corps Chief for Pharmacy, Supply, and Administration

What a tremendous year! Our country, our Army, and our Corps have endured and accomplished much over the past year. We continue to demonstrate our relevance and value in multiple ways every day and our future remains full of challenges and greater opportunities. The officers across the eleven Areas of Concentration (AOC) in the Pharmacy, Supply and Administration career field are serving in key positions in TDA and MTOE organizations throughout the world. The opportunity to provide visionary leadership, including command at the MTF level, remains better than ever. The consultants have again done a great job in this Third Annual Report of highlighting specific AOC issues, successes and contributions. Our Corps is our people. We need to remember this as we focus on mentoring junior officers, ensuring and validating developmental positions, and assessing post-graduate education and training opportunities. Professional certification is our credential. It benefits the individual by encouraging individual growth, promoting professional stature and expanding career opportunity. Over the past year, all our accomplishments reflect the great confidence that the Army, Military Healthcare System and AMEDD leadership has in our continued ability to contribute.

Pharmacy, Supply, and Administration Officers





70A - Healthcare Administration

COL David Rubenstein, FACHE
Consultant

I'd like to start this year's annual report with a well-deserved thank you to COL Jimmy Sanders, FACHE. He ends his active duty career as he began it, totally dedicated to the healthcare administrator's role in ensuring systems, organizations, and resources are in place to provide only the very best in excellent healthcare. It is each of our responsibility to do our share to advance the results of his hard work.

Though the Consultant may change, two concerns that COL Sanders believed in remain very constant. These are our need to mentor or guide each other and the importance of having a known route to and through our AOC. I use the term "To mentor or guide" intentionally. Mentoring is sometimes used in its truest sense as a career or, occasionally, lifelong commitment to the professional growth of another. And for some of us that is a bit scary or a bit intrusive or a bit bothersome. However, "guiding" does not carry the same connotations. The truth is that we must all be willing and able to assist when a fellow Soldier asks for our guidance, assistance, or thoughts as it relates to a career or professional development question. This may, but doesn't have to, take the form of a career-long relationship. That is where the idea of "guiding" your fellow Soldier is important.

I cannot begin to express how very important it is to mentor or guide those around you. If you don't tell them what you like about being a 70A or what a career as a healthcare administrator is like or what they can do to become a better 70A, who will? Last fall I hosted a 70A breakout session at the annual MSC Conference in Germany. At the session three young officers told me all about being a 70A as they had learned from the non-70A and non-MSC leaders around them. Sadly, all they had been told was incorrect. We must all, from Lieutenant to Colonel, take it upon ourselves to mentor and guide younger 70As and those 70B junior officers wanting to know more about our AOC and the possibilities it holds for a successful and rewarding military and post-military career.

An important element of mentoring and guiding is to identify certain fellow 70As to me, to Branch, or to the Chief's office. Who is a good candidate for admission into the Baylor Program? Who should be considered for a particular assignment? Who recently published a professional article? The bottom line is that each one of us must be ready, able, and willing to serve as a mentor or guide in support of a fellow officer.

One question many of us hear is about the route to and through our AOC. At one time or another we will all give an answer to the questions: "How do I become a 70A? How do I excel at being a 70A? How do I advance as a 70A?" In all three instances the answer, in my opinion, is the same. We become, excel, and advance as 70As by pursuing and gaining education, experience, and professional affiliation.

EDUCATION starts with graduation from an appropriate graduate program. The U.S. Army-Baylor University Graduate Program in Healthcare Administration (HCA) is the military's preferred program. The Program is fully accredited with one of the longest periods of accreditation of any HCA program in the nation. The Program excels because of its depth in excellent faculty and excellent students. The military and civilian faculty has a national reputation for scholarship, research, and contributing to the literature of our profession. The students are award winning, mature, and dedicated.

The lifeblood of Baylor is the annual infusion of new students. Some years we get an ample number of applications and some years we don't. We need ten students a year to start their studies with an eye on becoming a 70A. We will accomplish that with your help. Each 70A should take a personal responsibility for the recruiting of one junior officer to apply for a 70A seat in the Program. If you do that, you will be a major factor in the Program's continuation of excellence.

I realize not all 70As come through the Baylor route. There are civilian programs sponsored by the Army Long Term Health Education and Training (LTHET) program and civilian programs completed during non-duty hours. In either instance, I have one caution. The students in these programs, in order to maximize their education experience and education dollar, should ensure the program is accredited. Attending an accredited program, not an accredited school but an accredited program, ensures to the student and the Medical Service Corps that the officer has received an education that meets the standards and expectations of our Corps and our AOC. Mentors and guides, thank you in advance for ensuring that your junior officers understand the difference between accredited programs and accredited colleges or universities.

EXPERIENCE is the application of education to the real world of healthcare. A full, rich career is the result of many varied experiences. Our system provides healthcare in both garrison and field settings, in both line and staff positions, in both the continental United States and overseas. To get better at what we do and to be most productive as we become senior 70As mandates that our career be a montage of these various opportunities. Take note, however, as we mentor and guide those around us, we must always start with the question: "Where do you want to be and what do you want to have accomplished when you finish your Army career?" The answer or answers will go far in helping you to mentor and guide your fellow officers to the right types of experiences.

AFFILIATION with a professional society is critical to professional growth and development for a variety of reasons. Professional societies advance continuing education, sponsor career

advancement, support or run publication houses, and develop rules and norms that we, as healthcare administrators, need in order to ensure we maintain and improve our executive skills. Our providers, our support personnel, and our beneficiaries expect us to know and apply the most advanced knowledge in healthcare administration. Affiliating with a professional society allows us to meet that expectation.

Affiliating also allows us to become board certified as a healthcare executive. What a sense of confidence it gives our board certified physicians and all of our healthcare team to know that their own healthcare executive is recognized by his or her professional society as proficient and competent in the skills, knowledge, and abilities of our profession.

During the past year, 70As who have grown and developed through a career of education, experience, and affiliation were recognized time and again. This year 70As have done very well with promotion boards, command selection, our DCA advisory board, and a host of professional awards. Our 70As have also excelled in support of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and homeland security.

The past year was one of high operation tempo (OPTEMPO). The next will be the same. Each of you will be stretched to the limit by your commander, your staff, your healthcare providers, and yourself to accomplish many vital and critical missions. And each of you will succeed. One mission to add to the list is to share the concept of education, experience, and affiliation with your junior officers as you help them with career decisions. Each of you is vital to the success and excellence of 70A as a vital and relevant member of the Army, AMEDD, and healthcare team.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2027180023

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CPT Alie Brown, 70A

CPT Alie Brown commands two companies, Alpha Company and Medical Hold Company, at Dwight David Eisenhower Regional Medical Center (DDEAMC), Fort Gordon, Georgia. As a commander, CPT Brown established an environment that fosters mission accomplishment and individual success. Reflective of his efforts, Alpha Company has reenlisted 163% of objective and maintained PROFIS Soldiers in a medically qualified and trained category to deploy when needed. He has likewise been an outstanding commander for the DDEAMC Medical Hold Company. He has successfully partnered with the medical and administrative staffs of DDEAMC to establish a system to track patient appointments and manage medical board processing. He received recognition from the US Army Medical Command (MEDCOM) IG for having one of the best Medical Hold Company medical board soldier tracking tools.

CPT Scott Stokoe, 70B

CPT Stokoe was the clinical administrator in the Obstetrics/Gynecology Department, Landstuhl Regional Medical Center before reporting to Fort Sam Houston as a Baylor student. While serving at LRMC, he coordinated the movement and treatment of several high profile patients at Landstuhl from other locations throughout the EUCOM AOR. He was selected as the Mil-to-Mil coordinator for several delegations of senior officers attending training at Landstuhl from other nations. CPT Stokoe was instrumental in the establishment of the LRMC Stork Nest Program.

CPT Marcella Feddes, 70F

CPT Feddes, while assigned as the Chief of Resource & Analysis (R&A) Branch, Department of Managed Care at Dwight D. Eisenhower Army Medical Center, provided critical support to the Chief, Department of Managed Care and the Deputy Commander for Clinical Services. Noteworthy were her studies to reestablish in-house obstetrical services and the establishment of a joint venture with the local VA Medical Center to perform cardio thoracic surgery. She also self-developed into one of DDEAMC's few experts in the use of the All-Region Server (ARC) Bridge. This is a newly established database that permits retrieval of critical healthcare information for use in the evaluation of hospital performance.

70B - Health Services Administration Assistant

The Medical Service Corps' primary accession AOC is the 70B – Health Services Administration Assistant. The primary portal for these young officers is Reserve Officer Training Corps (ROTC), with officers also entering our ranks via the United States Military Academy at West Point and Officer Candidate School. As a matter of policy and practice, 70B officers' initial assignment will continue to be in field (TOE) units to develop them as small unit leaders as they learn about the profession of arms.

It has become quite evident over the years that our largest officer community was also our most under-represented. To this end, BG Ursone has implemented various career management, leadership, and mentoring initiatives to better prepare 70Bs for success in every assignment, as well as improve their professional development opportunities.

Career Management

As stated earlier, first exposure to our Army for 70Bs is wide-ranging from infantry and armor battalions as medical platoon leaders to serving in DISCOMs in the medical companies of Forward Support and Main Support Battalions as platoon leaders, executive officers, or company commanders to various corps-level units to include Area Support Medical Battalions, Medical Evacuation Battalions, Medical Logistics Battalions, and Combat Support Hospitals. Company grade 70Bs are also provided opportunities to develop as primary and assistant staff officers.

As a follow-on assignment, the 70B should seek Medical Treatment Facilities or non-field (TDA) staff positions to broaden their perspective with regard to the scope of specialties and opportunities in the Medical Service Corps to broaden their professional experience base and become better prepared to serve in any environment. This approach also allows officers to better understand what "work" they enjoy and, therefore, will assist them in selecting an AOC. It is critical officers select the AOC for which they are best suited.

Following a successful company command, 70Bs are expected to self-select an AOC no later than their seventh year of service. If an officer does not choose an AOC, Human Resources Command (HRCOM) will review officers' ORBs in September of each year and make an AOC recommendation to the officer. The importance of having officers select an AOC by their 8th year of service is that it allows time for officers to receive the appropriate training and experience in their AOC prior to being considered for promotion to Major. 70Bs are highly encouraged to compete for various Long Term Health Education and Training (LTHET) opportunities, especially Baylor and AOC producing education and training opportunities.

2LT Ken Murray, Treatment Platoon Leader, and 1LT Alyson McInerny, Executive Officer, C Company, 307th Forward Support Battalion, 82nd Airborne Division, deployed in support of Operation Enduring Freedom. Here they await transportation at Rhein Main Air Force Base, Germany.

Leadership Initiatives

One of the most significant initiatives over the past year was the introduction of a 70B Junior Leader Community Page and Knowledge Collaboration Center on Army Knowledge Online (AKO). This site was expressly designed for our junior officers. It addresses relevant information to assist young officers with their daily leadership responsibilities as well as special areas of interest.

Designed and administered by CPT Brian Bender in the MSC Corps Chief's Office, this site is divided into five main categories – Combat Health Support Plans, Operations, and Training; Administrative Issues; Publications and References; Medical Supply and Maintenance; and Leader Development. Each category is then sub-divided into specific subject matters germane to the category and topic. Information ranges from SOPs, checklists, planning tools, regulations, and AARs from NTC/JRTC as well as Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). In sum, it is a valuable resource that provides young officers, irrespective of AOC, critical tools for successfully accomplishing their duties as junior leaders.

Mentoring

As many are aware, BG Ursone directed a mentoring survey to identify and address mentoring issues within the MSC. The survey was designed to gain insights on the perceptions of our officers regarding mentoring within the Corps. The findings from the survey are posted on our MSC website and are discussed as an update/report in this Annual Report. The findings clearly indicate that there are challenges with "mentoring" in today's Army. One of the most compelling challenges is to define expectations of both junior and senior officers. Another challenge is to ensure senior officers are willing to make the time for junior officers and are both genuinely approachable and accessible. However, we believe we can address these "mentoring" challenges by finding innovative approaches to improve the relation-

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2046380007

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ship between junior and senior officers. Towards that end, we will continue to work on different approaches that inculcate mentoring in the culture of our Corps this in the coming year.

Conclusion

The opportunities for all MSC officers to serve in meaningful developmental and senior positions are great and continue to grow each year. Take the time to read this Annual Report and visit the various MSC web pages that are of interest to you – every AOC has its own web page on AKO. Moreover, seek out leaders who you respect for their guidance and upon whose counsel you will consider and act upon.

Rest assured that we remain committed to making our Corps and our officers better able to serve our Soldiers and our Nation. Through our combined efforts to make MSC Officers the "officers of choice" we will successfully meet our individual and Corps goals.

CPT Martin Robinette, 72C

As the Hearing Conservation Program Manager at the Aeromedical Center, Fort Rucker, Alabama, CPT Martin Robinette has built a model Hearing Conservation Program. He organized and conducted local training to certify hearing conservation technicians in accordance with the Council of Accreditation for Hearing Conservationists (CAOHC) standards. By doing so, CPT Robinette saved thousands of dollars that would have been otherwise spent on Temporary Duty for hearing conservation technicians from Fort Rucker to complete this required training. During his tenure at Fort Rucker, CPT Robinette has significantly increased compliance with the HC Program, and reduced the incidence of noise-induced hearing loss. He continues to increase the visibility and credibility of the HC program through the presentation of numerous hearing conservation briefings to the Army Flight Surgeon Primary Course, Aviation Safety Course, and at numerous other military and civilian activities.

CPT Clay Goser, 70K

CPT Goser serves as the Deputy, Assistant Chief of Staff for Facilities for the European Regional Medical Command. As Deputy, CPT Goser is responsible for current operations and project execution for fixed and contingency facilities. CPT Goser is directly responsible for the development, design, construction, and transition/outfitting for the following projects: Baumholder Health Clinic Renewal design, Livorno Health/Dental Clinic Renewal design, Vicenza Dental Clinic Replacement development, and restoration and modernization works for the contingency hospitals at Camp Bondsteel, Kosovo and Tuzla, Bosnia.

CPT Brandon Pretlow, 70K

CPT Pretlow deployed to Kuwait as the Commander, 6th Medical Logistics Management Center (Forward) in support of the 3rd MEDCOM (Forward). The 3rd MEDCOM (Forward) is the Single Integrated Medical Logistics Manager (SIMLM) for the CENTCOM AOR, and the TAMMIS Customer Assistance Module (TCAM) is the medical logistics requisitioning system that all medical units, including joint and coalition forces, will use to requisition medical materiel. During his tenure in this theater, CPT Pretlow and his detachment have fielded TCAM to 12 medical units, including Air Force and Navy, and established electronic connectivity with the supporting medical logistics unit. Medical logistics support to current and future operations in this AOR are centrally dependent on TCAM usage, and CPT Pretlow continues to execute the fielding and training flawlessly as units deploy here.

CPT James McKnight, 72D

Serving as the Assistant Chief of the Environmental Health Division at Landstuhl Regional Medical Center, LT McKnight is responsible for management of the Hazardous Waste and Regulated Medical Waste Programs encompassing 40 wards within LRMC and eight Army Health Clinics located throughout Germany, Italy, and Belgium. He conducted a comprehensive review of the program and took positive action to rectify deficiencies. During a Joint Commission on Accrediation of Healthcare Organzations (JCAHO) evaluation in May 2002, his Hazardous Waste and Regulated Medical Waste Programs received no adverse findings.

CPT Jeffrey George, 67J

CPT George is the executive officer for the 50th Medical Company (Air Ambulance) in the 101st Airborne Division (Air Assault). During a recent unit deployment to Kosovo, CPT George was the rear detachment commander. As commander he led the company through the Aviation Resource Management Survey (ARMS) , which measures the unit's ability to perform its wartime mission. The 50th Medical Company (AA) exceeded all expectations and achieved an unprecedented 100% pass rate for non-rated crewmembers. His efforts were critical to the unit receiving the coveted recognition as the AAAA Air/Sea Rescue Unit of the Year.

70C- Health Services Comptroller

COL Daryl Spencer
Consultant

The Health Services Comptrollers (70C) continue to play a pivotal role in the successful accomplishment of the Army Medical Department (AMEDD) mission. AMEDD Commanders depended heavily on their comptroller's judgment to balance financial and other resources with their mission. 70Cs also continued to demonstrate their leadership, hospital administration talents and agility by successfully holding two TDA command positions and six Chiefs of Staff/DCA positions within the U.S. Army Medical Command (MEDCOM) this past year. Additionally, 70Cs filled seven TO&E command positions. Congratulations to COL Ron Eskew and LTC(P) Casper Jones who were both selected for senior level commands.

With the start of Operation Iraqi Freedom (OIF) numerous "Charlies" deployed in support of theater operations in Iraq. These included LTC Alain Pirrone, LTC Mike Cook, MAJ Dave Richardson, MAJ Dave Roberts, and CPT Ron Goding. COL Elias Nimmer continues to serve with the Ministry of Health in Baghdad, assisting in the humanitarian support to the Iraqi people.

The untold story for 2003 involved the MEDCOM's battling back from a beginning-year shortfall of over $100 million dollars. Add to this the funding turmoil of Operation Enduring Freedom (OEF) and OIF and you had a recipe for financial system collapse. Although our Medical Treatment Facilities (MTF) felt some initial pain in dealing with unfilled PROFIS deployments and MTF backfills to regional MTFs, this situation soon stabilized. With the exception of some minor disruptions, the majority of our beneficiaries probably did not recognize that the AMEDD's budget shortfall and support to the global war on terrorism (GWOT) had any impact on peacetime healthcare delivery. The behind-the-scenes heroes in minimizing the impact on our staff and beneficiaries were the Comptrollers at TRICARE Management Agency, MEDCOM, Office of the Surgeon General (OTSG) and the regional support commands who were able to successfully argue for funding to support MEDCOM's dual peacetime/wartime medical support missions. The Army was the uniformed Service impacted the hardest by OEF and OIF and we were the only Service to actually maintain in-house workload this past year. Although this was a total AMEDD team success story, it should certainly be pointed out that ample resourcing was the foundation for much of this 2003 success story. Despite the $100 million initial deficit, the MEDCOM was able to remain solvent through the year by implementing a well-built financial strategy that included management actions at all levels, accepting risk in central programs to include the command's facility sustainment, renovation and modernization program, and effective obligation management. As a result, the Command was able to continue several special programs such as Venture Capital, Advances in Medical Practice (AMP), and Access to Care. The achievements of our Comptrollers certainly enabled the AMEDD to sustain operations in a year that began as a 'financial crisis'.

COL Elias Nimmer, Iraq, May 2003. "One brick is $1.6m - Comptroller heaven palletized!"

The Health Services Comptroller field continues to forge ahead to prepare itself to meet future challenges, not the least of which is recruitment and retention of qualified officers in this critical AOC. Three Comptroller Interns completed their one-year programs in June and six more interns began their training this past summer to include: MAJ Chris Rheney (Brooke Army Medical Center), MAJ Patrick Grady (Walter Reed Army Medical Center), CPT Anthony Cooper (Madigan Army Medical Center), CPT Mark Heard (BAMC), CPT Shelly Mizelle (Womack Army Medical Center), and CPT Edward Edwards (Dwight D. Eisenhower Army Medical Center). MAJ Chris Rheney was also one of two officers selected to be the first students to complete the Army-Baylor Masters in Healthcare Administration (MHA) and University of Texas-San Antonio (UTSA) Masters in Business Adminis-

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2019180003

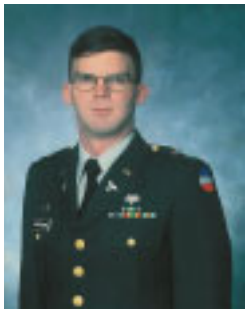
Note: You must log in to AKO before entering this URL.

tration (MBA) dual-track program. In addition to six new internship starts, three 70Cs, or officers tracking as 70Cs also earned seats in this year's Army-Baylor MHA and UTSA MBA dual-track program. We also had one start in the Syracuse University MBA/Comptrollership program. These summer starts included CPT Matt Gorski, CPT Heidi Prechtel, and CPT John Lee all attending the Army-Baylor/UTSA dual track (MHA/MBA) program and CPT Rebecca Terry attending the MBA program at Syracuse University. Congratulations also to MAJ Kevin Broom who was selected for a PhD in Finance at the University of Mississippi.

LTC Mike Cook, Iraq, June 2003. U.S. Currency in action.

The role, responsibilities and authority of an AMEDD Comptroller will continue to expand in the future. I envision an environment that will continue to be resource-challenged, but remain confident in the abilities and determination demonstrated by the 70C community. New programs such as the TRICARE Next Generation of Contracts and the VA/DOD Health Care Resources Sharing and Coordination Demonstration Projects will provide ample opportunities for 70Cs to demonstrate their business acumen. It is only through the combined efforts of all that we will be able to meet the demands of the 21st Century.

CPT Sean Casperson, 70C



CPT Sean Casperson serves as Chief, Program and Budget Branch at Landstuhl Regional Medical Center. Upon CPT Casperson's arrival at LRMC, it took up to ten working days to produce the month-end budget reports. His excellent leadership and training of his subordinates, coupled with the integration of complex Microsoft Excel functions into the budget report development process, reports are now produced in less than 2 days. CPT Casperson is currently developing a Microsoft Access budget report generation program that will produce the standard financial reports within 15 minutes. The accuracy of these system-generated reports is expected to be nearly 100% due to the elimination of human data entry errors.

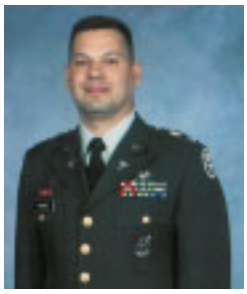
CPT Jeffrey Zottola, 70C

CPT Zottola was the Chief, Resource Management, of the U.S. Army Medical Activity in Heidelberg, a 63-bed community hospital with nine outlying clinics. The budget requirements also include the Heidelberg Dental Activity and the Northern European Veterinary Detachment. CPT Zottola quickly established himself as a mature, capable, and innovative officer whose global perspective enhanced his ability to successfully direct a $40 million budget. He developed and implemented an automated budget tracking system to ensure the USAMH and other supported activities could monitor obligations by new Budget Activity Groups (BAGs). His mastery of complex health care initiatives and resourcing issues far surpasses his peers and was instrumental in strategically positioning this MEDDAC for success. As a direct result of his leadership and persistence, the organization closed out the fiscal year with superb results, within 0.01% of the target. In January 2003, CPT Zottola took command of A Company, 67th CSH in Wuerzburg, Germany.

CPT Bradley Beauvais, 70C

CPT Beauvais developed a desktop budget management tool that easily downloads financial information into an easy-to-use spreadsheet that obviates the need for working directly with the cumbersome Database Commitment and Accounting System. This unique and innovative management tool has great possibilities for expansion throughout the AMEDD. Indeed, this tool was instrumental in identifying $2.3 million in potential overspending at Keller Army Community Hospital, West Point, New York during FY 2001.

CPT David Marquez, 70C



CPT David Marquez completed the Comptroller Internship under the preceptorship of LTC Jeff Nechanicky and reported to Fox Army Health Center (FAHC), Redstone Arsenal, AL as the Chief, Resource Management. During his tenure at FAHC, CPT Marquez planned, programmed, and executed appropriated funds during the Continuing Resolution Authority formulating a $22 million budget for the Command. His Division is also involved with the Defense Medical Human Resource System Internet, a program in which Winn Army Community Hospital is the Beta Test Site. CPT Marquez has put together a world class business operations division that has significantly improved the readiness of healthcare delivery.

70D - Health Services Systems Management

COL Charles Hume
Consultant

The Health Services System Manager (70D) resides at the nexus of information technology and healthcare. The pace of change occurring in each of these disciplines is rapid and accelerating, creating the perfect environment for a stimulating and challenging career field. In Army Medicine, this is especially true. The cutting-edge information technology being deployed in the Army not only supports healthcare in the traditional hospital setting, but also in the environmental and operational extremes of a combat theatre. In the last year, the Army Health Services Systems Manager has been called upon to support combat medicine at an unprecedented level. These officers have demonstrated that they are up to the challenge and they have revalidated the requirement for their unique expertise in support of combat medical forces as well as garrison healthcare activities.

Leadership Change

COL Barclay Butler retired in the spring, closing out a career of outstanding service that culminated in his assignment as AMEDD CIO and as the 70D Consultant. He is looking forward to a chance to pursue other opportunities in industry. The 70D community owes him a debt of gratitude for his leadership in defining the career field during a time of significant change. During his tenure, he has planned effective means of dealing with the challenges of MRI, deployment assignments to support Operation Iraqi Freedom (OIF), effective definition of career paths for senior positions, and effective ways to grow the career field in preparation for future requirements. Best wishes to COL Butler in his retirement pursuits.

Operation Iraqi Freedom

In preparation for OIF, the Medical Communications for Combat Casualty Care (MC4) program received guidance, funding and approval to deploy systems to units in, and heading to the theater of operations—well ahead of the planned fielding schedule. These MC4 systems were targeted at echelon above division and echelon above corps medical units with an emphasis on medical surveillance and medical logistics. Not having yet undergone the medical reengineering initiative (MRI) conversion, these units did not have the Health Services Systems Managers needed to plan and provide the technical support and supervision for these mission-critical systems. With extremely short notice, 70Ds assigned to MEDCOM units were tasked to augment these medical units.

The article below appeared in the July 2003 issue of Hospitals & Health Networks Magazine. It does a good job describing the new technology environment at an OIF Combat Support Hospital:

Wired At War
By Dave Carpenter

From a distance, the sprawling community of tents and container units in the desert of northern Kuwait might pass for a Bedouin camp. But past the hand-painted wooden welcome sign and inside the labyrinthine complex, the 47th Combat Support Hospital houses an unprecedented array of battle-zone hospital technology.

The 296-bed facility appeared almost overnight on the sands in early March, just before the U.S.-led invasion of Iraq; it took less than 48 hours to set up. Shortly after, its Army technical staff successfully deployed the first medical informatics system in a combat zone. When Soldiers are brought in from Iraq with ailments from the common cold to battle wounds, they are treated in a facility as wired as many back home. "This is really a first-rate hospital," boasts Maj. William McGrath, the communications specialist overseeing the facility's technology. "We are doing some very innovative things out here."

The wide range of technology, supported by several miles of cable, includes everything from a hand-cranked, Vietnam-era switchboard to

CPT Jeffrey Marks deployed with the 520th Theater Army Medical Laboratory as the Security, Operations, and Information Management Officer. CPT Marks is the Garrison Information Management Officer, Walter Reed Army Medical Center.

MAJ Timothy Knickerbocker, assigned to the Fort Campbell MEDDAC, deployed in support of Operation Iraqi Freedom with the 86th CSH.

MAJ William McGrath, assigned to Madigan Army Medical Center, deployed with the 47th CSH.

COL William Novak (left) deployed in support of Operation Iraqi Freedom as the senior 70D in theater and served on the CFLCC staff. LTC William Chambers served as the 70D with the 3rd MEDCOM.

Iridium satellite phones to full lab capability, a teleradiology system and electronic medical records. Most notably, the 47th CASH, as it is known, broke ground for a combat hospital with its MC4 informatics system—Medical Communications for Combat Casualty Care—which runs a 10/100Mbs network with two servers and about 120 laptops. The MC4 powers a variety of systems only now feasible in war zones: patient accounting, patient regulating and tracking, medical surveillance, medical logistics, medical and other references and office automation and e-mail. Handheld devices using Windows CE synchronize via cable and Microsoft ActiveSync to MC4 laptops.

McGrath, 47, an 18-year Army veteran with master's degrees in information systems and business administration, is the military equivalent of a chief information officer. But few civilian CIOs have faced what he and his support staff of 13 have to endure. Challenges have included daily Scud missile attacks in the early going and problems created by the austere environment—120-degree heat that interferes with satellites and communications. Treating the vast majority of patients in the entire war zone means frequent medical crises, too. "It can be pretty difficult to implement an electronics system when you have a dozen gunshot victims showing up simultaneously," he says. "We like to input every patient into the system, but in a crisis like that we have to revert back to paper."

Educational Opportunities

Nine officers attended the Medical Information Management Course. This course is a prerequisite to attaining the 70D AOC. We welcome these new officers into field.

This was the first year of a new opportunity in graduate schooling for the career field. Three officers entered a new program offered through the Army Baylor Healthcare Administration program and the University of Texas at San Antonio (UTSA). These individuals are attending the Army Baylor program, which leads to a Master of Healthcare Administration degree. They have completed the didactic phase of that course and are now attending UTSA in an MBA program with an emphasis in Information Systems. This educational program is tailor-made to address the educational requirements of Chief Information Officers. It will better prepare 70D CIOs for their role as integrator of information technology and the business processes of healthcare.

Additionally, LTC Ulmont (Monty) Nanton is the first 70D to attend Senior Service College. LTC Nanton is doing a fellowship in the U.S. Department of Health and Human Services, working in the Secretary's command center writing the National Incident Management System plan.

We also conducted the Health Services System Management Professional Postgraduate Short Course in February in San Diego, CA. This was held in conjunction with the Healthcare Information and Management Systems Society (HIMSS) Annual Conference. Because of last minute deployments in support of OIF, only 58 70D officers were able to attend, along with about 130 other AMEDD attendees. Plenary sessions focused on strategic relationships with the Army, with other Service medical departments, and with the Military Health System. Breakout sessions covered the entire array of IM/IT issues from foxhole to fixed facility, including both the information technology perspective and the clinical informatics perspective.

Conclusion

2003 has been an exciting and challenging year for 70Ds and the experiences are a forecast for the future. MC4 and MRI will provoke a fundamental shift in the career patterns for 70Ds, opening up new opportunities for rewarding positions in combat hospitals and headquarters units. Meanwhile, the information technology in our fixed facility hospitals continues to advance at an unprecedented rate. Healthcare delivery and healthcare management are increasingly information dependent and our Health Services Systems Managers ready, willing, and able to tackle these challenges across the operational continuum.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2024680003

Note: You must log in to AKO before entering this URL.

70E - Patient Administration

COL Larry J. Clark
Consultant

Patient Administration continues to offer a challenging and rewarding career in a dynamic field that must continually adjust to meet the needs of our evolving Military Health System. Patient Administrators must be an effective and efficient advocate for our patients. In order to ensure success within the Army Medical Department (AMEDD) and the Army, Patient Administrators must continue to sharpen their skills in the areas of readiness, patient administration operations, information management/information technology, and data quality.

The Patient Administration officers have continually been recognized as key leaders among the AMEDD community. This recognition will surely continue over the years. In FY03, five Patient Administration officers are attending the Command and General Staff College at Fort Leavenworth, Kansas. These officers are MAJ Ellen Daly, MAJ Joseph Graham, MAJ Michelle Greene, MAJ Michael Richardson and MAJ Joseph Williams. Also, in FY03, LTC Francis Bannister was selected to attend the U.S. Army War College at Carlisle Barracks, Pennsylvania and LTC Shelia Hobbs completed the first year of Senior Service College through correspondence. As you can see, the future of the Patient Administration community will be in excellent hands.

Successes

Patient Administrators continued their support role by providing medical records expertise and supporting soldier unique health administration needs (profiles, line of duty, medical evaluation boards, liaison with unit commanders, etc.). Patient Administrators continued to contribute in the current contingency operations as Medical Regulating Officers and Chief, Patient Administration Section of the various deployed hospitals. The AMEDD Center and School has provided valuable patient administration training to Reserve Component units prior to their deployment. Fulfillment of the readiness requirements remains a critical Patient Administration function. Patient Administration has also taken on the responsibility for implementation of the privacy requirements under the Health Insurance Portability and Accountability Act (HIPPA).

CPT Richard Wilson and CPT Eric Wallis graduated from the Masters Degree Program in Health Care Informatics offered at the University of Pittsburgh. MAJ John Miller and MAJ Stephen Oates started their second year at Pittsburgh. MAJ Geri Robinson fulfilled her graduation requirements via the Degree Completion Program at Wayland College and LTC Douglas Sloan completed a Training with Industry Program with the 3M Corporation.

Challenges

Patient Administration faces several challenges. The Patient Administration senior leadership and the Human Resources Command will continue to work together to provide 70Es with the best opportunity for promotion at all grade levels. We will ensure that officers are given the opportunity for diversity in assignments in order to be competitive for promotion. We will continue to recruit quality officers for attendance to the Patient Administration/Associate Health Care Administration Course with the intent of these officers becoming the future of our 70E community. We must continue to improve the revenue under the Outpatient Itemized Billing Program under the Uniformed Business Office.

It is imperative that the Patient Administrators understand the various information systems (for use in TO&E/TDA) that are being deployed to assist in the day-to-day functions within the PAD community. The timely input of data, the accuracy of data being input and understanding the products derived from these systems must be the top priority for our Patient Administrators.

Patient Administrators must continue to participate and support data quality at their facilities. In particular, Patient Administrators must facilitate the improvement of coding (inpatient/outpatient) in the hospital and field hospital settings.

Conclusion

As we continue to support our healthcare providers in a variety of environments, we will meet new challenges and we will address these challenges appropriately as the "Cornerstone of Concerned Health Care".

CPT William Bohl, 70E

Serving as the Director/Deputy Director, Alaska Federal Health Care Partnership, Fort Richardson, Alaska, CPT Bohl has provided leadership and direction that have taken the Partnership to a new level of success. He provided briefings to Congress in Washington on Telehealth and Healthcare Informatics resulting in the continued funding of Partnership related telehealth initiatives. He also expanded the size and scope of the Partnership office, procured additional funding, expanded the office staff from five personnel to eight, and hired subcontractors to provide detailed health metric collection and analysis. These efforts resulted in a dramatic and immediate impact in patient care services for all Federal beneficiaries in the state of Alaska.

70F - Health Services Human Resources

COL Larry Campbell
Consultant

The Human Resource (HR) profession is steadily increasing its relevancy within our Army Medical Department (AMEDD). Our HR professionals are continuing to achieve and sustain immense contributions enabling the AMEDD to accomplish its strategic objectives. Especially prominent is our efforts this past year related to the Global War on Terrorism. We superbly staffed, coordinated, reported, manned and backfilled our deployable forces in their efforts to combat terrorism. We excelled in providing our commanders with relevant, timely information, and provided the enabling resource to execute their plans - people. I am proud of everyone's efforts. We are a team of professionals that must work collaboratively to ensure our customer's needs are met. I have no doubt that we will continue this effort well into the future. Hooah!

I would like to take this opportunity to recognize two of our HR officers for their achievements this past year. LTC Patrick Sargent was the first Army officer selected for the Tuskegee Airmen, Inc. (TAI) General Benjamin O. Davis, Jr. Military Award. The TAI presents this award annually to a field grade officer exhibiting outstanding performance in both professional and community service. Lieutenant Colonel Sargent is currently assigned as the Battalion Commander for the 421st Medical Battalion (EVAC), located in Wiesbaden, Germany. He received his award at the annual TAI National Convention held 5-10 August 2003 in Denver, Colorado.

MAJ James Andrews, G1, 30th Medical Brigade, deployed in support of Operation Iraqi Freedom (OIF).

Captain Rachel Wienke, currently assigned as the S1 for the 32d Medical Brigade, Fort Sam Houston, Texas, was awarded the 2002 Medical Service Corps Award of Excellence in the Health Services Category. She was invited to participate in Junior Officer Week held in the National Capitol Region, 5-10 April 2003. Additionally, she was formally recognized at the Award of Excellence Luncheon held at Fort Belvoir, Virginia on 9 April 2003. Congratulations to both of these officers and keep up the good work.

This year's report will provide a year-end recap of some of our accomplishments across the entire spectrum of HR activities and updates on current initiatives.

Global War on Terrorism (GWOT)

The majority of Fiscal Year (FY) 2003 efforts were devoted to supporting Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). The AMEDD network is vast, complex and decentralized, but our HR Operators have done a superb job of communication, coordination and follow up, both within and across MACOMS, to ensure timely reporting, adequate staffing and expedient backfill support. Many thanks to all involved, but especially to the following HR Professionals whose diligence did not go unnoticed: MAJ Rick Dickinson & CPT Shep Gibson (US Army Medical Command (MEDCOM) Personnel Operations Branch), CPT Kathryn Wright (CJTF) and MAJ Jim Andrews (30th Medical Brigade).

At the height of the deployment in support of OIF, MEDCOM deployed 2317 Professional Officer Filler System (PROFIS) personnel. At that time, the total number of PROFIS deployed in support of GWOT exceeded 2400. The MEDCOM also mobilized in excess of 4000 Reserve Component personnel to support the loss of PROFIS personnel in our Medical Treatment Facilities (MTF) and the ongoing mobilization/demobilization processes.

CPT Jeffrey Grimes (left) is a 70F in the U.S. Army Reserve. He deployed with the 48th CSH as the S-1 in support of Operation Enduring Freedom.

In early April 2003, we started the arduous task of identifying, prioritizing, resourcing, coordinating, and executing PROFIS replacement operations in the theater of operations. To date, MEDCOM has sent 100 PROFIS personnel into theater to replace deployed PROFIS personnel needing to redeploy for various reasons. Approximately 50 deployed PROFIS personnel cross-leveled into other units to facilitate the return of healthcare providers from U.S. Army Forces Command (FORSCOM), U.S. Army Europe (USAREUR), and MEDCOM.

Career Field Update

Force Structure Our HR profession is currently under strength with staffing levels at 89% of our objective. The most recent histogram provided by the AMEDD Personnel Proponent Directorate (APPD), dated June 2003, illustrates our objective as 199 officers compared with only 177 officers in the inventory. Particular concern is warranted for Year Groups 1989-1999 since six of the ten year groups are at or under strength. Collectively, we need to actively market our profession and recruit 70Bs and 67Js Medical Service Corps officers who have the aptitude and potential to complement

our career field.

Civilian Education Analysis Our officers are very competitive both within the Medical Service Corps and with our counterparts in the civilian sector with respect to civilian education. Of the 187 active duty HR officers, 64 possess a Baccalaureate degree, 121 hold Masters degrees, and two have earned doctoral degrees. This is a significant indicator that reflects the dedication and professionalism of the officers in our career field. In fact, 66% of our officers possess a graduate degree.

Career Development

Promotions

FY 2003 Promotion to MAJ (In-Zone)

Considered	Selected	% Selected
13	8	61.5

FY 2003 Lieutenant Colonel (In-Zone)

Considered	Selected	% Selected
8	7	87.5

FY 2002 Colonel (In-Zone)

Considered	Selected	% Selected
3	2	66.6

Long Term Health and Education (LTHET) The Health Service HR career field continues to offer multiple developmental opportunities to increase our knowledge, skills and abilities to maintain relevance within the AMEDD. This year there are LTHET opportunities for graduate training in Operations and Research Analysis (ORSA), two internships (Office of the Surgeon General (OTSG) and AMEDD Personnel Proponency Directorate (APPD)) and one Training With Industry (TWI) position at Baptist Healthcare System in San Antonio, Texas. This year's LTHET participants were CPT (P) Shep Gibson (ORSA), CPT Vern Wheeler (HR Intern-APPD), CPT Avery Davis (HR Intern-OTSG) and CPT Alex Hayman (TWI).

HR Management Course Enrollment in our HR Management Course at the Academy of Health Sciences remains strong. Our annual class, conducted 2-13 June 2003, resulted in 29 professionals completing our baseline program for HR skill acquisition and award of the 70F AOC. Reflecting our growing trend for multi-component operations, our HR course composition included one civilian, 19 active duty, and nine reserve component students. This course offers a two-week curriculum, which includes hands-on information system training (MODS, EDAS, TOPMIS) and a didactic focus on the HR activities associated with the Military Health System (MHS) unique to the AMEDD. Although this is the only course offering within our profession, our community is in the process of institutionalizing a training plan that capitalizes on other existing HR programs. The intent is to create a long term curriculum, strategically phased to provide the necessary skill sets required to deliver HR support across the full spectrum of operations (TO&E, TDA, AMEDD and Non-AMEDD). Consideration is currently focusing on the following curriculum, which includes correspondence, resident and distance learning methods: S1 Personnel Officer Course (Correspondence), HS HR Management Course (Resident) and the FA43, HR Management Course (Distance Learning).

Reserve Affairs

Our Reserve Component community experienced multiple accomplishments this past year, which include approval of their Objective Force Model (OFM) by the Army G1; signing of a Memorandum of Agreement between Army G-1 and OTSG-Personnel Directorate that allows direct input from OTSG to the Army G-1 for RC AMEDD promotion boards and Selective Continuation (SELCON) Memorandums of Instructions. These accomplishments help facilitate migration to a seamless personnel system between the AC and RC. Additionally, the agreement for direct board input allows us to shape our RC by establishing the promotion objectives for the boards.

HR Issues and Focus Areas

Public Health Service (PHS) The MEDCOM and PHS conducted a test demonstration with the augmentation of the MEDCOM with PHS Inactive Reserve Corps (IRC) officers. The authority for this demonstration was pursuant to Section 755(a) of the Floyd D. Spence National Defense Authorization Act of Fiscal Year 2001, which authorized the Secretary of the Army and the Secretary of Health and Human Services (HHS) to jointly conduct a program to augment the Army Medical Department (AMEDD). The PHS IRC will backfill short-term requirements in our Military Treatment Facilities (MTF) in support of contingency operations on a 31, 60, 90, or 180-day rotation.

During FY 2003, PHS IRC assets completed 18 active duty tours within our MTF's. Additionally, seven IRC officers have already volunteered for duty during FY 2004. PHS officers provided Pharmacy, General Surgery, Anesthesiology, Physician Assistant, General Dentistry, Operating Room, Emergency Room, ICU and Nurse Practitioner services at Fort Lewis, Fort Bragg, Walter Reed Army Medical Center, Fort Gordon, Fort Knox, Wuerzburg, Germany, West Point, Landstuhl, Germany, Fort Sam Houston, Tripler Army Medical Center, Fort Leonardwood and Ft. Monmouth. The program is extremely successful and has alleviated some of our staffing concerns over the past year. We anticipate continued usage of their services well into the future. This program definitely provides an alternative to costly contracting options.

HR Information System (HRIS) Transformation. The HR profession is a dynamic function within both the

HR Senior Leader strategy session conducted during the FY03 AUSA Medical Symposium in San Antonio, Texas.

AMEDD and the Army. We can expect to experience significant change in the kind of data we collect, track and report and how we collect and manage data. As a result, it is inherent upon us to actively keep up with these system changes. We must aggressively pursue self-education opportunities to maintain expertise necessary for effectively employing new information management systems critical to AMEDD mission accomplishment. The most significant systems on the vanguard of change are the Defense Medical Human Resource System, Internet (DMHRSi), the Defense Integrated Military Human Resource System (DIMHRS) and the Electronic Military Personnel Office (eMILPO). I encourage all HR professionals to visit the websites for these systems and be a leader in the change processes within your organization.

- ***DMHRSi.*** DMHRSi is a web-based, Tri-Service decision support system that enables the Military Healthcare System (MHS) to manage medical human resources across the services by allowing ready access to essential manpower, personnel, labor cost assignment, education and training, and personnel readiness information. This system is currently in the System Qualification Testing (SQT) and Operational, Test and Evaluation (OT&E) phases. This testing is being conducted at Winn Army Community Hospital, Fort Stewart, Georgia. The SQT phase commenced 4 August 2003 and the OT&E phase began immediately upon completion of the SQT on 29 August 2003. The OT&E phase is scheduled for two months. At the conclusion of the OT&E phase each service will make a "Milestone C" decision regarding deployment throughout the MHS. Ideally, DMHRSi will begin fielding and implementation beginning in the 2d Quarter of FY04.

- ***DIMHRS.*** DIMHRS is a web-based, Quad-service, single integrated human resources management system that provides a common DOD database of personnel and pay information, which allows ready access to comprehensive personnel data across components and services. It will replace SIDPERS3. This HR system is several years behind DMHRSi in the acquisition and development cycle. The Joint Requirements & Integration Office (JR&IO) is scheduled to provide the software developer (PeopleSoft) with the approved set of Business Areas, Business Rules and Workflows in September 2003 to enable them to begin development of the program. The current timeline illustrates fielding of the first module (Personnel/Pay) in Fall 2004 and full operational capability of all modules in FY07.

- ***eMILPO.*** eMILPO is a web-based personnel accounting system, which will serve as an interim bridge until DIMHRS is fielded. This system provides the Army with a single database and improved business practices, which include strength accounting, improved arrival and departure processing, accountability, and mobilization processing.

Conclusion

We have had a very dynamic and exciting year due to the support requirements generated from the Global War on Terrorism. Our HR community has performed admirably in fulfilling their mission to support the Warfighter and the Military Healthcare System. We were successful in providing the right person, at the right time, enabling all commanders with the necessary assets to fulfill their missions. However, we must continue our efforts with continued tenacity. The future will remain a period of continued deployments, as well as change, especially within the HR community. The HR Command activated in October 2003, which initiates the first of many consolidations across the AC and RC (PERSCOM and AR-PERSCOM). Additionally, our HR systems, the very core of our data management and business practices, will experience a great deal of turbulence. It is imperative for us to provide the stability that our units need to successfully execute their mission. We will not falter in the leader development of our officers in order to successfully provide our young officers with the skill sets necessary to support our AMEDD.

This is my last year as your 70F HR Consultant. I am retiring after 30 years of service and I am very proud to have served as your Consultant. Serving as an HR professional, responsible for the most important asset the AMEDD possesses - our people - has been a privilege. Job satisfaction emanates from the results of our decisions, staff coordination and actions, productivity and efficiency. Our profession is truly evolving as we position ourselves within the AMEDD as a strategic partner. Continue to work hard and enjoy the fruits of your labor.

HR Senior Leader's snapshot taken during the AUSA Medical Symposium in San Antonio, Texas

Reference Websites: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2022280003

Note: You must log in to AKO before entering this URL

70H - Plans, Operations, Intelligence, Security & Training

COL Kenneth Crook
Consultant

We have been engaged in the Global War on Terrorism for over 760 consecutive days. In 2003, a year of extreme operation tempo (OPTEMPO) and turmoil, Operators were weaved into the fabric of the AMEDD—the common thread in organizations that bound and synchronized the numerous functional elements into an integrated healthcare system. Our accomplishments ranged from day-to-day planning and current operations of small organizations at the operational level to those having significant strategic impact at the national and international levels. Operators served among the most challenging and high-visibility assignments to shape the future of the AMEDD and the Army. Operators were key leaders integrated into numerous senior command and staff positions throughout the Army, in vital Joint assignments, and in top Coalition positions of global significance. Operators were critical to the success of the AMEDD's and Army's planning and execution of the Global War on Terrorism (GWOT) abroad and at home, Army Transformation, Setting the Force, and the sustainment of healthcare operations within our medical treatment facilities.

Key Accomplishments

Operators continued to support global engagements that routinely found Army medics supporting Army, Joint or Coalition operations in over 80 countries in addition to countless exercises and engagement strategies. We planned, synchronized, and executed the mobilization, deployment and operations for at least 11 separate and named contingencies that included peace keeping, peace enforcement, and full-scale war.

We mobilized over 34,000 Reserve Component Soldiers, deployed nearly 3,500 AMEDD PROFIS personnel in support of GWOT, mobilized 17 Medical Support Units to augment the medical staff at 17 Power Projection Platforms for mobilization and demobilization, deployed from 23 CONUS base mobilization sites and Europe and provided support to over 171,300 Army Force (AC, USAR and ARNG) and over 96% of the total forces in the CENTCOM AOR.

We synchronized the requirements and movement of over 9,500 Army medical personnel (Active and Reserve Component) to Iraq to augment and support medical commands and staff in OIF. We conducted a " rock" drill in CONUS to prepare AC and RC units for mobilization and deployment, and the Regional Medical Commands' sustaining base for mobilization and deployment of units from power projection platforms. We obtained $23 million critical to rapidly improve dental readiness of RC mobilizing units. We organized and deployed RED TEAMS to assess readiness of deploying medical units, provided staff assistance to the First and Fifth Armies to evaluate, prepare, and train deploying medical units. We provided operations subject matter expert support to plan and conduct a medical "rock" drill for CFLCC in preparation of combat operations. We coordinated the 90-day "boots on the ground" replacements for nearly 1150 rotations of RC health care providers.

Operators designed and implemented the Medical Protection System (MEDPROS) Campaign Plan in the Pacific and European Theaters, and for CONUS installations with major combat units to transcribe medical data in 22-data fields from hard copy records to digital-electronic records in MEDPROS. FORSCOM, ARNG and USARC adopted and mandated the use of MEDPROS as the only approved software system for collecting individual medical readiness data and established a bi-directional interface between Mobilzation-Level Application Software (MOBLAS), FORSCOM's data base for Soldier Readiness Processing, and MEDPROS. Most recently, we rapidly designed, tested and fielded an automated solution to the Post Deployment Health Assessment in the Iraq Theater that provides near-real time information and are in the process of developing an electronic solution to the Pre-Deployment Health Assessment.

In April 2003, operators worked closely with the Army G3 to obtain Chief of Staff of the Army (CSA) approval to implement proposed changes to Army Regulation (AR) 200-1, Unit Status Reporting, that will integrate individual medical readiness metrics into unit status reporting as a reportable component of personnel readiness. MEDPROS data will be entered into MEDPROS to track over 22 individual medical readiness indicators including five reportable medical readiness metrics. The medical readiness of the force will be visible from the individual soldier to the Army-level. Commanders will have visibility of real-time medical readiness of all Army COMPOs within in seconds of initiating an electronic request for data.

Operations Division, Office of the Surgeon General (OTSG) planned and executed The Association of the United States Army Medical Symposium in San Antonio, Texas, from 1-6 June 2003. It was the largest and most successful Medical Symposium to date. It integrated 11 functional tracks that previously conducted separate conferences. The consolidated conference provided the synergy to attract 83 quality exhibits and speakers of strategic importance that included, Dr. Winkenwerder (ASD-HA), GEN Kern (CG, Army Material Command), LTG Riggs (Director, Objective Force Task Force), and LTG Anderson (CG, NORTHCOM). Operations Division, OTSG, has the lead for planning the 2004 Medical Symposium scheduled for 16-21 May in San Antonio, Texas.

LTC John Stewart, Force Management Division, OTSG, conducted a superb Sperandio Conference in 2003. Also called the Operations, Plans, Security, Training and Intelligence Conference, it was conducted in conjunction with the AUSA Medical Symposium in San Antonio, Texas. This conference has always been high-quality and functionally relevant. It continues to improve.

Operators Dr. Alan Compton, Chief of Plans Division, Health Care Operations (HCO), LTC Don Lett (Plans Division, HCO) and LTC

Chief, DMOCs (left-right): MAJ James Kelley, 1st Cavalry Division; MAJ Bob Cornes; 82nd Airborne Division; MAJ Herman Haggray 4th Infantry Division; MAJ Bill Howard, 101st Air Assault; MAJ Chris Grahek 1st Armor Division.

Debra Schnelle (72A Nuclear Medical Science) (Force Management Division, HCO, OTSG) have established the AMEDD as the leader in Chemical, Biological, Radiological, Nuclear Emergency (CBRNE) planning and exercises within DOD and National levels. The AMEDD CBRNE team was invited to participate in numerous exercises and requested to make presentation at the DOD, State and National levels as the example for CBRNE planning.

The Force Management Division; Directorate, HCO, OTSG; collaborated with the Directorate of Logistics, United States Army Medical Materiel Agency, and Program Manager, Medical Communications for Combat Casualty Care (MC4) to obtain $59M in FY03 Supplemental funds from HQDA in Setting the Force funds. Setting the Force encompasses reconstitution of redeploying units, acceleration of Transformation initiatives, and re-stationing units upon redeployment in accordance with Office of the Secretary of Defense global stationing and basing strategies. The Force Management Division also collaborated with the staffs at OTSG, US Army Medical Command (MEDCOM), Army Medical Department Center and School (AMEDDC&S), and US Army Medical Research and Materiel Command (MRMC) to advocate the AMEDD Transformation Campaign Plan to HQDA. This included but was not limited to the above staffs being engaged in meetings with the Objective Force Task Force, Army G1, Army G3, Army G4, AMC, ASA (ALT) and TRADOC. The AMEDD now has approximately 169 initiatives or items with AMEDD equities in the Army Transformation Campaign Database managed by Army G3.

Training and Education

To facilitate GWOT operations, Plans Division, DHO, developed and conducted four MEDCOM Contingency Planning Workshops (CPW) for approximately 25 personnel per session. The CPW provides direct planning guidance for MEDCOM TDA medical facilities and their Reserve Component (RC) WARTRACE aligned counterparts. It is a unique workshop, 5 days in length, offering hands on opportunities plus a practical exercise for RC and MEDCOM personnel. The workshop covers doctrine, missions, logistics, and multiple topics related to mobilization and demobilization medical support requirements. The Homeland Security sessions include discussion of key references, requirements in the primary guidance document (MEDCOM Pam 525-1), discussion of SMART support, patient decontamination requirements, CBRNE training opportunities and a practical exercise. The CPW provides an excellent forum for planners at all levels to discuss issues, receive the latest guidance, network with other planners, and provides direct input to the MEDCOM staff. The instructor staff is comprised of members of the MEDCOM staff, Fort Sam Houston staff, and contractors working with the Plans Division. The CPW is conducted quarterly at Fort Sam Houston.

The Intelligence, Training and Security Course is institutionalized in the AMEDD curriculum. It was conducted twice in 2003 and will be offered biannually in the future. Prerequisites are Officer Advance Course graduates who have a projected assignment as a 70H in a TOE or TDA position. The course provides an excellent foundation for officers who desire to work in operations. Completion of the course is not mandatory, but is strongly recommended for officers who desire to pursue the 70H AOC career path.

Two Operators were selected for resident Senior Service College for 2004 class date. LTC Randall Anderson, Commander, Academy Battalion; 32nd Med Bde, Fort Sam Houston, TX; and LTC Rafael DeJesus, Deputy Chief Medical Service Corps Assignments Branch, PERSCOM (previous Commander of the 232 Medical Battalion, 32nd Medical Bde, Fort Sam Houston, Texas).

Twenty-three Captains and Majors began Masters-level long-term education and training programs in healthcare related graduate programs and are expected to graduate in the Spring or Summer 2004.

We continue to make progress in professional military education. Ninety-seven of 119 operations officers in year groups 81-90 have completed CGSC. Eight officers in year groups 91-95 have completed CGSC, and 137 have completed CAS3. Twenty-seven officers in year groups 96-99 have completed CAS3 and 24 have completed OAC.

Road Ahead

Hundreds of operators make important contributions to the AMEDD success every day. Your continued hard work and tenacity to plan, coordinate, execute and synchronize is essential to the successful accomplishment of the AMEDD's Global missions.

- Five goals for 70H community in 2004 and the near-term:
- Improve the selection rates for 70H to rank of Colonel. Conduct an analysis to identify problems and recommend solutions to the life cycle management.
- Improve selection rates for 70Hs to MEL 4 education. Integrate 70H into the Army's Intermediate Level Education program.
- Fill a higher percentage of valid requirements for 70Hs in joint assignments.
- Work with PERSCOM to place available 70H assignments on the PERSCOM website. Expand the number of training with industries opportunities for 70H.

Summary

In 2003, Operators served at the core of providing medical support to the Army in tactical units and fixed facilities around the globe. We have been engaged in supporting the Nation's Global War of Terrorism every day of 2003 through our planning, coordination, execution and leadership at various levels of Army, Joint, and Coalition assignments. Our contributions ranged from day-to-day operations of small units, to senior commanders of large organizations in combat and key staff positions of significant-strategic importance in every AMEDD battle operating system and functional area. The coming year will bring little relief to the OPTEMPO for the AMEDD or the Army. Your dedication, tenacity, and selfless service as a vital member of the AMEDD will continue to be critical to the Army's success.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2034080003

Note: You must log in to AKO before entering this URL.

70K - Health Services Materiel

COL Jonathan Kissane
Consultant

Medical logistics represents one of the largest and most diverse career fields in the Medical Service Corps. Medical logisticians provide the specialized materiel and services necessary to operate an integrated health care system worldwide, through the full spectrum of military operations. Their core functions include the provision of medical supplies, medical equipment, biomedical equipment maintenance, optical fabrication and blood storage and distribution. Medical logistics subspecialties include contracting, acquisition management, logistics automation, and health facilities planning.

Logisticians serve in key positions throughout the Army's TDA and MTOE organizations and have challenging opportunities in both realms from company through field grade assignments, including command and staff opportunities at all levels. Specific medical logistics command opportunities exist for Lieutenant Colonels in our Medical Logistics (MEDLOG) Battalions and at the Colonel level at the U.S. Army Medical Materiel Agency (USAMMA), the U.S. Army Medical Materiel Center, Europe (USAMMCE), and the 6th Medical Logistics Management Center (MLMC). Officers become 70K Medical Logisticians by attending the ten-week resident Health Services Materiel Course at the AMEDD Center & School and working in a medical logistics assignment for one year. We have a great variety of Long Term Health Education and Training (LTHET) opportunities, including a Doctorate program in Business/ Information Systems; several Masters programs in Business, Logistics Management, and Information Systems; the six-month Medical Logistics Management Internship Program (MLMIP) at USAMMA; a two-year Procurement Internship in contracting through the U.S. Army Health Care Acquisition Activity; a one-year Acquisition and Logistics Programming Internship Program at the Office of the Surgeon General; and Training With Industry at the Logistics Management Institute (LMI). We completed our first pilot Baylor "Kilo Residency" this year as Major Kevin Cooper followed his resident phase of the Baylor University Masters Degree program with the MLMIP and rotations at Walter Reed Army Medical Center rather than the traditional one-year health care administration residency. MAJ Cooper did an outstanding job in both his didactic phase and residency, and the Baylor-Kilo option is now available for selected officers participating in this LTHET program.

These MSCs served at the USAMMA-SWA in support of Operation Iraqi Freedom. The officers are from the 388th MED LOG Bn, the 424 MED LOG Bn, and the 6th MLMC) Front Row (left-right): CPT Inez Campbell (424), MAJ Judy Buchanon (6 MLMC), COL William Fry (6 MLMC), MAJ Tsehia Crockett-Lynn (6 MLMC), CPT Robert Malkasian (424), MAJ Sean Morgan (6 MLMC). Back Row: MAJ Stephanie Gerber (388), LTC John Rupp (388), CPT Anthony Martian (424), 1LT Kofi Ansah (424), CW3 Jow Taxis (424), CW3 Glenn Lineberger (388), CW4 Rodney Leas (6 MLMC), CPT Salzsider (388), CPT Kevin Watts (6 MLMC)

COL Kissane visits officers at the USAMMC-SWA in April 2003.

Highlights of the Past Year

The past year has continued to be shaped by the Global War on Terrorism (GWOT) and Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) – while continuing to support Army transformation through materiel acquisition, adoption of better business practices, and continued progress in automated systems. It also highlighted the importance of our PROFIS officers and Soldiers and of the U.S. Army Reserve to provide the necessary depth of medical logisticians needed for extended worldwide operations, with nearly every deployable medical logistics unit in both the Active and Reserve participating in full or partial unit deployments to OEF/OIF.

Medical logisticians provided critical support to combat operations in Southwest Asia (SWA) and to continuing stabilization operations the Balkans. These operations have placed significant demands and highlighted the need for expertise in the core competencies these officers bring to the AMEDD. The lessons observed and learned in meeting the requirements of medical forces employed across a spectrum of military

operations from fast moving offensive maneuver to stability and humanitarian activities will have a lasting impact on future developments in the 70K career field.

Medical logisticians managed the execution of over $100 million for modernization of medical forces deployed over the past year, balancing needs to rapidly acquire, field and provide training for new equipment necessary to provide state-of-the-art medical care on the battlefield. The processes developed to accomplish these tasks, which are made possible by the SAP-based Enterprise Resource Planning (ERP) implemented at USAMMA, will serve as a model for managing incremental force modernization. OIF also marked the first large-scale use of medical Army Prepositioned Stocks (APS), which are maintained and modernized by USAMMA. MAJ John Rogers and CPT Christopher Todd led USAMMA's 32 person Medical Logistics Support Team (MLST) into Kuwait to hand-off 3 Combat Support Hospital and 1 Field Hospital equipment sets from APS to units arriving in the AOR. The APS program is considered by the Army to be a major success that will continue to be a cornerstone for strategic responsiveness. The Army G-4 supported the AMEDD in establishing a major facility in Qatar for the ongoing sustainment of medical APS as well as to serve as a major Class VIII distribution center for theater-level support. This facility will be a major medical logistics resource for future operations supporting the GWOT.

OEF/OIF also highlighted the capability of Army medical logisticians to support all military medical Services through their execution of the Single Integrated Medical Logistics Manager (SIMLM) for CENTCOM. Theater-level Class VIII support was provided to Army, Navy, Air Force and Marine medical units throughout Kuwait, Iraq and other parts of SWA. As we approach the end of this calendar year, the 424th Medical Logistics BN (Pedricktown, NJ) continues to provide theater-level Class VIII support to SWA, split-based between Kuwait and Qatar. The 388th Medical Logistics BN (Hayes, KS) is on its 4th rotation providing a Forward Logistics Team to SWA, now collocated with the 424th in Qatar. The 6th MLMC, commanded by COL Bill Fry, provides overall command & control of theater-level medical logistics in support of SIMLM through a provisional organization established in Qatar, the U.S. Army Medical Materiel Center-SWA (USAMMC-SWA). The creation of USAMMC-SWA addressed a major shortcoming noted in Operation Desert Storm, which was the lack of a senior medical logistics officer in the operational chain of command to direct and synchronize medical logistics operations. The role of the 6th MLMC to integrate theater medical logistics as well as synchronize theater requirements with supporting commercial and DOD activities has been a milestone in the evolution of concepts and organization to meet requirements of future forces.

The strategic importance of USAMMCE as the link between theater forces and commercial suppliers has again been demonstrated, as it continues to provide superb support to tri-Service customers throughout the EUCOM and CENTCOM regions. The 418th Medical Logistics Company provided augmentation to meet significantly increased workload for assembly of medical sets as well as Class VIII distribution. The Company Commander, CPT Corey V. Daughtrey, served as the USAMMCE Chief of Support Operations, and 1LT Kevin R. Lester (Logistics Support Platoon Leader/XO) served as Deputy Chief of the Joint, Plans and Programs Division. Together, the USAMMCE team managed, received, packed, and shipped over 193K lines of Class VIII supplies, weighing over 5,600 short-tons and valued at over $135M, produced over 76,000 spectacles, and completed over 6,900 medical maintenance work-orders.

The physical and conceptual challenges of providing medical logistics support to combat forces have perhaps never been more evident than during OIF. The 172nd Medical Logistics BN (Ogden, UT) commanded by LTC David Brooks, provides ongoing direct support to the Combined Joint Task Force in Iraq. During offensive operations, the 591st Medical Logistics Company, commanded by CPT Jonathan Goode, working closely with the Division Medical Supply Officer (DMSO) of the 3rd Infantry Division, provided direct support to fast-moving Army Brigade Combat Teams. This was the first employment of a Medical Logistics Company organized under the Medical Reengineering Initiative (MRI) and the first time since Vietnam that Class VIII support has been demanded throughout the Combat Health System of a Corps-equivalent combat operation. The successes and challenges of that support will shape our institutional training and ongoing development of AMEDD logisticians and their leaders for years to come.

Support to the GWOT has been in addition to the support provided by medical logisticians to Army and AMEDD transformation and the continued adoption of improved systems and business processes. The fielding of Defense Medical Logistics Standard Support (DMLSS) Release 3 to Army MEDDACs and MEDCENs has opened a new era as we migrate to this standard DOD medical logistics system. An aggressive fielding schedule led by Ms. Denise Johnson and MAJ David Hammer has converted nearly 1/3 of our institutional medical facilities to date. DMLSS not only allows us to turn off our legacy systems, TAMMIS and AMEDDPAS, at those sites but also enables organizational reengineering to reduce logistics overhead and improve support to customers. While TAMMIS remains our mainstay for Class VIII management for deployable medical logistics units, critical capabilities developed for TAMMIS by Army logisticians such as the Theater Customer Support Module (TCAM) and USAMMCE-developed transportation interfaces are being incorporated into DMLSS. The Army Senior Service Representative to the DMLSS program, MAJ Andrew Centineo, has had an essential role in ensuring that these critical capabilities enable future Army medical logistics units are able to meet the demands of joint theater medical forces.

The Army has also continued to lead Tri-Service initiatives for regional standardization as we leverage our combined purchasing power to provide to provide best value products and services at lowest delivered cost. This program, which is managed by LTC Earle

Smith and his Army MEDCOM ACSLOG staff and executed with the exceptional support of Army medical logisticians in each of our Regional Medical Commands, will achieve over $10 million in cost avoidance on medical supplies purchased for the Military Health System (MHS) in FY03.

Challenges

The global war on terrorism will continue to challenge our ability to equip and sustain deployed forces while leading initiatives in support of medical transformation. We must continuously learn from the lessons experienced through the realities of operational medicine and instill the skills and experience needed by logisticians to succeed in that environment.

Work will continue on the development of plans and strategies to apply commercially based logistics programs to readiness requirements, and to ensure that procedures are in place to synchronize the flow of materiel to the right unit, at the right time, and place. Logisticians will continue the conversion of Army hospitals to the MRI configuration and help develop investment and fielding strategies that will enable the AMEDD to accelerate the fielding of the MRI medical force. The operations tempo in support of contingencies throughout the world will continue to require responsive medical logistics support, while regional logistics programs in partnership with Air Force and Navy will work to reduce peacetime healthcare costs and improve efficiency. The demand for high quality officers to meet these requirements will continue to exceed the available inventory of trained logisticians, a situation that challenges the assignment process but provides many opportunities for officers to accept higher-level responsibilities.

Thanks

I once again close with a heartfelt thank you to all the medical logisticians across the Army. Your efforts and accomplishments continue to lead the Army and DOD and ensure that our Service and family members are provided the best healthcare available. Thank you!

CPT Jeffrey Reynolds, 70K

Assigned to the support squadron, 3rd Armored Cavalry Regiment, CPT Reynolds has served both as the Executive Officer and the Class VIII Accountable Officer for the Medical Troop. His significant duties and responsibilities include managing the stock record accountability for 317 stocked lines of medical supplies valued in excess of $115,000. He coordinated logistical planning and execution of medical supply support and biomedical maintenance for all Regimental operations. He continually supports the Troop Family Support Group program through meetings, functions, and active chains of concern for his platoon. On his off time, CPT Reynolds is an active member of his church where he teaches a College and Career Sunday School class and is a Deacon responsible for 8 families in his church.

CPT Sean Farley, 70K

CPT Farley's present duty position is HHC Commander for the 212th Mobile Army Surgical Hospital, the last MASH in the Army. CPT Farley also works with the Brigade headquarters on property book management. His customer assistance CD provides medical officers and senior NCOs the basic skills necessary to understand property accountability and property reporting. This CD has been distributed to 32 units across four different countries. He is also in final preparation of a set component-tracking database that will improve cost analysis and component tracking. The database is forecasted for release at the 30th Medical Brigade G-4 Conference in June 2003.

CPT James Nuce, 70K

Assigned to Evans Army Community Hospital (EACH), Fort Carson, Colorado as the Chief, Materiel Management Branch, CPT James Nuce led the Great Plains Regional Medical Command (GPRMC) in Class VIII materiel and equipment standardization at both regional and unit levels. He revitalized the Hospital Standardization Committee to supplement regional efforts. His combined standardization efforts resulted in savings of more than $75,000 for EACH. He also spearheaded upgrades to the automated, Class VIII point of use system. This initiative made EACH the first Army Medical Treatment Facility to take advantage of the new technology upgrades further reducing supply costs by almost 10%. His efforts to excel and improve were validated when the Materiel Management Branch completed a US Army Medical Command (MEDCOM) Command Logistics Review Team visit with zero deficiencies.

70K9I - Health Facilities Planning

COL Richard Bond
Consultant

Health Facility Planners are Medical Logistics Officers (70K) who are awarded an additional skill identifier (ASI) of 9I based upon their unique skills and qualifications related to the disciplines of architecture, engineering, business solutions or facilities management. To receive the 9I ASI, an officer must have one year of experience in health facilities planning, plus a Masters degree in architecture, engineering, business administration, construction, logistics management, health facilities planning, or health care administration. Five years of cumulative experience in Health Facilities Planning positions may be substituted for the educational requirements. Entry-level opportunities are available for those officers who may not presently possess the requisite education or experience, but have a desire and strong ability to analyze and resolve significant and complex acquisition and planning issues.

Health Facility Planners provide Facility Life Cycle Management expertise for our fixed facilities and in deployable settings as part of Special Medical Augmentation Response Team-Health Systems (SMART-HS) missions. Representative examples include facility acquisition, planning, engineering, equipment planning, sustainment, transition, installation management, and DPW operations. CONUS and OCONUS assignments are available in both TO&E and TDA units. As 70Ks, Health Facility Planners also fill medical logistics positions, enhancing their experience base, career and education opportunities, and promotion potential.

Past Year's Successes

Health Facility Planners have played key roles over the past year in support of the AMEDD and Department of Defense. They are managing over $220 million in major facilities construction, $123 million in design/development, and $120 million in repair and maintenance projects. During the past year, Health Facility Planners have participated in four SMART-HS mission in Iraq, Kuwait, and Afghanistan providing facilities expertise to directly support nation building and support for our forces deployed for Operation Iraqi Freedom and Operation Enduring Freedom. Pending missions to Southwest Asia and Kenya are in the planning stages and are expected to kick off the early part of FY04. Noteworthy accomplishments include the efforts of LTC Mike Olson and CPT Ross Davidson, who have been working in the Coalition Provisional Authority assisting with the rebuilding of the Iraqi medical facility infrastructure. CPT David Zajac recently arrived to further assist in this task, which was just extended until October 2004. Other SMART-HS missions to Iraq and Afghanistan, led by LTC Sharon Steele and CPT Darren McWhirt will probably result in construction of Kosovo-like modular medical facility solutions to support the deployed forces in those areas. Their actions, and the work of those at the U.S. Army Health Facility Planning Agency (USAHFPA), will greatly enhance the level of healthcare provided and increase the quality of life, as the deployed Soldiers evolve from DEPMEDS shelters and TEMPER tents into semi-permanent facilities.

Great strides have been made at the Bassett Army Community Hospital at Fort Wainwright, Alaska. The $215 million replacement project continues to be ahead of schedule, in spite of the isolated location and difficult construction environment. At the recent Topping Off Ceremony, Congressional representatives, the Garrison Commander and the Mayor of Fairbanks all lauded the success of the partnership between the Contractor, the Corps of Engineers and the on-site Health Facility Planning team (led by MAJ Kent Koger) and the significant contribution that this project represents to both Fort Wainwright and the Community. Dedications of a significant addition/alteration of the Health and Dental Clinic at the U.S. Army War College at Carlisle Barracks, Pennsylvania, and the renewal of yet another Dental Clinic at Fort Bragg, continue to add to the portfolio of successful projects managed by 70K9Is. Plans are being completed for the $120M replacement of Dewitt Army Community Hospital at Ft. Belvoir. Health Facility Planners continue their leadership of the critical recapitalization of the 121st General Hospital in Seoul, Korea and with many smaller projects around the peninsula, and major construction efforts are underway at Darnall Army Hospital, at Fort Hood, Texas. The DOD's largest mortuary at Dover, Delaware was recently dedicated, thanks to the contributions of expertise provided by numerous members of USAHFPA's staff, both military and civilian. This one of a kind facility was completed in unprecedented time, stirred by the requirements to react to the tragedy of 9/11.

CPT David Zajac (2nd from front on the left) assigned to the Health Facility Planning Office-Hawaii participates in the ribbon cutting ceremony on Schofield Barracks.

SMART-HS Mission in Kuwait (Camp Arifjan). Pictured (left-right): LTC Sharon Steele (AN), CW3 John Peterson (MS), CPT Darren McWhirt (MS), MAJ Scott Ehnes (MS), and Mr. Richard Wagner.

MAJ Tim Hower, Deputy Chief of Staff, Facilities for the 18th MEDCOM briefs LTG Peake.

Those were just a few of the significant actions undertaken by Health Facility Planners throughout the year. In addition to management of the design and construction of specific projects, Health Facility Planners are envisioning and creating the future infrastructure of the Army Medical Department. We are defining new building types and developing unique capital investment strategies. 70K9Is have been preparing to shape the health care delivery landscape in support of proposed restationing actions in Korea and in Western and Eastern Europe and in support of the Base Realignment and Closure (BRAC) 2005 initiative in CONUS. Recapitalization plans for the AMEDD's medical research infrastructure from Thailand to Ft. Detrick are actively under way, and we are decisively engaged in developing the plan to revitalize both the Armed Forces Institute of Pathology and the Walter Reed Army Medical Center, in Washington, DC. Numerous actions are ongoing, enhancing our existing facilities and constructing new facilities to provide additional clinical capabilities worldwide for our deployed forces and beneficiary population at home station.

Unique Positions

This AOC is unique in that there is no other position in the Army that will allow a young officer to have the level of responsibility the Army provides through supporting the full spectrum of operations, in places like Iraq, Afghanistan, Bosnia, and Kosovo, with project design and construction, and facilities management. Currently a senior Captain or Major runs each of the Health Facility Project Offices in Korea, Germany, Alaska, Fort Hood, and Walter Reed managing the AMEDD's largest facility capital improvement projects. These positions require a level of responsibility normally assigned to a Colonel or Lieutenant Colonel. The 121st General Hospital project in Seoul, Korea is a complex 5-year, $80 million addition/alteration. In Germany, planning is underway for a $40 million Heidelberg Hospital addition/alteration, and an $11 million addition/alteration to the Grafenwoehr Clinic. The new Bassett Army Community Hospital, Ft. Wainwright, Alaska, a six year $215 million project, continues forward. Planning is also underway for the new Fort Belvoir hospital and USAMRIID, an expected $1 billion project. Pending restationing decisions in Germany and Korea will require experienced facility planners, and provide unique challenges and opportunities for our career field, as bases are relocated to other areas within the area of responsibility.

Challenges for the Future

The biggest challenge continues to be recruitment and retention of qualified officers for this important ASI. As an ASI, the 9I career field is managed within the 70K AOC rather then as a separate AOC. This limits our ability to directly assess new officers, manage promotion opportunities, etc. To help overcome this challenge, the 70K Consultant, Colonel Jonathan Kissane, and the 70K9I Consultant/USAHFPA Commander, COL Rick Bond, work closely together to ensure our Health Facility Planners career develop through a variety of both logistics and health facility planner jobs to ensure they have the appropriate skill sets for both functional areas. As a result, our officers continue to remain highly competitive as logistics officers while ensuring the continued availability of their unique skills for health facilities related positions. We continue to have great success with our promotion rates and are consistently able to send deserving officers to Long Term Health Education Training programs that provided incredible professional development opportunities, both for the officers and for the AOC. Efforts are underway to improve recruitment and marketing so that officers on active duty with the requisite education or experience are aware of the opportunities within this career field. Please help spread the word regarding the great opportunities that exist. Interested individuals should contact the Health Facility Planning Consultant/USAHFPA Commander.

Benefits of Becoming a 70K9I

The two greatest attractions for joining and remaining in the health facilities planning field are the higher levels of responsibility available and the unprecedented educational opportunities at both the Master's and Doctorate level in a variety of related disciplines (architecture, engineering, construction management, and acquisition). These educational opportunities also provide the Army the deployable talent it needs to successfully represent the Army's interests with a myriad of agencies (governmental, non-governmental, private) throughout the entire life cycle of a facility. There are four officers currently in 70K9I unique LTHET programs, which include one officer in a PhD program and three officers in Masters Programs. Next Summer, three more 70K9Is are projected to start Masters Programs.

Health Facility Planning officers provide tremendous value from very few authorizations throughout the AMEDD, both in logistics and health facilities planning. Their daily management of $8.7 billion in infrastructure, coupled with the integration of their technical expertise into the full spectrum of operations makes them an invaluable asset with a bright future.

70K9I's at war: MAJ Mike Williams (left) was the S-4 for the 21st CSH while CPT Glenn Marsh (right) commanded Alpha Company, 21st CSH during Operation Iraqi Freedom.

67J - Aeromedical Evacuation

COL Scott Heintz
Consultant

Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF) have dominated our attention and commitment during 2003. The chart below depicts both executed and forecasted commitment of all Army Aeromedical Evacuation units. The bottom line is ***EVERYONE*** is exceptionally busy and will be for some time to come. Those units engaged in OEF and OIF continued to uphold the honorable tradition established by our DUSTOFF forefathers from Vietnam with their selfless, heroic and, ultimately, lifesaving feats. To date, our units have flown over 9500 hours, evacuating over 2800 patients. Sadly, some gave the ultimate sacrifice. Our prayers go out to the families and friends of the 571st crew who were killed during an evacuation mission in Iraq during the initial phases of OIF. Their spirit will live on in all of us who have the privilege and honor to call ourselves DUSTOFF.

Those units not directly involved with OEF and OIF were otherwise engaged in worldwide MEDEVAC support in Korea, Europe, South America and stateside. The operation tempo (OPTEMPO) is relentless yet every challenge continues to be met by our outstanding MEDEVAC Soldiers who give, day in and day out, 110%. Our collective success is directly attributed to the incredible performance of every officer, noncommissioned officer and soldier assigned to these units. They truly represent the best our Army and our Nation has to offer.

AC / RC MEDEVAC Commitments

Unit	#A/C	MACOM	2QTRFY03	3QTRFY03	4QTRFY03	1QTRFY04
507th	17	FORSCOM	OPERATION IRAQI FREEDOM			
57th	14	FORSCOM	OPERATION IRAQI FREEDOM			
498th	14	FORSCOM	OPERATION IRAQI FREEDOM			
82nd	15	FORSCOM	OPERATION IRAQI FREEDOM			
50th	12	FORSCOM	OPERATION IRAQI FREEDOM			
571st	13	FORSCOM	OPERATION IRAQI FREEDOM			
54th	15	FORSCOM	OPERATION IRAQI FREEDOM			
159th	15	USAREUR	OPERATION IRAQI FREEDOM			
236th	15	USAREUR	KFOR 4	MEDEVAC SUPPORT LANDSTUHL, MAST		
45th	15	USAREUR	OIF	MEDEVAC SUPPORT KATTERBACK, CMTC, MAST		
1022nd	15	ARNG		JTF-CS/HOMELAND DEFENSE/NORTHCOM		
1042nd	15	ARNG	OPERATION ENDURING FREEDOM			
1085th	12	ARNG			KFOR 5B	
112th	15	ARNG	OPERATION IRAQI FREEDOM			
1159th	13	ARNG	SFOR 12			
1256th	11	ARNG				SFOR 15
126th	11	ARNG	OPERATION ENDURING FREEDOM			
146th	7	ARNG	MEDEVAC SUPPORT, XVIII AIRBORNE CORPS			
149th	10	ARNG	LOW C-RATING			
24th	12	ARNG	KFOR 5A			
717th	9	ARNG			OPERATION ENDURING FREEDOM	
86th	11	ARNG	SFOR 13/14			
BGF						
832nd	15*	ARNG	MEDEVAC SUPPORT I CORPS, LEWIS, YAKIMA			
812th	15*	ARNG	MEDEVAC SUPPORT XVIII CORPS, BRAGG, CAMPBELL, BENNING, KNOX, STEWART			
249th	6*	ARNG	LOW C-RATING			
148th	15*	ARNG	MEDEVAC SUPPORT III CORPS, HOOD, CARSON, BLISS, RILEY, SILL			
EUSA/USARPAC						
377th	15	EUSA	MEDEVAC SUPPORT MULTIPLE SITES, KOREA, MAST			
542nd	15	EUSA	MEDEVAC SUPPORT MULTIPLE SITES, KOREA, MAST			
68th	15	USARPAC	MEDEVAC SUPPORT SHAFTER, HICKAM, RICHARDSON, WAINWRIGHT MAST			
TDA						
DRUM	4*	FORSCOM	MEDEVAC SUPPORT DRUM, MAST			
NTC	6	FORSCOM	MEDEVAC SUPPORT IRWIN, MAST			
JRTC	6*	FORSCOM	MEDEVAC SUPPORT POLK, MAST			
HONDO	4	USARSO	MEDEVAC SUPPORT HONDURAS, PANAMA, MAST			
FLATIRON	6*	TRADOC	MEDEVAC SUPPORT RUCKER, MAST			

*UH-1	DEPLOYED	AS OF 12 JUNE 2003 MAJOR CONTINGENCY SPT OPNS ONLY!
ACTIVE	EMPLOYED-OTHER	
ARNG	GARRISON SUPPORT	
ARNG BGF	TDA	MAJ JON FRISTOE, OTSG, 703-681-8194; MAJ BILL GOFORTH, NGB SURGEON'S OFFICE, 703-607-7147

Leader Development Resources

Many thanks to MAJ Jon Fristoe and CPT Amy King for their outstanding work on the 67J community page. This portal provides a comprehensive repository for all things related to the 67J. It is a dynamic vehicle and everyone has a responsibility to ensure that the information presented is up to date and relevant. Your active involvement is welcomed. Below are instructions on how to access the page:

-On the left side of the AKO page, under "Special Staff/FOA", press "MEDICAL"; above LTG Peake's picture.

-press "MEDICAL SERVICE CORPS" above BG Ursone's picture, select "67J - Med. Evac."

"So You want to be a 67J…"

Aeromedical Evacuation officers are trained in a variety of key subject areas that prepare them for a multitude of operational assignments throughout the medical evacuation battlefield operating system. Upon graduation from flight school and the 2CF7 Medical Evacuation Doctrine Course, newly qualified aeromedical evacuation pilots are

assigned, primarily, to forward support MEDEVAC team leader positions. Their scope of responsibility includes everything from aviation and medical training of crews, to maintenance of aircraft and management of real-world mission flow. They tactically employ medical aircraft, personnel, and equipment in support of combat operations in varying tactical, terrain, and climatic environments using a variety of flying techniques and equipment. Inherent to the mission is supervising in-flight treatment to sustain human life and relieve suffering. These entry-level assignments within our evacuation units provide the base critical skill sets 67Js will need throughout their careers as aeromedical evacuation officers. The emphasis in these initial assignments is placed on the development of both their aviation and leadership skills.

Beyond initial 67J assignments in which our officers hone aviation, leadership and management skills, our officers will establish themselves in a secondary Areas of Concentration (AOC). As such, we have mid-grade and senior aviators serving as chiefs of staff, deputy commanders for administration (DCAs), deputy surgeons at MACOMs, operations officers, comptrollers, logisticians and human resource managers. It is imperative that 67Js experience and then select a secondary AOC to remain competitive for future career opportunities. To gain AOC expertise officers must seek assignments in administrative AOCs of professional interest. Exposure and experience in many AOCs may be gained in "flying" or "rated" staff positions in TOE and TDA organizations. Other leader development opportunities may be realized in AMEDD immaterial (O5A) positions. Regardless of individual preferences, aeromedical evacuation aviators must not only broaden their aviation skill sets, they must also become experts in other AOCs since 67Js are continually called upon to lead the AMEDD in critical, non-67J positions.

Aviation Transformation Initiative (ATI)

While an Execution Order (EXORD) has been published for ATI, the on-going commitment for OEF & OIF

coupled with sweeping changes in senior Army Leadership has pushed actual execution significantly to the right. Once the new leadership determines how to best structure our Army to fight and defeat the projected threats to our nation we will tailor our evacuation force structure to best support those requirements. The 15-aircraft requirement, validated in every Total Army Analysis process to date, is critical to our ability to effectively clear the battlefield. MEDEVAC operations in OEF and OIF have validated the requirement for a minimum of 15 aircraft in our companies. Geographical dispersion and a multitude of mission requests pushed the units to their respective limits in terms of aircraft available to meet all requirements. The 507th had 17 aircraft as a result of the fielding of 3 new HH60Ls and, despite their increased assets, they were faced with spikes in mission requirements throughout OIF and they could not have met mission had it not been for the additional aircraft.

Conclusion

Our officers continued to be competitive this year for LTHET starts, Command and General Staff College (4 starts), Senior Service College (2 starts) and LTC and COL level command opportunities. These successes are a result of the professionalism our officers demonstrate daily across the operational spectrum. From Operation Enduring Freedom and Iraqi Freedom to National Training Command (NTC), Joint Readiness Training Command (JRTC) operational training exercises to the 24/7/365 MEDEVAC support provided to Soldiers around the world, 67J officers personify the DUSTOFF creed: Dedicated, Unhesitating Support to Our Fighting

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2033680003

Note: You must log in to AKO before entering this URL.

670A - Health Services Maintenance Technician

CW4 David Fuss
Consultant

Technological advancements, regulatory requirements, and the high costs affecting medical equipment present warrant officers (MOS 670A) with great challenges in technical management. The pace of innovation in the biomedical instrumentation technology is rapid and will only accelerate in the years to come. Medical equipment will continue to physically shrink, entering into the era of "nano-technology". As long as people get ill and injured, there will be doctors. And as long as clinical devices break down and wear out, there will be Medical Equipment Repairers (91As) and Health Services Maintenance Technician (670As).

The 670A career field is structured within the health care logistics career field (AOC 70K). It is comprised of highly skilled warrant officers serving in diversified assignments worldwide. There are 72 authorizations. Forty-nine are in TDA facilities while 23 are in the field (TOE) environment. Today Health Services Maintenance Technicians are deployed around the globe in support of the Army's fixed Medical Treatment Facilities (MTFs), to Combat Support Hospitals (CSHs), and Medical Task Forces supporting various missions. Eleven Warrant Officers are currently deployed to Kuwait, Afghanistan, Uzbekistan, Iraq, and Europe in support of military operations.

In FY03, 91As and 670As assigned to EUCOM were providing direct support to operations throughout Europe, Central Asia, Southwest Asia and North Africa. These missions are success stories due to the professionalism, experience and expertise of the biomedical maintenance Soldiers who are deployed in support of them.

Operation Enduring Freedom and Operation Iraqi Freedom

There are 91As and 670As deployed from 30th Medical Brigade with the 212th Mobile Army Surgical Hospital. The 212th MASH was the first hospital to move into Iraq and support combat Soldiers. U.S. Army Medical Materiel Center, Europe (USAMMCE) supported the pre-deployment technical inspections of equipment ensuring operational readiness.

Operation Provide Hope (OPH)

The U.S. Army Medical Materiel Center and the 226th Medical Battalion deployed a medical maintenance team consisting of a 670A and six 91A's into Uzbekistan to perform technical inspections and installation of over 2,000 pieces of medical equipment valued in excess of $5.2 million. This was the largest OPH mission performed by the State Department Humanitarian Assistance Program (HAP).

Task Force Med-Falcon, Kosovo (TFMF)

226th Medical Battalion, Logistics (Forward) provided medical maintenance teams on six-month rotations at Camp Bondsteel, Kosovo. These Medical Equipment Repairers were responsible for the field hospitals as well as all outlying clinics.

The shortage of Health Services Maintenance Technicians persists due to the high turnover resulting from unanticipated retirements and the continued exodus of highly qualified 91As to the civilian job market. I anticipate a call for ten accessions this year to fill critical vacancies. The most significant frustration in the accession process is the personnel downsizing at the DOD Defense Services (DSS). This has caused a backlog of clearance investigations and hampers the normal attendance at Warrant Officer Candidate School.

The Department of Defense has approved implementation of the third stage or release of the Defense Medical Logistics Standard Support (DMLSS) Program. DMLSS was developed in three major releases, each containing capabilities critical to providing effective medical logistics support to DOD hospitals and clinics worldwide. Fielding of DMLSS to Army facilities is already underway.

Warrant Officer Advanced Course

The Army Medical Department (AMEDD) approved the creation of a Warrant Officer Advanced Course (WOAC) in 2002. ***CW3 Christopher Gidula*** taught the first class in November 2002. Prior to November 2002, Health Service Maintenance Technicians attended the AMEDD Officer Advanced Course (OAC). Although the Warrant Officers learned about Company and Battalion level staff work, they did not receive any AOC-specific training that would prepare them to be more effective technicians.

The WOAC provides two weeks of common core classes ranging from Suicide Prevention and the Army Policy on Sexual Harassment to Unit Level Supply Operations and Building a Cohesive Unit. The final 4 weeks are devoted to AOC specific training. The students are given the latest information on automation in the TOE and TDA environments. They receive training on JCAHO, NFPA, FDA, CAP, and NRC requirements.

CW3 Gidula instructs students on the role of the 670A, Health Services Maintenance Technician, in the Medical Logistics Company.

CW3 Gidula is developing a distance-learning (DL) module that will be comparable with the OAC Phase I. When the DL is completed, the WOAC students will be required to complete it prior to attending the course. By doing so, more time will be available to expose the students to the latest doctrine, advances in automation, and technologies they will encounter in their future assignments.

LTG Ellis D. Parker Aviation Award

The LTG Ellis D. Parker award recognizes excellence in aviation units based on achievements in the areas of leadership, safety, training, and maintenance. LTG (R) Ellis D. Parker was the first Commanding General of the Army Aviation branch. He served as the Aviation branch chief and school commandant for five and one-half years. When he retired in 1992, the Army Chief of Staff, General Gordon R. Sullivan directed the creation of the award to honor the top aviation battalions in the U.S. Army Aviation units throughout the Army, both active and reserve, compete for the Parker Award in four categories: Combat, Combat Support, Combat Service Support and TDA unit award. Battalions are nominated by their brigade commanders based on battalion evaluation packets submitted each October. The brigade commanders then forward their selections for the best units in each category to the first general officer in their chain of command. The general officer endorses the best battalions in each category and forwards the names to their respective major commands (MACOM). The MACOM, in turn, selects their representative in each category and forwards that name to the Department of the Army evaluation board. The Board considers all submissions and selects the best unit in each category.

This year the 56th Medical Evacuation Battalion (MEDEVAC BN) was announced as the Parker Award winner in the Combat Service Support category on 5 February 2003 at Fort Rucker, Alabama during a luncheon held in conjunction with the Army Aviation Leadership Conference. LTC David MacDonald, former Commander, 56th MEDEVAC BN, accepted the award from Major General Zannie O. Smith, acting XVIII Airborne Corps Commander on 19 March 2003, at Simmons Army Airfield, Fort Bragg, North Carolina. LTC James Rice took command of the unit on 1 July 2003.

The 56th MEDEVAC BN supports the XVIII Airborne Corps as part of the 44th Medical Command. The battalion is comprised of four medical companies [57th Medical Company (Air Ambulance), 498th Medical Company (AA), 1042nd Medical Company (AA) and 690th Medical Company (Ground Ambulance) and one detachment (926th Medical Detachment (Preventive Medicine)]. The 56th MEDEVAC BN provides comprehensive, 24-hour aeromedical evacuation support for all military personnel and family members at Fort Bragg, North Carolina; Fort Benning, Georgia; Fort Stewart, Georgia; and at the Ranger Camps at Eglin Air Force Base, Florida and Dahlonega, Georgia. During fiscal year 2002, the unit completed more than 160 emergency aeromedical evacuation missions that resulted in over 200 lives saved at garrison support locations.

Photo by Anna Peterson/Paraglide
LTC David MacDonald (left), former Commander of the 56th MEDEVAC Bn, is congratulated by BG C. William Fox, Jr. (far right), Commander, 44th Medical Command and MG Zannie O. Smith, acting XVIII Airborne Corps commander, after receiving the LTG Ellis D. Parker Award for his unit at the battalion hangar on Simmons Army Airfield on 19 March 2003.

Over the last year, the unit deployed in support of Kosovo Peacekeeping Force 3B (KFOR3B) in Kosovo, Sustainment Forces 10 (SFOR10) in Bosnia-Herzegovina, Operation Desert Spring in Southwest Asia, Operation Enduring Freedom in Afghanistan, and, most recently, Operation Iraqi Freedom in Iraq. The 56th MEDEVAC BN HHD deployed in support of Operation Iraqi Freedom and arrived in theater on 12 April 2003. Later, forward elements of the battalion's evacuation liaison team arrived to establish communications with forward deployed aeromedical evacuation assets of the 571st Medical Company (AA), the 159th Medical Company (AA), and the 565th Medical Company (GA). These units were attached to the 56th for varying lengths of time during the deployment. The battalion headquarters fully integrated ground assets into the evacuation plan and dispersed available air assets to better cover all Soldiers within the V Corps sector. Other elements of the battalion provided medical evacuation support to the 3rd Infantry Division and the 82nd Airborne Division. The 498th Medical Company (AA) provided support to the I Marine Expeditionary Force and 1st UK Armored Division.

In addition to managing their typical demanding mission, the 56th MEDEVAC BN was chosen to support the RFF-44 Consequence Management (CM) Team package. As a result of September 11, the Department of Defense was called upon to create a rapid response team to react to a national crisis. The unit completed extensive training and preparation and currently maintain a Forward Support MEDEVAC Team that is trained and ready to meet a compressed deployment sequence in response to a national emergency. The readiness of the CM Team was tested last year when the 498th was alerted to deploy the CM Team to a designated training area for a full week of aeromedical evacuation training coupled with TOC operations training in preparation for a Joint Readiness Training Center (JRTC) rotation with the 10th Mountain Division.

Another noteworthy achievement for the battalion is the 498th Medical Company's award of the UH-60A Unit Safety Award presented by Sikorsky Aircraft for 8,000 mishap-free flight hours from 1999 to 2002.

Other category winners were: 3rd Battalion, 101st Aviation Regiment, Fort Campbell, Kentucky - Combat Category; 7th Battalion, 101st Aviation Regiment, Fort Campbell, KY - Combat Support Category; and 1st Battalion, 223rd Aviation Regiment, Fort Rucker, Alabama - TDA Category.

MSC 86th Birthday Celebration

COL Gaylord Lindsay, 2LT Naimyah Yehuda, and BG Ursone celebrate the MSC Birthday on 30 June 2003 in Blesse Auditorium at the AMEDD Center and School.

Above: COL Michael Heath, LTG Peake, and CPT Misty Blocker cut the MSC Birthday cake during a celebration held at the Office of The Surgeon General on 30 June 2003.

Below: COL Larry Bolton and MAJ Portia Sorrels cut the MSC Birthday cake at Human Resources Command.

Around the world MSC officers and their colleagues took the time to recognize the Corps 86th birthday. From Washington DC to Korea and points, in between MSC officers gathered to remember the heritage of the MSC and reinforce the value of our officers' contributions. Of particular note was the ceremony at the Office of The Surgeon General where LTG James B. Peake took the time to address a group of approximately 70 officers. He spoke genuinely of how the officers of the MSC are the "glue" that holds the AMEDD together. He then cut the cake with the senior and junior MSC officers - COL Mike Heath, Pharmacy Consultant and CPT Misty Blocker, 70D, working in the TSG's Decision Support Center. In Korea, the 38th Parallel Silver Caduceus Society celebrated the birthday with members of the 18th Medical Command (MEDCOM). BG Ursone was in San Antonio for the 86th birthday and spoke to MSC officers from across Fort Sam Houston in Blesse Auditorium. BG Baxter also attended as did officers and retired MSCs from the AMEDD Center and School, US Army Medical Command (MEDCOM), Great Plains RMC and BAMC. And, at Walter Reed COL Jim Greenwood hosted an MSC program that featured COL(R) Art Hapner, who graciously took the time to share our history from a personal perspective.

COL (Ret.) Art Hapner cuts the MSC birthday cake with the most junior officer present at the celebration held at Walter Reed Army Medical Center.

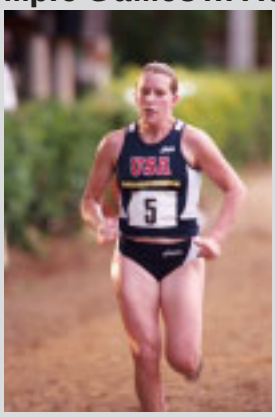
Above: COL Terry Carroll and 2LT John Marshall prepare to cut the birthday cake at Landsthul Regional Medical Command.

Left: COL Doug Hewitt and 2LT Carrie Campbell were the most senior and most junior officer present at the MSC Birthday celebration held in Korea. The celebration was held as a Silver Caduceus Society event.

MSC Contributions

MSC Officer Will Represent the U.S. Army at the 2004 Olympic Games in Athens

First Lieutenant Anita Allen, MSC, became the first member of the U.S. Army World Class Athlete Program to earn a berth in the 2004 Summer Olympics by winning the women's modern pentathlon on 11 August 2003 in Pan American Games XIV, held in Santo Domingo, Dominican Republic. She finished second in shooting, 11th in fencing, sixth in swimming, second in equestrian riding and first in cross-country running during the grueling one-day event. 1LT Allen won the running event with a time of 10:44.45. She lowered her personal best in the swim by six seconds finishing the 200-meter freestyle in 2 minutes, 27.19 seconds and delivered the equestrian ride of her life.



Article excerpt and photos were contributed by Mr. Tim Hipps, USACFSC Public Affairs.

CPT Eugene Handza was the 2002 Reserve Pharmacy Officer of the Year

CPT Eugene Handza, from the 34th General Hospital and 352nd Combat Support Hospital was recognized as the 2002 Reserve Pharmacy Officer of the Year at the Ralph D. Arnold Pharmacy Banquet held during the Combined Forces Pharmacy Seminar in October 2002 in Atlanta. CPT Handza has distinguished himself in a number of ways both within the Army and in his civilian occupation as well. Within his unit, CPT Handza has served as physical fitness officer, public affairs officer, radiation safety officer and training officer. He is the first reserve officer to hold a position on the Pharmacy National Junior Officer Council. In 2002, he was selected by the United States Army Public Affairs Office to appear in a national recruiting film promotion. As such, he will appear in a special recruiting film that will be shown on television and in high schools and college throughout the entire United States.

CPT Handza is currently employed by the Department of Veteran Affairs as Chief of Pharmacy in Fresno, California. He is one of the youngest chiefs of pharmacy in the entire United States. His accomplishments in his current capacity and in previous positions have been remarkable. His dedication, service and attention to customer service have led to a significantly increased level of customer satisfaction at every location where he has served.

CPT Handza has taken an active role in pharmacy professional affairs holdings various offices in pharmacy organizations from the local to the state level in Pennsylvania, Florida, Virginia and New York.

The 68th Medical Company (Air Ambulance) Supports Major Training Exercise

Nestled in the interior of Alaska the Soldiers of the 68th Medical Company (Air Ambulance), commanded by MAJ Lawrence Hallstrom, provide lifesaving MEDEVAC and Military Assistance to Safety and Traffic (MAST) support to both Soldiers and civilians alike in the greater Fairbanks, Alaska area. The 68th Medical Company (AA) is located at Fort Wainwright, Alaska and provides this support 24 hours a day, seven days a week, and 365 days a year.

The crewmembers from the 68th Medical Company (AA) that fly across the ominous terrain in Alaska are faced with a series of complex judgments every time they fly. These can include rescues from the side of a mountain in the Alaskan Range where weather conditions change in seconds to roadside crashes where the landing strip is a logging road built to facilitate the Great Alaskan Pipeline.

In November of 2002, the Soldiers of the 68th Medical Company (AA) participated in an exercise entitled "Arctic Heat". This exercise involved over 2000 Soldiers from United States Army Alaska (USARAK) and facilitated the 172nd Separate Infantry Brigade's train up for its spring JRTC rotation at Fort Polk. The 68th Medical Company (AA) provided both real world and exercise driven patient evacuation to the Soldiers of the Brigade. The 68th Medical Company (AA) stands ready to provide Dedicated Unhesitating Service To Our Fighting Forces -DUSTOFF.

MSC Contributions

MSC Officer is the First Army Officer to Ever be Awarded the Tuskegee Airmen Award

For the first time, an Army officer was selected for the Tuskegee Airmen, Inc. General Benjamin O. Davis, Jr. Military Award.

LTC Patrick D. Sargent, 421st Medical Evacuation Battalion (Air Ambulance), 1st Medical Brigade received the award at the annual TAI National Convention held in Denver, Colo. Aug. 5-10.

This award is given to a field grade officer who has exhibited outstanding performance in both professional and community service, according to TAI.

"The competition for this award was really tough and in some cases the voting was separated by fractions of a point," said LTC Derek Green, chief of training, 201st VIP Airlift Squadron.

Founded in 1972, TAI states its primary mission as motivating young Americans to achieve its goal of aviation awareness through education, nondiscriminatory practices, dissemination of accurate historical facts and increase aviation career pursuits.

"In the tradition of the excellence of the Tuskegee Airmen, they want to recognize excellence in every field of military endeavor for all of our military members regardless of specialty, race or gender," said Green.

MSC Officer is the First Female Native American Samoan to Earn the Rank of Lieutenant Colonel

On 13 November 2003, LTC Evelyn Vaitautolu-Langford became the first female Native American Samoan to ever be promoted to the rank of Lieutenant Colonel. The Governor of Samoa, Honorable Togiola Tulafono, attended her promotion at Fort Sam Houston, Texas and pinned on her new Lieutenant Colonel rank.

LTC Langford began her Army career at the age of 17 when she enlisted as an Administrative Specialist in the U.S. Army Reserves. She attended the American Samoa Community College while serving as a reservist then received a full government scholarship. She attended the Northwestern Oklahoma State University and enrolled in the Army ROTC program. She earned a Bachelors degree in Biology and was commissioned a second lieutenant in 1986.

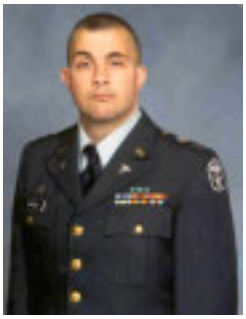
Throughout her career as an officer, LTC Langford served as a medical platoon leader, plans and operations officer, Adjutant, Medical Company Commander, Chief, Patient Administration, Deputy Chief, Patient Administration, Army ROTC Military Instructor, and Human Resources Managers. LTC Langford currently serves as the Assistant Chief of Staff for Reserve Affairs for the U.S. Army Dental Command, Fort Sam Houston, TX.

The Red Sox Honor the 883rd Medical Company

The 883d Medical Company (Combat Stress Control) from Boston, Massachusetts was honored for their deployment for Operation Iraqi Freedom (OIF) at Fenway Park on September 13, 2003. The company has developed an ongoing relationship with the Red Sox over the past three years serving as their honor guard for special events each season. Upon returning from their deployment, the Red Sox invited the Commander, LTC Bryan R. Kelly, 73B - Clinical Psychologist, to throw out the ceremonial first pitch for a Saturday evening game versus the Chicago White Sox.

MSC Contributions

CPT Robert Gates, 71E

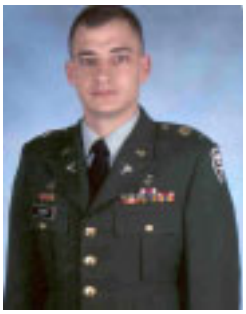


CPT Gates has been a leader and a key member of the team responsible for the resumption of Nucleic Acid Amplification Testing (NAT) and Enzyme Immunoassay Testing (EIA) for all customers at Camp Memorial Blood Center, Fort Knox, KY. As the officer in charge of the Quality Assurance unit, his work was vital in ensuring that new or revised testing SOPs were written, validated, trained, and implemented. Over 30 SOPs were implemented in a period of two months under his direction. In addition, he lead a team that was responsible for implementation of a lot release process for all blood collected and tested at Camp Memorial Blood Center and its external customers. This process ensures that all steps involved during the collection, processing, and testing of units are reviewed for compliance with federal guidelines before units of blood are labeled and released into the inventory. As a direct result, EIA resumption and lot release implementation was decreased from over 7 days to 48 hours. In addition, CPT Gates oversaw the development and implementation of a new training program ensuring that new, as well as current employees, are fully qualified and competent to perform their duties.

CPT Gary Hughes, 67F

As the Chief, Optometry Service at Robinson Clinic, Fort Bragg, North Carolina CPT Hughes played a pivotal role in orchestrating a Memorandum of Agreement between the Fort Jackson Optical Lab and the 32nd MEDLOG Optical lab to provide same day to 1-week turn around time for spectacles. As the primary coordinator, he screened and facilitated the Soldiers requiring refractive surgery for the Warfighter Refractive Eye Surgery Program. These clinical contributions have ensured visual readiness for the 30,000 82nd Airborne Division Soldiers. CPT Hughes also deployed to Afghanistan in support of Operation Enduring Freedom. He established the first optometry clinic in Kandahar, Afghanistan. In addition to treating U.S. forces, he provided services to coalition forces as well as humanitarian missions to the Afghani population.

CPT Todd Kijek, 71A



CPT Todd Kijek serves as a primary investigator in the U.S. Army's Medical Infectious Disease Research Program within the Department of Bacterial Diseases. He has written proposals for research projects funded under the Medical Infectious Disease Research Program and has successfully planned and executed the research specified in the proposals. His efforts in vaccine development include: preparation and evaluation of vaccines derived from bacterial strains genetically modified to render them nontoxic, development and verification of detailed processes for vaccine production in the bioproduction facility, and ultimately the establishment of appropriate animal models for vaccine safety and immunogenicity analysis. CPT Kijek presented a poster at the 13th International Pathogenic Neisseria Conference where he reported to the scientific community the results of preclinical safety and immunogenicity studies of a promising meningococcal vaccine candidate.

1LT Cynthia Harrison, 72D

1LT Cynthia Harrison is the primary trainer for USACHPPM-North personnel in all Occupational and Environmental Health Surveillance systems. In support of Homeland Security and the Homeland Defense, she has pioneered the efforts of CHPPM to provide Water System Vulnerability Assessments (WSVA) to Army Installations. Truly competent in engineering waterworks, 1LT Harrison provided significant insights into risk communication and recommended many countermeasures for the Aberdeen Proving Ground/Edgewood Area drinking water supply system. This assessment has proved to be a very complex analysis necessary to ensure Installation Commanders have the information and tools necessary to develop the Installation emergency Water Supply and Management Plan. This plan describes actions to take if the water system becomes compromised due to physical destruction, intentional contamination or through cyber-terrorism affecting the water system's ability to produce, store, and distribute safe drinking water to consumers.

Medical Allied Sciences

COL James Romano
Assistant Corps Chief for Medical Allied Sciences

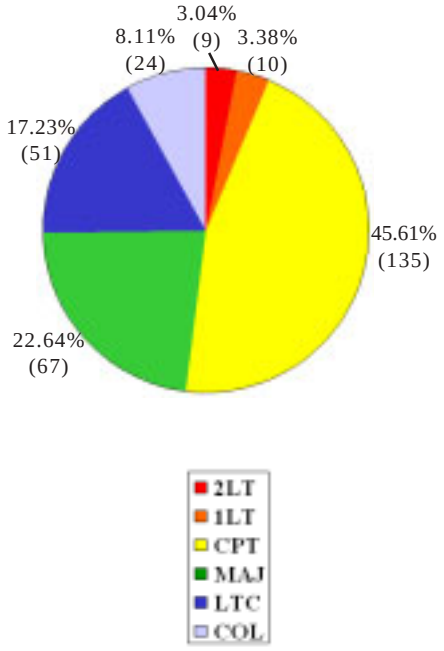
Laboratory Science Officers in Medical Functional Area (MFA) 67B serve in one of four AOC's: 71A (Microbiology, Parasitology, and Immunology), 71B (Biochemistry and Physiology), 71E (Clinical Laboratory), and 71F (Research Psychology). Collectively, they work to assure the readiness of our fighting forces by engaging in clinical laboratory support, preventive services, and research and development to assure survival against chemical and biological weapons, disease, trauma, combat stress, and environmental threats. Officers in MFA 67B are assigned to both fixed facilities and TOE units and because of their specialized scientific skills, also often deploy on special teams tailored to address specific problems in a theater of operations.

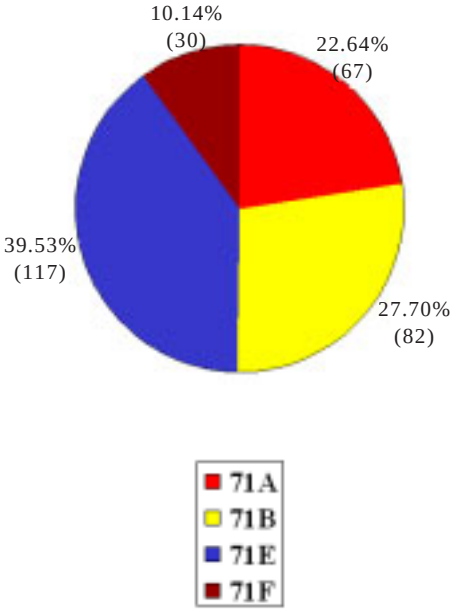
All Laboratory Science AOC's require either advanced degrees or special certification beyond the baccalaureate degree. Consequently, both Reserve Officer Training Corps (ROTC) and direct commissioning are important sources of accessions for MFA 67B. Each year, a number of officers in the MFA further advance their skills and credentials through the AMEDD Long Term Health Education and Training program.

Today all four AOC's are strong in terms of the quality of the officers currently serving and the ability to continue to recruit outstanding people to join our ranks. Maintaining this level of quality and ensuring adequate force structure will be critical as we face a future that is both exciting and challenging. It already appears that 21st Century warfare will place even greater demands on our officers than previous wars. Since the attacks of 11 September 2001, the whole nation is facing the reality of predictions that Army laboratory scientists have been making for years. This increased demand for the services of military scientists has been evident during 2003 with the officers in all four AOCs of MFA 67B being called upon for a variety of special missions. These requirements have seriously taxed the relatively small force of uniformed scientists; however, as always, MSC scientists will continue to be at the forefront as the Army once again rises to meet and defeat the threat.

Laboratory Science Officers belong to a wide variety of national and international professional associations representing their various disciplines, including the Society of Armed Forces Medical Laboratory Scientists (SAFMLS). These organizations allow the officers to maintain close contact with their civilian colleagues. Several of our officers have published articles in many professional journals. The written contributions of our officers are available on the Army Knowledge Online Community Pages and in the Knowledge Collaboration Centers, which each Area of Concentration (AOC) just recently established.

Laboratory Science Officers





71A - Microbiology, Parasitology, Immunology

COL David Craft
Consultant

In my first full year as consultant, I am proud to report on our microbiologists serving with great accomplishment throughout the world. This year's theme for the active duty microbiologist is clearly "The Year of Firsts". As this report was being drafted, over 10% of all Army microbiologists were deployed in support of Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF). This is just one of the "firsts" for our AOC and represents the largest concurrent deployment of microbiologists in Army history. The diversity of these missions represents the diversity of expertise found within our Area of Concentration (AOC) to include (1) patient care diagnostics and consultation, (2) biological warfare/endemic disease agent confirmation, (3) weapons of mass destruction inspections, and (4) the oversight and management of resources allocated to microbiological research in the Army.

Assignments in the US Army Medical Command (MEDCOM) have provided a number of new and unique challenges this past year. In support of the Global War on Terrorism, microbiologists at Tripler Army Medical Center (AMC) and the 121st General Hospital (Korea) are providing the subject matter expertise in the procurement of modular, self-contained Bio-Safety Level 3 (BSL-3) laboratories. The assignment of a microbiologist to Korea to implement BSL-3 protocols represents another "first" in the Army Medical Department (AMEDD). In order to staff future modular BSL-3 laboratories, we will engage the MEDCOM Manpower Programming Initiative (MMPI) with the intent to add company grade microbiology assignments to William Beaumont AMC, Womack AMC and Darnall Army Community Hospital.

Modular BSL-3 laboratories are one by-product of the ongoing partnership of the DOD, Center for Disease Control (CDC) and State Public Health Laboratories in the Laboratory Response Network. Due to the requirements to maintain select agents and the increased laboratory protocols provided by the CDC, each Medical Center (MEDCEN) is now staffed with at least two microbiologists. These officers are not only verifying and validating these protocols, but devoting many hours to meeting the biosurety and physical security regulatory requirements for handling select agents in accordance with guidelines from the Departments of Defense, Health and Human Services, and Justice. The DOD regulations concerning this activity continue to mature and our microbiologists continue to write, staff, and consult those tasked with developing policy for the DOD.

MEDCEN microbiologists continue to play a key role in graduate medical education (GME) through clinical investigative research protocols and training of Pathology residents at Madigan, Brooke and Walter Reed Army Medical Centers (AMC), and Infectious Disease Fellows at Walter Reed AMC and Brooke AMC. These missions are a vital part of the 71A MEDCEN job description. As manpower allows, there are limited opportunities for assignment to MEDCEN Departments of Clinical Investigation in direct support of GME. Scientists advise, consult, write, approve, and direct the research of MEDCEN interns, residents and fellows during their post-graduate education. Those assignments often lead to adjunct faculty appointments at local medical and dental schools with opportunities to collaborate and sit on thesis committees.

The majority of 71As continue to be assigned to either the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) at Ft. Detrick, MD or the Walter Reed Army Institute of Research (WRAIR) in Forest Glen, MD. Both institutes support the overseas research laboratories in Bangkok, Thailand and Nairobi, Kenya. At USAMRIID, another significant "first" is the selection of a microbiologist as the Commander. USAMRIID continues to be the world's leading authority in the diagnostic and molecular studies of select agents and emerging infectious diseases. Their work on the newly emerging Severe Acute Respiratory Syndrome (SARS) virus is but one of the high profile missions studied and published during the year. Due to the BSL-4 capability, the Institute provides clinical and non-human primate data enabling government and industry to develop appropriate diagnostic tests and clinical treatment algorithms. Reflecting the subject matter expertise of USAMRIID, one microbiologist was selected as an inspector for a team deployed to Iraq to look for weapons of mass destruction and another was deployed to support patient care microbiology. Common job descriptions within the walls of the Institute include bench scientists, program directors, principal investigators and management of DOD scientific technical objectives.

At the WRAIR, a number of officers deployed in support of OIF. At home, accomplishments include MAJ Karen Kopydlowski receiving the U.S. Army Research and Development Achievement Award for her work on microarray support of the malaria drug discovery program. Other malaria related projects include metabolic profiling and pharmacokinetic studies of anti-malaria compounds, several patents filed for drug delivery, characterizing drug resistant strains, developing cDNA libraries, adhesion pathogenesis and

1LT Mike Belson reviews SOPs with Medical Laboratory Technicians while deployed with the 28th CSH in Baghdad.

The 520th Theater Army Medical Laboratory pauses for a photo on the Road to Baghdad.

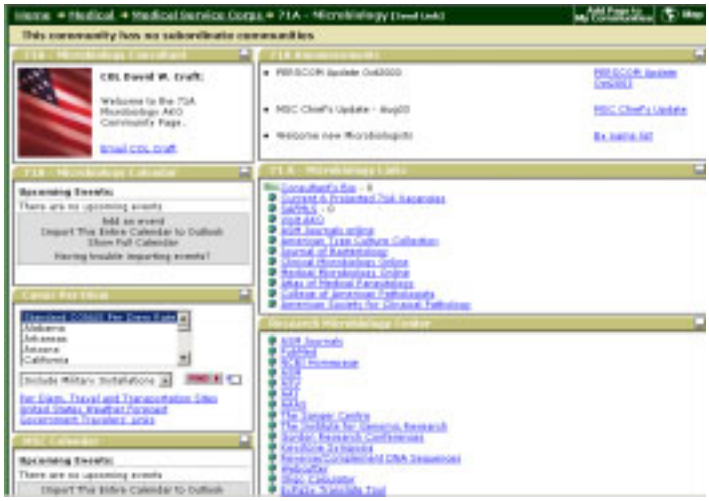
drug screening in support of clinical trials in Kenya. Other infectious disease projects include cellular immunity to viral hemorrhagic fevers, microarrays for enteric bacteria and vaccine studies. The world class research into HIV, characterization of new subtypes, diagnostic testing and vaccine development continues to thrive at the off-campus retrovirology laboratory in Rockville, MD.

The 520th Theater Army Medical Laboratory (TAML) is a FORSCOM asset with microbiology capabilities that deploys regularly. As a follow on to deploying clinical microbiology capability to Afghanistan in support of OEF last year, this year four 71As deployed TAML capabilities to Iraq in support of OIF. Those officers and their staffs were instrumental in force protection support through their ability to provide laboratory confirmation of weapons of mass destruction and/or endemic infectious disease.

Long Term Health Education and Training (LTHET) continues to be a vital program keeping our personnel on the leading edge of science and patient care. This year two PhD starts, and one clinical and public health microbiology post-doctoral fellowships have been resourced by the Chief, MSC via the LTHET requirements board. This provides an opportunity for our masters degree level personnel to gain the tools required to direct and manage key research by attaining a PhD. For our doctoral level personnel, the fellowship is an opportunity to bridge the patient care gap from the laboratory to the bedside. Officers completing the post-doctoral fellowship are eligible to sit for the diplomacy exam of the American Board of Medical Microbiology (ABMM). This is an exciting opportunity not only to validate our training, but also to achieve medical director status at our MEDCENs. Currently there are three ABMM diplomates on active duty. Future staffing models will target ABMM eligible fellowship graduates as the Chiefs of the MEDCEN microbiology laboratories.

As this report goes to print, two microbiologists are deployed to the 28th Combat Support Hospital (CSH) located at the Baghdad International Airport. They are leading a select team carrying the recently standardized microbiology augmentation package (M403) to deployed CSHs. The team was tasked with providing diagnostic microbiology capability to the medical investigation of acute respiratory distress syndrome pneumonias among our Soldiers deployed in Iraq. This unique capability reflects another "first" for the mission capable microbiologists currently on active duty.

Last, but not least, the 71A Community Page is now up and running on AKO. MAJ Allessa Ewell, CPT Erica Wargo and 1LT Michael Belson are serving as webmasters for this project. I hope you will visit for updated information.



This year has indeed been challenging, but our microbiologists are proudly serving at home and abroad with a great sense of professionalism and scientific acumen. Our junior officers in particular continue to build a field ready deployment foundation surpassing all expectations and ensuring mission readiness.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2039980003

Note: You must log in to AKO before entering this URL.

CPT Michael Ingram, 71A

CPT Ingram is assigned to the Walter Reed Army Institute of Research as a Principle Investigator for an extensive and very complex anti-malarial drug discovery project. He and the laboratory personnel under his supervision have cloned a critical malaria gene and found several others in a biochemical pathway, which are vital for the parasite's survival. He has been able to produce large quantities of the protein encoded by this gene and is now identifying specific chemicals which target this protein. These new chemical entities are then tested for their ability to kill the malaria parasite. In April 2003, CPT Ingram deployed with the 520th Theater Army Medical Laboratory (TAML) in support of Operation Iraqi Freedom as the Chief of Biological Threat Assessment.

CPT Michael Ingram examines blood agar plates while deployed with the 520th Theater Army Medical Laboratory.

71B - Biochemistry and Physiology

COL Aaron Jacobs
Consultant

Army Biochemists and Physiologists (71B) continue to fill vital roles in clinical, research, acquisition, management, policy and roles in the Global War on Terrorism (GWOT) for the U.S. Army. Over the past three years the interest in an Army career for scientist-Soldiers has increased. There were 60% more highly qualified applicants that wanted to be a part of the Army team than we could access in FY03. It looks like continued success for the coming FY04. There are already over 50% of the available spaces filled with top quality applicants from major universities. This continued interest in careers in the Army has allowed us to change the requirements for incoming Biochemist and Physiologists to require a PhD for entry instead of a Masters degree. Most first and second tour officers have assignments in research positions, clinical chemistry or clinical investigations. This gives Army Biochemists and Physiologists the background to move into management positions as their career evolves. The opportunities for command and executive officer positions for senior 71Bs is excellent with many of our outstanding officers filling key roles in the AMEDD and DOD community.

Biochemist (71B) Earns MSC Award of Excellence

Article and photo contributed by Karen Fleming-Michael.

CPT Mark Hartell had a great day Jan. 3. Not just because he managed to put in a few extra hours at his "really fun" job as a Drug Development Team Leader from the Walter Reed Army Institute of Research. And not because his Ohio State Buckeyes (his alma mater for his master's degree) were playing for the national championship that night.

But because a scant two years after putting on a green suit, Hartell learned he'd taken one of the Medical Service Corps' top honors.

The after-hours call from Brig. Gen. Richard Ursone, assistant surgeon general and deputy chief of staff for Force Sustainment for the U.S. Army Medical Command broke the news: Hartell was the 2002 Chief, Medical Service Corps Award of Excellence winner in the health sciences category. "I stood all by myself at attention in my office as I spoke to him," the captain said, laughing.

Since receiving his direct commission, Hartell has been working on a class of malaria drugs called tryptanthrins, along with CPT Daniel Nichols, Dr. Apurba Bhattacharjee and Dr. Ricky Hicks and an interdepartmental team of about seven additional scientists.

The department he works with conducts research on experimental therapeutics, and the tryptanthrins certainly lives up to the division's name. Because funds for drug development must be spent prudently, researchers at WRAIR use computer modeling techniques to find out how a molecule does what it does and how it might be used to fight the malaria parasite.

"What that allows us to do is eliminate a tremendous amount of trial and error without going into the laboratory and using chemicals and spending resources," Hartell said. "We've used elements of that technique in other drugs but tryptanthrins is the first drug now that, as my grandmother used to say, from soup to nuts, from beginning all the way through the entire process, is using these techniques."

And that's just his day job.

The Staten Island, N.Y., native also works as a consultant for the Air Force Munitions Directorate at Eglin Air Force Base, Fla., and the Defense Threat Reduction Agency. And if that work doesn't keep him occupied, his other job as a lecturer and spokesperson for the Anthrax Vaccine Immunization Program Agency does.

Before his commissioning, Hartell had a career as a faculty researcher and doctoral student at Auburn University, Ala., as well as a contracting job that led to his work with nine federal organizations.

He worked with the Federal Aviation Administration, the U.S. Secret Service and the Military Working Dog Group at Lackland Air Force Base, Texas, to create models to test canine detection limits. Hartell's research expertise led to the creation of thin film biosensors that detect salmonella bacteria on chicken for the U.S. Department of Agriculture. He also worked on projects for the Navy's Office of Special Technology and the Office of National Drug Control Policy.

One perk of winning the award—other than being recognized at a luncheon in April and getting a private tour of the nation's capitol—is being able to tell others about the people at WRAIR. "The team here at WRAIR is, of all the places that I've worked, is an incredible powerhouse of talent," he said.

His sentiments appear to be mutual. Calling him "absolutely the finest allied scientist that I have ever known," LTC John Van Hamont, Chief of Medicinal Chemistry and Hartell's supervisor, said that when he was detailing Hartell's work for WRAIR and the Department of Defense, he had a difficult time keeping within the page limitations for the award nomination.

"Quite simply, to say that Captain Hartell's future is paramount to the Medical Service Corps and the U.S. Army is an understatement," Van Hamont said.

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71E - Clinical Laboratory

COL Noel Webster
Consultant

The last year has been extremely busy for Clinical Laboratory Officers and much has been accomplished. We are stationed around the world doing a variety of different jobs and continue to make significant contributions. As Certified Medical Technologists, we are experts in the technical clinical laboratory field. There are currently 112 clinical laboratory scientists. This last year we had twelve of our officers deployed to theaters of operation. One officer is an Inspector General, three young officers are Company Commanders, one senior officer is a Deputy Commander for Administration, and one officer now commands the 440th Blood Detachment. We have lab officers deployed to research labs in Kenya and Thailand. The majority of the Clinical Laboratory Science Officers are laboratory managers at Medical Activities (MEDDAC) and Medical Centers (MEDCEN). Twenty-one of these scientists are specialists in Blood Banking with the 8T additional skill identifier. Not only must all these officers be Soldiers, they must also be experts in the whole realm of laboratory testing, managing both military and civilians, some managing labs with over 100 personnel. The Clinical Laboratory Officer is a major player in the Medical Service Corps and continues to make advancements for not only the Army, but the world as well.

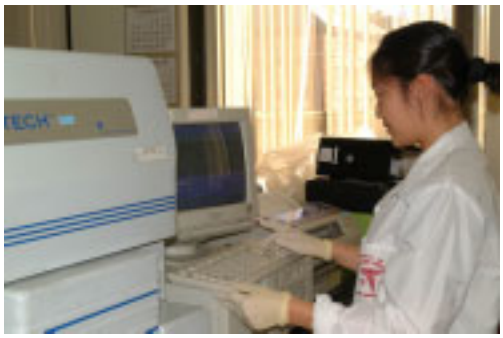
The majority of Clinical Laboratory Officers are direct accessions. These officers must have a Bachelors degree in Medical Technology or a related biological science, certification as a Medical Technologist by a nationally recognized accrediting agency acceptable to The Surgeon General, a one-year internship, and at least one year's experience as a Medical Technologist. We directly accessed six new scientists this last year. Two Medical Technologists graduated from Reserve Officer Training Corps (ROTC). Two other officers graduated from the Clinical Laboratory Officer Course.

For those officers already in the Medical Service Corps with a biological science degree who would like to become a clinical laboratory scientist, they can apply to the Clinical Laboratory Officers Course. This one-year course is held at Walter Reed Army Medical Center (WRAMC). Once completed, the officer must then take a National Medical Technology exam for certification as a Medical Technologist. The pass rate from this course is one of the best in the United States with many officers receiving some of the highest scores in the nation. We currently have five students in the course.

A new Medical Technologist is usually assigned as a lab officer in a blood platoon/detachment or at a MEDCEN Department of Pathology. Young officers at the MEDCENs are usually assigned to a Combat Support Hospital as part of the Professional Officer Filler System (PROFIS) so are able to acquire experience in field assignments. This year we had 10 lab officers fill PROFIS positions for Operation Iraqi Freedom or Operation Enduring Freedom. These lab officers will usually be given a lab manager position at a small MEDDAC as their next assignment.

Lab Scientists can then expand their experience with research positions, opportunities to manage larger labs, staff positions, and commands. They may also apply for Long Term Health Education and Training (LTHET) to include Master's degrees in Medical Technology, Health Science (Blood Bank Fellowship), Masters in Healthcare Administration (Baylor Course), and PhD level programs to include medical technology, Pathology, Immunology/Immunohematology, Clinical Microbiology, and Clinical Chemistry. Some of these degrees may result in a change of Area of Concentration (AOC) to the Microbiology (71A) or Biochemistry (71B) occupational specialties. We average 5-8 officers in school at any one time.

The Tri-Service Blood Bank Fellowship at WRAMC has had an illustrious history. It was formed in 1958 in order to enhance our wartime mission capabilities to provide blood products



CPT Tracie Ke-Dominguez performs Hepatitis tests during her training at the Clinical Laboratory Officer Course at Walter Reed Army Medical Center.

1LT Reynaldo Torres was assigned to the 21st CSH in support of Operation Iraqi Freedom as the Clinical Laboratory Officer. He is stationed at Darnall Army Community Hospital, Fort Hood, TX.

MAJ Martin (Rusty) Tenney who is deployed with the 28th CSH as the Clinical Laboratory Officer. He is performing a blood collection in the field. Whole blood is required on some trauma cases where multiple units of blood are required.

CPT Adam Peters deployed with the 48th CSH in support of Operation Enduring Freedom. He served as the Clinical Laboratory Officer for the CSH as well as the OIC of the 32nd MEDLOG Battalion Blood Platoon BSU co-located with the CSH. He is pictured below preparing a daily Blood Report.

throughout the world, provide peace time blood collection and transfusion services, to maintain Food and Drug Administration licensure of our blood facilities, and to participate in military blood research. It has graduated 88 Army blood bankers. After graduation, these officers fill positions to include directors of blood donor centers, chiefs of blood transfusion services, blood research scientists, commanders of blood detachments, Unified Command Joint Blood Program Officers, Army Blood Program Managers, and the director or deputy director at the Armed Services Blood Program Office.

Thus, a Clinical Laboratory Officer's career is diverse. It is one with knowledge in science and administration, spent in both field and hospital duty, demanding leadership and management, and always devoted and focused to taking care of the soldier far forward on the battlefield to all our beneficiaries at home. This last year's performance was challenging and rewarding. Our future, as well is challenging but also new and exciting.

CPT Teresa Terry provides a briefing to fellow Clinical Laboratory Officers on Hepatitis C Virus Confirmatory Testing. She is assigned to the Walter Reed Army Institute of Research.

Past Year's Performance

The clinical labs still continue to be vigilant in biological threat detection. Thirty-six labs are partners in the Centers for Disease Control and Prevention's (CDC) Laboratory Response Network (LRN). This partnership allows our sites to activate their labs for detection of biological threat agents. Policy was written to standardize what type of specimens would be allowed in clinical laboratories. The US Army Medical Command (MEDCOM) Lab Program Office has added a position to its staff to manage this important system and to ensure new Directives, Instructions, Regulations, are being coordinated and implemented. This project officer works closely with Army confirmatory labs to ensure they are meeting biosecurity and safety requirements as required by law. Funding is being provided to these sites to update their security systems. These new biosecurity requirements have placed larger demands on our labs and they should be commended for spending many hours to make the LRN system work.

Our capabilities to detect threat agents also increased this last year. We are now looking at testing for toxins as well as bacteria. Working with the Health Facility Planning Agency, Office of the Surgeon General (OTSG) has already funded for the construction of two new Bio-safety level-3 (BSL-3) labs and there are plans for five more. There is no doubt our future will be different. Biological agents will be a tool for our enemies. We need to identify these agents quickly, protect our hospitals from contamination, provide the best safety and care to our patients, and provide preventive measures to keep our constituents safe. Along with these tests, our confirmatory labs now have the capability to test for Vaccinia as well as Severe Acute Respiratory Syndrome (SARS) through Polymerase Chain Reaction (PCR) technology.

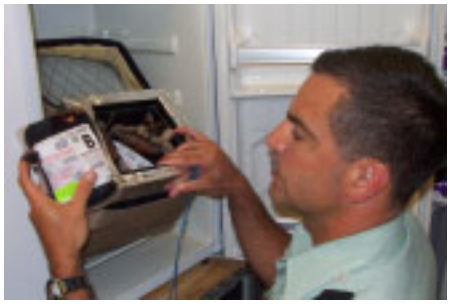
The centralized contract for detection of cervical cancer has shown great results. This new technology, Liquid-based Cytology, takes the place of the old Pap smear. Nineteen labs now perform this test and provide support to those hospitals and clinics within their areas. It is reducing the number of unacceptable slides as well as reducing Atypical Squamous Cells of Uncertain Significance (ASCUS) rates, thus improving quality of care for the female patient. It was estimated in 2002 that the cost avoidance provided by this test was approximately 4.5 million dollars.

In addition to the Liquid-based Cytology, a second test for identifying the Human Papilloma Virus was also centrally contracted. Six of our MEDCENs were provided equipment to perform this test. The same specimen that was used for the Liquid-based Cytology test is now used for this test thus minimizing the need for a return visit by the patient for a second specimen.

Our Blood Donor Centers are setting the standard for blood testing. Nucleic Acid Testing (NAT) allows these labs to amplify viral RNA from HIV and Hepatitis C viruses. For the past three years, the Fort Hood, Fort Knox and Tripler Army Medical Center Blood Donor Centers have been using a protocol with Chiron and Gen-Probe to perform single donor NAT HIV and HCV testing. In August, these three sites incorporated NAT testing for the detection of West Nile Virus under an Investigational New Drug. These three facilities were the only labs performing single donor testing in the United States. Other civilian labs were pooling testing and the Army decided single donor testing was the safest method possible. Because of the efforts of the Army's data, Chiron received a license from the Food

CPT Wendy Sammons performs chemistry tests. CPT Sammons was the 1st deployed Clinical Laboratory Officer with the 28th CSH in Iraq.

LTC Frank Rentas shown performing validation studies on the "golden hour" box that is now being used in far-forward units to provide blood products to the wounded as quickly as possible.



and Drug Administration for both pooling and single donor testing. Now, many more civilian labs are using the licensed single donor testing method thanks to the efforts of the Army's three blood donor testing labs.

All of our labs continue to excel on College of American Pathologist (CAP) inspections, Joint Commission on Accreditation of Healthcare Organization (JCAHO) inspections, American Association Of Blood Banks Assessments, Food and Drug administration unannounced inspections, and others. Our Lab Officers continue to receive annual training on quality assurance, quality control, and quality improvement in order to ensure these labs continue to improve and our laboratory testing is the best.

One of our most exciting initiatives this last year was the start of the Junior Lab Officer Council. The council was tasked with six objectives. Five were accomplished and one is ongoing. They included a brand new web site, a knowledge collaboration center (KCC) and a community page on the Army Knowledge Online portal, a new CD called the Field Laboratory Information Program, new quality assurance SOPs and tools, and a new SOP and flow chart on submitting after action reports. This next year's tasks include looking at reimbursement issues, lab interoperability, barcode machines at wards and clinics, point-of-care issues, and quality management tools. There is no doubt the young laboratory officers are a major player in contributing to the whole clinical lab program. CPT Hassan Zahwa was commended at the Society Of Armed Forces Medical Laboratory Scientists' Convention as the Clinical Laboratory Scientist of the year. Much of his noted accomplishments were with the work he performed for the Junior Lab Officer Council.

The Future

This year, many lab officers have been on a Tri-lab committee to provide a laboratory interface capability for our Composite Health Care System (CHCS) lab module. We need to have the capability to interface one lab's testing data with another lab so that patient data can be sent where the soldier and his family is. Constant moves and regional testing demand this. Also, we need to interface with civilian labs that perform additional testing for the Army. Data transfer would speed the results back to the provider with less error in reporting. We also need to interface more of our laboratory testing equipment with the CHCS lab system. The capability to do all this will improve efficiency and productivity and eliminate hassle in reporting of results. We currently have this system operational at a few sites. It should be deployed throughout the clinical labs in the 2004 time frame.

Our bio-threat testing capabilities will only improve as we continue to build our capabilities. In the next year, we will see a minimum of two new BSL-3 labs constructed and operational. New advances in testing will increase our capabilities to identify threat agents more quickly.

Newer automation is driving our labs to increase capabilities at lower costs and with better efficiency. We need to look at saving costs by doing more tests within the military at a lower cost than sending those tests out to reference labs. Cystic Fibrosis testing will be one of the first tests centrally funded in order to decrease the enormous contract costs for this test. Thin Prep testing is becoming more automated and the contract we have to perform this test will be modified. We are already centralizing more of this testing to save on manpower and increase efficiency.

We need to ensure our new Clinical Lab Officers are trained on field lab operations. Our war mission continues and each year will demand more lab officers to deploy with our Combat Support Hospitals, blood detachments, and staff positions. We plan to keep our young lab officers informed on new techniques with an annual meeting specifically designed for young lab officers.

The senior lab officers have been working to create standardized metrics for laboratories. These metrics have been input into an Access file and will be released to the clinical labs in the fall of 2003. Once evaluated for three months, the metrics will become standard for reporting on a quarterly basis to the regional medical commands and the MEDCOM. Standardization is key to the improvement and quality of our labs and our senior lab officers are committed to this goal.

Above all, our Clinical Laboratory Science Officers are ready for the future and will continue to be key contributors in the Medical Service Corps' missions.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2022780015

Note: You must log in to AKO before entering this URL.

71F - Research Psychology

COL James Romano
Consultant

The mission of Army Research Psychologists (AOC 71F) is to conduct research into psychological, psychosocial, and behavioral issues affecting soldier health and performance. There are thirty (30) 71Fs on active duty. Most of them serve in the U.S. Army Medical Research and Materiel Command (USAMRMC). All 71Fs are required to have doctoral degrees in psychology or a closely related field and enter active duty as Captains. They bring a wide variety of backgrounds to the AOC including neuroscience, physiological psychology, cognitive psychology, organizational/industrial psychology, and social psychology. Some assignments clearly require a specific subdiscipline such as neuroscience, while others are more general in nature. Our Research Psychologists are conducting longitudinal studies concerning weight-loss, body composition, and fitness among military personnel. They also are examining how to enhance individual survivability through the use of pharmacological interventions to sustain performance during continuous operations and are using cutting edge technology to predict the impact of sleep history on cognitive performance. Others are developing pharmacological intervention strategies to prevent the propagation of injury in neural tissue following traumatic brain injury. Some utilize their behavioral neuroscience background to understand subtle effects, if any, of repeated exposure to low doses of nerve agents. Still others are determining the behavioral consequences resulting from exposure to chemical and biological threats and how pharmacological pretreatment and treatment strategies protect our Soldiers from such threats. Their research efforts addressing the unique stressors found in military operational environments have had a direct and positive impact on soldier health, readiness, training, performance, and the development of doctrine.

At more senior levels, 71Fs have served as commander and deputy of scientific/technical organizations, deputies at major subordinate commands, and as Assistant Corps Chief, MSC. These officers brought the benefit of their successful research experiences and assignments to their leadership positions and added value to their organizations.

CPT Gina Adam (left), assigned to the U.S. Army Aeromedical Research Laboratory (USAARL) works with LT Tyson Brunstetter, U.S. Navy, in a UH-60 simulator during an eye tracking study. Eye tracking, as a measure of visual attention, is being evaluated to assess workload and situation awareness in rotary-wing flight simulation. Results will prove beneficial to aviation and will provide a better understanding of the cognitive demands placed upon the Objective Force Warrior.

Highlights of the Past Year

The 71Fs have performed work in all of the areas of their representative backgrounds with a unique linkage to Army applications. They have supported a globally engaged Army. The types of research 71Fs perform are diverse and include both laboratory and field applications. For example, 71Fs are currently studying how high operations tempo (OPTEMPO) and/or military stressors impact on key military readiness issues such as physical and psychological health, performance, retention in the Army, family quality of life, and family satisfaction. The 71Fs also investigate effects of environmental stressors and sleep deprivation on soldier health and performance and have made valuable contributions shaping doctrine to minimize mission compromise due to these "beatable problems". LTC Carl Castro and CPT Melba Stetz explored the effects of job control, information flow, and job predictability on the relationship between work hours and work interfering with family. Their research demonstrates how effective supervisory behaviors can mitigate the impact of demanding work schedules on family relationships.

CPT Jed Hartings reported on an animal model of non-convulsant ("silent") seizures that occur after brain injury. These seizures occur without observable motor manifestations, and despite their putative role in causing secondary brain damage, are clinically refractory to standard anticonvulsant therapy. Developing this animal model was critical to our ability to screen batteries of clinically approved drugs for potential off-label use in blocking these seizures. These studies are currently in progress and have identified two lead candidate compounds that may be effective in preventing propagation of injury in brain tissue.

The 71Fs recently reported that in brain injury the frequency of occurrence of peri-infarct depolarizations (PID), which propagate as waves from the injury core throughout the ipsilateral hemisphere, predicts and likely mediates injury maturation. This critical series of approximately 60 PIDs begins at 8 hours post-injury and blocking them provides neuroprotective reduction of brain lesion volume. Thus, PIDs represent a target for neuroprotection with a wide therapeutic window and may serve as a diagnostic/prognostic marker of injury severity. The investigators have received WRAMC Internal Review Board (IRB) approval to investigate these implications in clinical stroke patients and are also working with an international consortium of neurosurgeons who have recently demonstrated the occurrence of PIDs in a high (60%) proportion of traumatic brain injury patients. Finally, MAJ Bob Wildzunas provided a glimpse

into the future of military medicine in a report entitled "Medical Technologies for the Objective Force", which appeared in Military Medical Technology. These studies and accomplishments represent a brief sample of the contributions of 71Fs to the advancement of military medicine.

Challenges

At present, the Army has no problem attracting highly qualified candidates as 71Fs. We easily fill our small recruiting needs with direct accessions and ROTC cadets who pursue doctorates on educational delays. Indeed, we turn away several excellent candidates for commissions each year, and the quality of our junior officers is extremely high. During the past year, the AOC lost three senior officers to retirement and one junior officer who voluntarily left the service. These losses were balanced by four new accessions to the AOC, leaving us with an inventory of 30. Two losses are projected for FY03. Because our numbers are so small, we are approaching a critical mass problem. In this past year, many organizations have made requests for the services of 71Fs as they have found them valuable to the mission. Often authorizations are not associated with these requests, so several have gone unfilled. As long as the U.S. Army tackles diverse challenges relying on optimal performance of Soldiers, there will be requirements for 71Fs. Our opportunities to pursue personal and professional goals in our Army remain excellent.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2032080003

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CPT Matthew Clark, 71F

CPT Matthew Clark, a 71F previously assigned to the Walter Reed Army Institute for Research (WRAIR), was recognized at the 3rd Singapore International Symposium Against Toxic Substances (SISPAT) for having the best scientific poster presentation. His poster was entitled, "Behavioral Toxicity of Purified Human Butyrylcholinesterase in Adult Male Mice." This novel investigation is an integral part of the overall project on assessing human butyrylcholinesterase as a future generation bioscavenger against chemical warfare nerve agents. SISPAT is a medical chemical and biological defense conference hosted by the Singapore government and the DSO National Laboratories and included over 300 participants from 25 countries.

CPT Eric Midboe, 71B

CPT Midboe brought new skills and scientific approaches to the U.S. Army Medical Research Institute for Chemical Defense (USAMRICD) and was instrumental in establishing the Institute as a leader in the U.S. Army Medical Research and Materiel Command's (USAMRMC) toxicogenomics effort. His work was the first to use DNA arrays (GeneChip technology) to study the effects of nerve agent on the brain using mice as a model system. His protocol was also the first to incorporate behavioral observations with gene

expression studies following low dose exposure to a nerve agent. He also established several collaborations with behavioral psychologists at the Institute and the DNA array processing lab at the Walter Reed Army Institute of Research (WRAIR) to augment his efforts and expedite completion of his work. His research efforts led to an invitation to the Genomics Workshop held at WRAIR and the Toxicogenomics Conference held at the USAMRICD.

Army Research and Development Award

MAJ Karen Kopydlowski received the prestigious Army Research and Development Achievement Award during the Army Science Conference, held 2-5 December 2002. Spanning four years of effort, MAJ Kopydlowski and her team established a state-of-the-art gene expression laboratory capable of fabricating microarrays for any pathogen of military importance. This technology enables researchers to study the relationship of a set of genes under the influence of a given variable. In this case, MAJ Kopydlowski used a microarray to study an organism called ***Plasmodium falciparum***, the parasite that causes malaria, in order to explore new anti-malarial drugs and vaccines. Malaria is endemic in nearly every region in which the U.S. Army is deployed. Her work will accelerate antimalarial drug discovery and development efforts, which will decrease the level of risk to our troops deployed throughout the world.

When MAJ Karen Kopydlowski was assigned to the Walter Reed Army Institute of Research, Division of Experimental Therapeutics in 1999, the concept to integrate functional genomic technologies into the Antimalarial Drug Discovery and Development program had just been proposed by Dr. Sheila Peel and LTC R. Keith Martin. Despite the lack of programmatic funding, in-house equipment, supplies, and trained personnel, MAJ Kopydlowski readily accepted the challenge to transition the new microarray effort into a premier program. Her partnership with Dr. Peel was pivotal in formalizing the decision to fabricate a malaria microarray in-house since there was no commercially available product and custom fabrication was cost prohibitive. MAJ Kopydlowski immediately arranged for extensive training in the fabrication and application of microarray technology at three internationally recognized microarray centers of excellence located at the National Human Genome Research Institute-National Institute of Health, Washington University, St. Louis, MO, and the Ontario Cancer Institute, Toronto, Canada. Additionally, MAJ Kopydlowski identified, procured, and received training on two leading microarray gene expression data analysis software packages and bioinformatic tools to facilitate robust statistical analysis of microarray gene expression data. Furthermore, she assumed Contract Officer Representative duties on three Small Business Innovative Research (SBIR) contracts in excess of $2.5 million with: 1) Eikos, Inc., to direct and coordinate the high throughput cloning of open reading frames from the estimated 6,000-7,000 genes of the ***P. falciparum*** genome for array fabrication, and 2) Anvik, Inc. to facilitate the development of innovative technology to enhance current array fabrication standards. In addition to co-developing and optimizing high throughput processes and microarray methodologies with Dr. Peel, with the expertise, equipment, and optimized methodologies in place, MAJ Kopydlowski and Dr. Peel successfully competed for programmatic funding to support the microarray program in FY01 and FY02 with research proposals that were among the most highly regarded by command, academic, and corporate reviewers. More recently, MAJ Kopydlowski was instrumental in incorporating the microarray program in the Antimalarial Drug Discovery and Development Product Development Plan to ensure the continued commitment to funding for this multi-year initiative.

MAJ Karen Kopydlowski is commended for exceptionally dedicated and meritorious service in the establishment and use of functional genomic technologies to accelerate antimalarial drug discovery and development efforts. The capability to conduct global, parallel expression gene expression studies on pathogens of military significance, and ***Plasmodium falciparum*** malaria in particular, for drug discovery, diagnostic, and vaccine development efforts markedly enhances global military readiness of deployed Soldiers.

MAJ Karen Kopydlowski
71A - Microbiology, Parasitology, Immunology

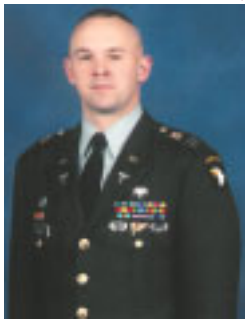
A team from Walter Reed Army Institute of Research, led by MAJ Karen Kopydlowski, received recognition for the establishment and use of functional genomic technologies to accelerate antimalarial drug discovery and development efforts. Pictured (left to right): Ms. Jill Ferlan, SPC Patrice Sellers, Dr. Sheila Peel, and MAJ Karen Kopydlowski

MSC Contributions

CPT Matthew Williams, 70B

CPT Williams serves as the Executive Officer at the U.S. Army Health Clinic in Babenhausen. He was instrumental in meeting all requirements of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in the clinic at Babenhausen and the Medical Activity in Heidelberg. He researched all jobs and duties related to all and wrote job descriptions from medical technicians to the chief nurse, both civilian and military. These job descriptions were then used by the Heidelberg Medical Activity as well as other clinics for their requirements. He developed record maintenance and time card spreadsheets and rosters to accomplish this mission leading to better accuracy of information as required by the American Red Cross and the Civilian Personnel Office. Because of his diligence in these areas, as well as many others, CPT Williams helped the clinic achieve no negative findings during the JCAHO inspection, which lead to an overall MEDDAC score of 96. This was the highest score of all the Medical Treatment Facilities in the European Regional Medical Command.

CPT H. Charles O'Neal, 70H



CPT O'Neal was recently recognized by the XVIII Airborne Corps Commander for his technical and tactical competence during a Joint Readiness Training Center (JRTC) Rotation where his Ground Assault Convoy marshalling and execution was identified as the most proficient in 15 rotations.

CPT Nathan Monroe, 70B

CPT Monroe is the Chief, Patient Administration Division (PAD) for Munson Army Health Center (MAHC), Fort Leavenworth, Kansas. He is responsible for the areas of Outpatient Records Room, Release of Information, Physical Evaluation Board Liaison Officer (PEBLO), Third Party Collections, Transcription, Coding, and the Tort Claims section. He recently completed a comprehensive review of the Third Party Collections process at the health center. His review highlighted the success of many of his initiatives, like sharing the Tort Claims clerk with the post JAG to maximize her efficiency and working relationship with the claims attorneys. His policy of having all the medical records associated with Third Party Collections reviewed by the coders has ensured a high collections rate. In FY02, the collections from third party insurance claims were over $310,000 , which represents a noteworthy 63% collection rate

CPT Stephanie Wolf, 70B

CPT Stephanie Wolf served as a Forward Surgical Team (FST) Platoon Leader and Company Executive Officer. As the FST platoon leader, CPT Wolf planned and executed the FST deployment to the Advanced Trauma Training Center (ATTC) in Miami, Florida, requiring detailed coordination and planning on her part. The FST treated a number of surgical trauma injuries ranging from multiple resuscitations, craniotomies, thoracotomies, laparotomies, burn cases, and external fixations. These complex cases improved the teamwork and confidence of the team.

CW2 Alford Hardy, 670A

CW2 Hardy is currently assigned to Winn Army Community Hospital, Fort Stewart, Georgia. As Chief of Equipment Branch, he reduced the medical maintenance backlog of repairs from 1100 work orders to 113 and passed the recent Joint Commission on Accrediation of Healthcare Organzations (JCAHO) inspection with zero findings. His direct oversight of the Equipment Management Branch during the command Logistics Review Team inspections ensured fewer deficiencies than any facility in MEDCOM inspected that year.

MSC Contributions

CPT Tracey Coffin, 70F

CPT Coffin is currently working as an Army Medical Department Recruiter with the 1st AMEDD Recruiting Detachment at Richmond Health Care Recruiting Station. She was named Top Active Duty Recruiter for the 2nd Quarter of FY 2002. Due to her commendable professional performance, her command allowed her to try out for the All-Army Women's Basketball Team. She earned a place on the team, which went on to win the Gold Medal in the Armed Forces Tournament for the 10th consecutive year.

CPT Raquel Ernest, 70E

Assigned to Winn Army Community Hospital, Fort Stewart, Georgia, as the Chief of the Patient Administration Division, CPT Raquel Ernest has made a significant and positive impact in her division and throughout the hospital. As a subject matter expert in the management of medical records, she was instrumental in identifying ways of improving current practices and making preparations for the implementation of itemized billing and ongoing changes in how data is captured and documented. Her initial assessment, which consisted of reviewing and monitoring the current process by which medical records are coded, has also allowed her to make key improvements to this process. These improvements are critical to the accurate coding of all medical procedures and accomplish several objectives. Her actions allow the hospital commander the ability to enhance and expand the quality of healthcare for 70,000 beneficiaries.

1LT Robert Cybulski, 70B

1LT Robert Cybulski deployed to Afghanistan in support of Operation Enduring Freedom and served as the Combat Health Support Officer for the 82nd Logistics Task Force (LTF). He was one of the first five paratroopers that deployed to Afghanistan to facilitate the regiment's transition to combat operations. His efforts resulted in a seamless transition of logistics support between the 101st LTF and the 82nd LTF enabling the 3rd Brigade Combat Team to quickly build combat power and execute combat operations in the area of operations within days of arrival.

CPT Jon Lasell, 70H

CPT Jon Lasell is the commander of the E Company, 27th Main Support Battalion, 1st Cavalry Division. As commander of the medical company, he planned and executed a Chemical Patient Decontamination Training Program as well as a Mass Casualty training program. Both have significantly increased the medical readiness of the 1st Cavalry Division. He has also engineered numerous initiatives in the medical maintenance arena that have significantly improved the Division's medical equipment sets.

CPT Laura Edwards, 70K

CPT Edwards took command of the medical company at Fox Army Health Clinic, Redstone Arsenal, AL. She was previously assigned to the U.S. Army Aeromedical Center at Fort Rucker as the Chief of Logistics Division. While serving at the Aeromedical Center, she implemented an Energy Savings Performance Contract for over $2 million in capital improvements for the facility. She was also successful in obtaining funding valued at approximately $1.5 million for upgrade of the fire alarm system, greatly contributing to the safety of patients and staff. As a result of her efforts in the "Environment of Care" standards for the Joint Commission on Accreditation for Healthcare Organizations, the hospital received a score of 96 with no "Environment of Care" deficiencies during the last survey.

MSC Contributions

CPT James Dobrinska, 70H

As Commander of Charlie Company, 526th Forward Support Battalion in the 101st Airborne Division (Air Assault), CPT James Dobrinska made a significant and direct impact on the readiness of his company. He identified training and supply shortfalls for medics across the Brigade Combat Team (BCT) and developed plans to improve and execute training events. He also cross-leveled supplies and requested support from Division and the installation that sparked steady improvements in all units. Preparing for Division Ready Brigade mission cycles, CPT Dobrinska standardized an Operational Readiness Survey (ORS) checklist for medical support items and executed a thorough inventory and functions check of all field sanitation kits, combat lifesaver bags and medical chests to maximize the medical readiness of all units.

1LT Paul Lang, 72D

1LT Lang is playing a critical role in the organization and success of the West Nile Virus (WNV) surveillance and control program at Fort Knox, KY. He orchestrated a comprehensive trapping and testing program that included 30 traps per week. This trapping and testing program made it possible for the Preventive Medicine Service to aggressively apply larvicide and eliminate breeding sites. During the spring, the Environmental Health (EH) section surveyed over 50 potential larval breeding sites and applies larvicide to all of them with help from USACHPPM-North. In total, over 150 sites received larvicide during the season. During the underlap of a preventive medicine physician, 1LT Lang took the initiative to coordinate liaison relationships with the Kentucky State Health Department and USACHPPM, thus increasing the organization's surveillance capabilities.

CPT James Craig, 70B

CPT Craig serves as the Company Commander for E Company, Academy Battalion at Ft. Sam Houston. His mission is to provide medical, logistical, and administrative support for the AMEDD Center & School courses at Fort Sam Houston and Camp Bullis. CPT Craig manages a budget of $400,000 and maintains over $12 million in property.

CPT Liza Clifton, 70E

CPT Clifton served as the Patient Administration Division OIC for Task Force Med Eagle in support of Operation Joint Forge in Bosnia-Herzegovina. During this deployment, she restructured the division by making the records room, which served over 3500 patients, more functional, maintained a system accounting for over 12,000 patients encounters, and completed over 30 line of duty investigations. She also served as the Aeromedical Evacuation Liaison Officer for 9 allied nations and all U.S. Services.

1LT Geoffrey Edwards, 70B

No Photo Available

1LT Geoffrey Edwards, a platoon leader in the 101st Airborne Division (Air Assault), led his platoon through an extensive Defensive Live Fire Exercise setting the standard for the rest of his battalion. 1LT Edwards also developed a detailed Mission Essential Task List crosswalk for his platoon based on the new company ARTEP, embracing input from his subordinate NCOs and producing a document that his successor can utilize to focus on collective and individual tasks needed to maintain his company's go-to-war readiness.

Preventive Medicine Sciences

COL Robert Thompson
Assistant Corps Chief for Medical Allied Sciences

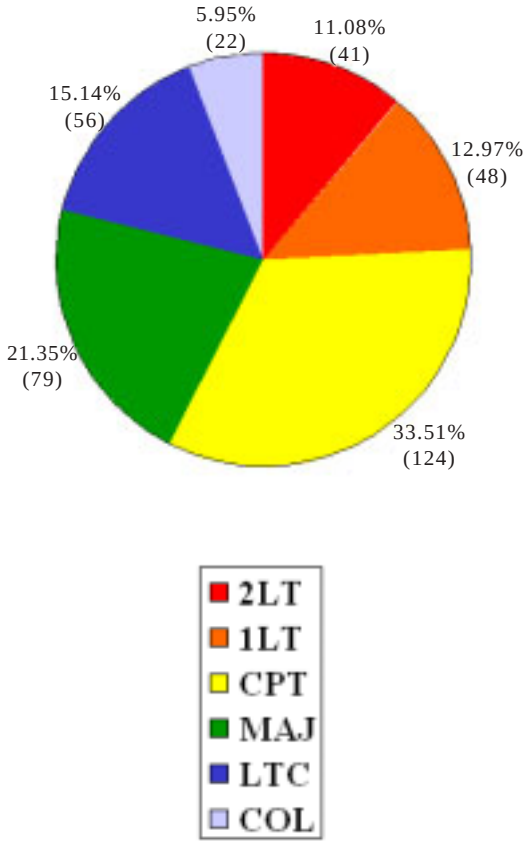
The Preventive Medicine Sciences (67C) career field is composed of five Areas of Concentrations (AOCs). These five AOCs (72A-Nuclear Medicine Science, 72B-Entomology, 72C-Audiology, 72D-Environmental Science, and 72E-Environmental Engineering) support the AMEDD's Preventive Medicine program by actively focusing on the needs of the soldier.

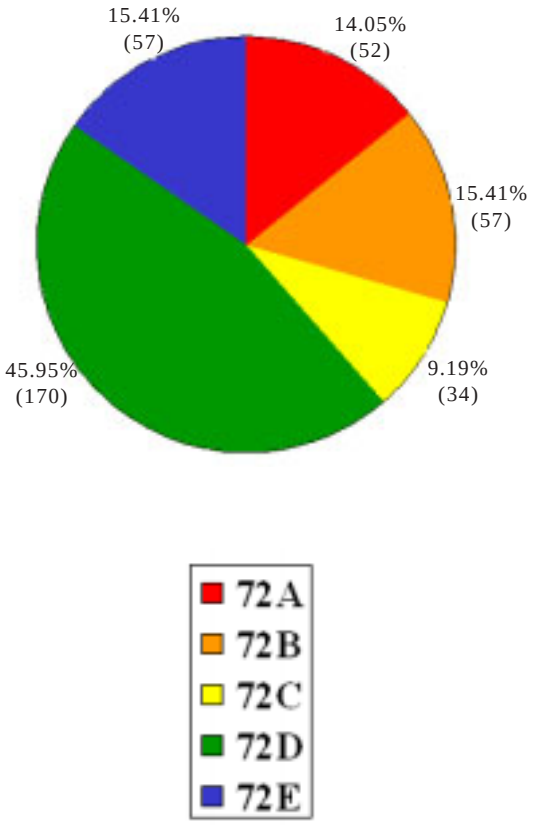
Officers in the 72 Series career field plan, lead, administer, manage, and participate in activities relating to various facets of nuclear medical science, entomology, audiology, environmental science, and environmental engineering. Assignment opportunities include command, staff, and technical assignments involving evaluation of risks relating to the health, morale, and environment of personnel for which the Army is responsible.

During the past year the Preventive Medicine Sciences community has made enormous contributions as our Army devotes itself to winning the Global War on Terrorism, providing stability in those regions of the world important to our nation, defending our Homeland, and transforming to meet future capability requirements. The 72 Series Consultants have done an excellent job of highlighting specific AOC issues, successes, and contributions of their respective AOC in the following pages.

The Army remains at war while concurrently transforming. Therefore, we have significant Preventive Medicine challenges ahead, but also unprecedented opportunities. We will remain relevant to the Warfighter and we will win the War on Terrorism as part of a Joint team regardless of duration and difficultly of this conflict. Concurrently, we must build on our successes and sustain our momentum to realize the vision of Army Preventive Medicine being an integral part of the transforming Joint Force.

Preventive Medicine Sciences Officers





72A - Nuclear Medical Science

COL Robert Eng
Consultant

Fiscal Year 2003 was a year of continued challenges, successes and opportunities for the Nuclear Medical Science Officers with deployments to Operation Iraqi Freedom (OIF), support of deploying and returning Soldiers at the medical treatment facilities (MTF), training of Soldiers at the AMEDD Center and School and at the U.S. Army Chemical School before deployment, contributions to the Homeland Security efforts, maintaining a strong ALARA (As Low As Reasonably Acheivable) Program at the MTFs and other units, establishing a robust Army Knowledge On-Line (AKO) nuclear/radiological medical website for 72A's and the Army, and conduct of a radiological table top exercise at the 2003 Force Health Protection Conference. The highlights of all these challenges are the opportunities to work with superb officers not only within the AMEDD but with service members in the combat arms, combat support, and other combat service support areas as one team.

Operation Iraqi Freedom

Thirteen 72A's deployed in support of OIF. MAJ(P) Cashmere Taylor, assigned to the 30th Medical Brigade, was detailed to V Corps to address Nuclear, Biological, and Chemical (NBC) issues. Because of his previous assignment to the U.S. Army Chemical School, MAJ Taylor was deployed to Iraq as the V Corps Chemical Officer. The 520th Theater Army Medical Laboratory (TAML) deployed a forward element into Iraq early in the war while maintaining a rear presence in support. MAJ Dave Rynders served with the forward element, while CPT Alison Winstead remained with the main body in support addressing radiological and other preventive medicine (PM) concerns. COL Walt Loring deployed to the Persian Gulf with the U.S. Army Safety Center (Forward) at Coalition Forces Land Component Command (CFLCC) Headquarters. COL Loring dealt with a myriad of radiation issues, including disposition of battle-damaged vehicles contaminated with depleted uranium (DU), casualties wounded by DU, coordination and support of radiation specialty teams, damaged radioactive commodities, and installation radiation safety issues. MAJ Gerry Vavrina deployed in April 2003 as the health physicist for the U.S. Army Nuclear and Chemical Agency Nuclear Disablement Team that had the mission to rapidly disable, render harmless, and prepare for the elimination of Iraq's nuclear capabilities. He executed the radiation safety portion of 45 separate missions at the Tuwaitha Nuclear Research Center (TNRC) near Baghdad and various other locations throughout Iraq. He worked closely with the International Atomic Energy Agency inspection team and the Iraq Atomic Energy Commission to inventory, secure, and clean up the TNRC Yellowcake Facility. Yellowcake is a product of the initial enrichment process for developing weapons grade uranium. LTC Mark Melanson, LTC Gary Matcek, CPT Michael Hiett, and 2LT Kari Andersen deployed as a combined team from the U.S. Army Center for Health Promotion and Preventive Medicine (CHPPM) and CHPPM-Europe to perform an environmental site characterization and operational health risk assessment of the TNRC site as tasked by the Office of the Secretary of Defense for Health Affairs and by higher authorities. The TNRC facility included the remnants of two nuclear reactors, multiple radiation research facilities, radioactive waste storage facilities, and a yellowcake facility. MAJ John Cuellar and CPT Scott Crail deployed as part of the Defense Threat Reduction Agency Consequence Management Advisory Team to separate locations and provided modeling and technical support on nuclear/radiological threats and issues to CFLCC. CPT Dave Phillips deployed with 3rd MEDCOM as their 72A officer dealing with nuclear/radiological and other PM issues. CPT Michael Hiett was part of the deployment team to Turkey to perform occupational and environmental health surveillance in support of the proposed Northern Front. CPT Trina Powell was part of an environmental team under COL Brian Commons and LTC Michael Dell'Orco and deployed to Kuwait/Iraq to collect air, water, soil, radiological, and bulk samples.

LTC Gary Matcek measures radiation levels inside one of the many buildings that the former Iraqi government used for nuclear research at the Tuwaitha Nuclear Research Center.

COL Walter Loring, Army Radiation Safety Officer, at the CFLCC HQ during a missile alert.

Besides those deploying, there were many 72A's supporting the deployment effort in CONUS. At Office of the Surgeon General (OTSG) LTC Schnelle's team was responsible for facilitating the fielding of Chemically Biologically Protected Shelters to medical units. She also developed a methodology to provide an objective basis for NBC casualty estimation based on capabilities of an opposing force and pertinent details to the scenario. In addition, she prepared Allied Medical Publication 7 (Concepts of Operations of Medical

2LT Kari Anderson collects a water sample at the Tuwaitha Nuclear Research Center.

Support for Nuclear, Biological, and Chemical Operations) for formal staffing in NATO.

Because of terrorist concerns for the Washington, D.C. area during OIF, the different Special Medical Augmentation Response Teams (SMART) and the Radiological Advisory Medical Team (RAMT) at Walter Reed Army Medical Center (WRAMC) were on heightened alert and ready to respond. MAJ Moss at the Pentagon Force Protection Agency was certainly doing more to secure Pentagon operations in support of OIF. Many others at Army Materiel Command, the MEDDACs, and MEDCENs dealt with deployment and redeployment issues.

Dr. David Chu, Under Secretary of Defense for Personnel and Readiness, identified the requirement to return anthrax remains in a safe manner to families for CONUS internment. COL Eng, Director of Army Forces Radiobiology Research Institute (AFRRI), initiated a study on the irradiation of an anthrax surrogate, spore-laced phantom. The study demonstrated the feasibility of destroying the spores on and in the phantom cadaver by irradiation. Presentation of findings to the Armed Forces Epidemiology Board (AFEB) and the Centers for Disease and Prevention (CDC) members resulted in official CDC approval of the transport of irradiated anthrax remains back to CONUS provided that the irradiation protocol mirrored that developed at AFRRI.

LTC John Mercier (right) was the leader of the Radiological Advisory Medical Team during the Diligent Warrior Exercise. COL Michael Brazaitis was the physician for the RAMT.

Exercises

Members of the WRAMC RAMT played an active role in Diligent Warrior, a Joint Department of Defense and Department of Energy nuclear weapons accident exercise. The main role of the RAMT included assessment of radiological health issues of accident victims and responders, environmental impact of released radiological materials, remediation strategies, and public health issues. The RAMT was led by LTC John Mercier, Chief of Health Physics at WRAMC, with MAJ Craig Moss and 1LT Aaron Ford in support. LTC Mercier also participated as a Senior Umpire for the NATO Sampling and Identification of Radiological Agents trials because of his forensic expertise in radiological analysis.

During the TOPOFF II exercise, COL Robert Eng, a radiological subject matter expert, was interviewed by Mr. Frank Sesno for a closed TOPOFF II network. COL Eng provided details and perspectives on a dirty bomb scenario in the Seattle exercise to include the psychological impact on the population. Mr. Sesno is currently Washington's bureau chief for CNN.

Depleted Uranium Medical Issues (OIF)

A number of armored vehicles were destroyed or damaged in OIF resulting in depleted uranium (DU) exposure or shrapnel injuries to Soldiers. The injured Soldiers were evacuated back to CONUS. Suspected DU shrapnel samples were collected and sent to CHPPM for analysis as were patient urine samples. A number of Soldiers who inhaled DU particulates were returned to duty and instructed to provide bioassay samples. Collection of 24-hour urine samples in theater is problematic, so collection during redeployment was the next feasible course of action. The DU bioassay program was a total AMEDD effort. CPT Ricardo Reyes, Chief Health Physicist at Landstuhl Regional Medical Center, screened and identified potential DU-exposed Soldiers redeploying from the Gulf. The 72A's at other MEDCENs and MEDDACs located at bases with redeploying Soldiers were active in establishing a screening DU SOP in coordination with their PM staff. This effort will continue to monitor Soldiers exposed to DU and will provide a hand-off to the Department of Veterans Administration for those DU exposed Soldiers released from active duty. LTC Mark Melanson and his health physicists at CHPPM are deeply involved in assessing the radiation dose associated with the DU bioassay analysis results.

COL Walt Loring changed the Department of the Army policy on DU radiological dose assignment for Bradley Fighting Vehicle crew to a more realistic and less cumbersome process. His efforts were recognized by his Commanding General as something that needed to be done yesterday.

Support of Clinical Operations

There were no major violations noted by the Nuclear Regulatory Commission (NRC) for any of the AMEDD NRC Medical Licensees. The 72A's provide significant NRC license oversight for use of radioactive materials for diagnostic, therapeutic, and research procedures at the MEDCENs and MEDDACs. In addition, 72A's provided radiation protection services throughout the AMEDD and Army contributing to worker safety and radiographic quality assurance and ensuring all Federal Regulations and Joint Commission on Accrediation of Healthcare Organzations (JCAHO) requirements relating to radiation protection were met. A new requirement for a 72A to support a Nuclear Medicine operation at Fort Campbell has been identified.

The few health and medical physicists qualified to perform mammography surveys continue to provide significant cost avoidance for DOD, CONUS and OCONUS where mammography surveys were performed on U.S. Air Force systems as well as Army mammography units. Computerized Tomography (CT) acceptance survey support to the other services is being provided to further contribute to cost avoidance.

Active Recruiting Efforts

U.S. Army Recruiting Command and 72A's have done an outstanding job in nominating potential 72A candidates.

In FY03, all five allocations were filled with an additional selectee to be assessed in FY04. FY03 was truly a building year where five newly commissioned 2LT's were assigned to MEDDACs, MEDCENs, and one to CHPPM-Europe. 2LT Kari Anderson departed for her first assignment at CHPPM-Europe not knowing that she would deploy in support of OIF. As a junior officer, she displayed the enthusiasm and positive outlook that the AMEDD values in all officers.

Training

During the early phase of OIF there was a surge of AMEDD officers from the reserves attending the Officer Basic Course (OBC) at the AMEDD Center and School since these officers could not deploy until completion of OBC. This placed importance on the courses taught by the NBC Sciences Branch because of the suspected Iraqi capabilities. At the U.S. Army Chemical School, MAJ Kevin Hart was emphasizing radiological training for the Chemical Officers and NCO's and preparing them for OIF deployments.

A lesson learned from OIF is the need for additional 72As trained in the search for special nuclear materials and the forensics of identifying a nuclear weapons program and program components. LTC Mercier and MAJ Vavrina are tasked to identify the components of this training and to map the way to meet this objective.

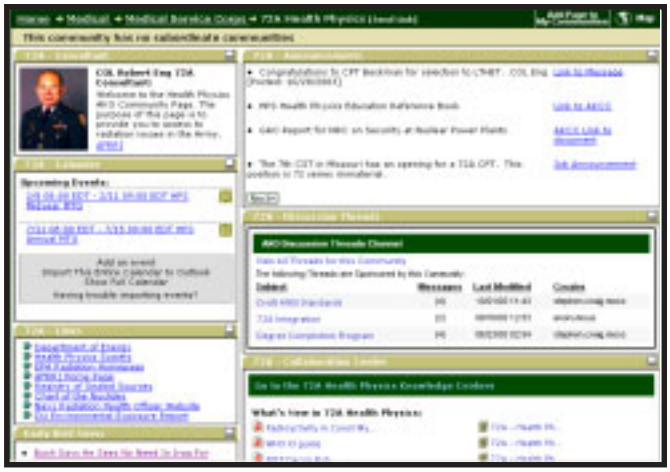
Army Knowledge On-Line 72A Website

MAJ Craig Moss established the 72A AKO website as an operational reference site for 72A's dealing with their peacetime mission preparing for their wartime mission. This website was developed to give 72A's and other medical personnel access to information regardless of their location throughout the world. One of the OIF lessons learned is that Secret Internet Protocol Router Network (SIPRNET) is employed almost exclusively for electronic communication in theater and from theater to CONUS and other areas. We will develop a SIPRNET AKO account to permit a reach-back capability for our medical Soldiers in the theater of operations.

LTHET

Long Term Health Education and Training is the BEST opportunity for officers to earn their Masters Degree in health physics or associated radiological sciences to qualify for the 72A AOC. It is also an ideal way to earn a Ph.D. for assignments requiring higher radiological technical and operational skills at U.S. Army Nuclear and Chemical Agency, Uniformed Services University of the Health Sciences (USUHS), West Point, AFRRI, and the large MEDCENs like WRAMC and Brooke Army Medical Center (BAMC). Many of the authorizations and special assignments require a Ph.D. to prove technical competency and credibility in deployments with the United Nations teams, briefings to NATO, and interactions with the World Health Organization. LTHET is a great recruiting and retention tool but is also the means to enhance medical radiological readiness. USUHS has a Masters of Public Health with Health Physics emphasis, which partners closely with the nuclear/radiological operational mission of AFRRI. This is the only program that has such a heavy medical nuclear/radiological operational component where the graduate students participate in table top and deployment exercises and may provide back up to AFRRI officers deploying on real nuclear missions.

It is evident by our officer's performance, contribution, and success that Nuclear Medical Science continues to have a relevant role and rewarding future in the MSC and the Army.



Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2033280003

Note: You must log in to AKO before entering this URL.

CPT Harry Stewart, 72A

CPT Stewart is presently serving as the Nuclear Medical Science Officer for the U.S. Army Medical Department Activity, Fort Jackson, South Carolina. As such, he was responsible for the decommissioning of a radiation storage site. This demanding mission required meticulous attention to detail and follow-up with the Nuclear Regulatory Commission. It is through his efforts that the turn in of material and decommissioning of this site went without delay.

Officers from USACHPPM and USACHPPM-Europe conducted an environmental site characterization at the Tuwaitha Nuclear Research Center in Iraq. Front row (left-right): PFC Sean Mangan, 91S; 2LT Kari Anderson, 72A; LTC Mark Melanson, 72A; CPT Victor DeArmas, 72D. Back row: MAJ Michael Salamy, 72D; Mr. Scott Goodison; 1LT Michael Schwarz, 72D; LTC Gary Matcek, 72A; CPT Michael Hiett, 72A.

72B - Medical Entomology

COL Stephen Berté
Consultant

Medical Entomology continued its outstanding record of performance and excellence this year. Whether it was supporting Operations Enduring and Iraqi Freedom (OEF/OIF), assuming leadership roles, or conducting day-to-day preventive medicine missions, Army Entomologists had a truly outstanding year. This report provides but a few examples of the great things Medical Entomologists are doing for the Army and our Nation. The operation tempo (OPTEMPO) the Army faces is mirrored in our specialty as many of active component entomologists are, or have been, deployed in support of OEF/OIF, others have conducted Temporary Duty (TDY) trips to the theater, and still others are preparing to deploy.

Relevance and Corps Competency

Recruiting efforts coordinated with USAREC went well as we have met our recruiting goals again this year. Medical entomologists continue to contact us to join our ranks and the quality of these new officers continues to be impressive. I anticipate another successful recruiting year ahead that will further enhance the quality of the 72B force.

CPT Michelle Colacicco (2nd from left) and MAJ Mark Carder (3rd from left) deployed in support of OIF.

Entomological support to OEF/OIF demonstrated the relevance of the TDA base to deployed preventive medicine forces as the U.S. Army Medical Research and Materiel Command (USAMRMC), the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), and Regional Medical Centers provided trained and ready medical entomologists to augment deployed units through the Professional Officer Filler System (PROFIS). The 520th Theater Army Medical Laboratory (TAML) (LTC Russ Coleman) and other deployed units collected more than 3000 sand flies from Talil Air Base, Central Iraq. The insects were sent to USAMRMC for identification, tested for the presence of leishmaniasis parasites, and the results rapidly returned to the field units where they could be used to provide guidance to commanders on the nature of the medical threat. Deployed entomologists then provided training on personal protective measures against arthropod-borne disease and conducted aggressive surveillance and control operations to reduce the threat.

The 223rd Med Det (1LT Owen Price) deployed to Kuwait in early March to support OEF, then crossed into Iraq in support of OIF later that month. The unit supported 3ID, 4ID, and V Corps by conducting general preventive medicine operations and by doing mosquito and sand fly surveillance and control operations in 13 different areas of responsibility.

The 255th Med Det (MAJ Mark Carder) completed numerous entomological missions to include conducting surveillance trapping for mosquitoes and sand flies and suppressing all stages of the pests with spray operations. 255th Soldiers also conducted base camp assessments, Reverse Osmosis Water Purification Unit (ROWPU) inspections and certifications, Mobile Kitchen Trailer (MKT) inspections, shower point inspections, rodent trapping and a myriad of other preventive medicine missions.

CPT Anthony Schuster conducts pest bird surveillance in Korea.

Other entomologists (LTC Mustapha Debboun, LTC Steve Horosko, LTC Eric Milstrey, MAJ Amy Korman, MAJ Van Sherwood, MAJ Jennifer Caci, CPT Michael Desena, CPT Watanaporn Dheranetra, and CPT Michelle Colacicco) deployed in a variety of roles supporting our Nation's fighting forces. Their outstanding performance of duty reflects well on the relevance and core competency of medical entomologists and the MSC to the Army.

Leader Development

Since 1985, the Office of the Chief, MSC has invited a select group of deserving junior officers to participate in Junior Officer Week (JOW). This year, CPT Jason Squitier was among selectees participating in the April MSC JOW activities in Washington, DC. CPT Squitier is but one of many promising entomology leaders. This was also a banner year for medical entomology as indicated by the success our officers had in securing DA Board selected command positions. Command of USACHPPM-South transitioned from one entomologist, LTC(P) Scott Gordon, to another, LTC Mustapha Debboun. Other Battalion level USACHPPM commands saw LTCs Leon Robert and Gene Cannon assume command of USACHPPM-West and North, respectively. At the Brigade level, COL Stephen Berté assumed an

MAJ Jason Richardson (right) works with a technician during a Hanta virus survey.

Acquisition Corps command as the Joint Project Manager, Chemical Biological Medical Systems. The success of all these officers speaks well of the leader development opportunities afforded entomologists throughout their careers.

Productivity

The entomologists at the Medical Zoology Branch, Army Medical Department Center & School (AMEDDC&S) are involved in an Inter-Service training process with the Air Force through which the AMEDDC&S will be the sole source provider for U.S. Air Force entomological initial entry training (IET), pesticide applicator certification and re-certification, and quality assurance training. Anticipated throughput for the training program is 90 Airman per year.

Entomologists with the USACHPPM responded to educational needs associated with OIF by producing 30,000 leishmaniasis cards and providing key information on leishmaniasis for a Special Form 600 to be included in every soldier's medical record.

The USAMRMC's Walter Reed Biosystematics Research Unit put a complete catalog of mosquitoes of the world on their internet site. This important accomplishment enables military entomologists to produce lists of mosquitoes anticipated in various regions of the world thereby enabling them to better target their surveillance and control operations during deployments.

Visibility & Communications

Medical entomology issues gained an important level of visibility through the staffing and communications efforts of the new entomology position in the Proponency Office for Preventive Medicine – San Antonio (POPM-SA). LTC David West provides in-house subject matter expertise for medical entomology policy development and review and for spearheading communications to the field on a wide variety of important entomology and preventive medicine issues.

West Nile Virus (WNV) has been a growing concern in the U.S. over the past several years. USACHPPM-North entomologists (LTC Gene Cannon & MAJ Ken McPherson) continue to lead the way in conducting aggressive surveillance and control programs in their region and in publishing outstanding communications to supported installations. Other entomologists are becoming more involved in this important public health program as WNV spreads across the county. For example, at Great Plains Regional Medical Center the entomologist, CPT Brian Evans, developed, implemented and managed a surveillance program for West Nile Virus (WNV) within the region. Through his efforts, and those of his successor, 1LT Joshua Bast, WNV was discovered on a variety of installations and plans put in place to control vectors and educate installation personnel. The 485th Med Detachment (Det) (CPT Tony Schuster) supported the JRTC and Fort Polk by providing vector surveillance and control and by operating the post sentinel chicken flock. In addition to installation oriented support, the unit remains prepared for possible future deployment.

Army entomologists were particularly visible in OIF as they were at or near the "tip of the spear". The 520th TAML entered Al-Nasiriyah with other medical units ahead of combat units and the 223rd Med Det was the first preventive medicine unit to enter Baghdad. These experiences should reinforce the fact that we are Soldiers first and entomologists second. Maintaining your soldiering skills is critical to the successful accomplishment of your mission and the survival of you and your Soldiers.

In his new position as the Deputy Director of the National BioDefense Analysis and Countermeasure Center (NBACC), which supports the Department of Homeland Security, LTC George Korch hopes to re-energize work in arboviral entomology as a number of the select agents are arthropod-borne and so could pose problems post-incident. In addition to human health, the NBACC is also covering animal and crop biodefense issues. Several important animal diseases are also arthropod-borne so entomological expertise will be needed in these areas as well.

Last year saw the initiation of the Medical Entomology Knowledge Collaboration Center in Army Knowledge (AKO). That tool was focused specifically on communications within the 72B community. Now, with the expert help of CPT Brian Evans, the Medical Entomology Community Page is on line to further enhance our ability to communicate with our preventive medicine peers. This site will continue to be developed to provide medical entomology information to the field.

Successes

This year has seen a number of successes. We launched communications tools on the AKO Web to assist in sharing entomological information. Our officers have received awards (e.g.,

CPT John Nelson is the XO for the 133rd Medical Detachment.

military decorations; JOW recognition), achieved high promotion rates and secured DA Board selected commands (e.g., 3 Bn level and 1 Bde level). A major contributing factor to our success as military entomologists is the unflagging support we receive from DA civilian entomologists and other staff personnel who are an integral part of the entomology success story. Our success is not as individuals, but as members of a stellar team of folks. Though we are all individuals in an Army of One, it is the strength we achieve through our unity that makes us great and enables us to unfailingly support deployed war fighters around the world.

Challenges

The challenges that face medical entomologists are no different than those facing officers in other specialties with a war time mission. We must reconcile support of our military mission with personal and family needs in a time of incredible OPTEMPO. Our families and friends provide the support that enables us to accomplish our missions as well as we do. It is imperative that we all ensure our personal affairs are always in order to ensure we can do the great work we do, comfortable that our loved ones are provided for and ready and able to support us.

The OEF/OIF operations have also brought home to us all the integration that is necessary among the components of the total Army force. Active component entomologists deploy with reserve component units, reserve units take missions from active units, and vice versa. Our challenge is to achieve better coordination and visibility between the active and reserve components to ensure we maintain the highest level of mission effectiveness we can.

Future of AOC

I am extremely fortunate to be the Medical Entomology Consultant at this point in history. Opportunities abound for us whether we are assigned to TDA or TO&E units, whether deployed, on TDY or permanently stationed, or whether in CONUS or OCONUS. The successes outlined in this brief narrative speak volumes for the quality of our force, the opportunities available to us to develop ourselves, our peers and our subordinates, and our ability to succeed at any mission assigned to us. I look forward, as I hope you do, to another fantastic year of achievement in Army Entomology.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2048180003

Note: You must log in to AKO before entering this URL.

CPT Jason Squitier, 72B

As the Professional Officer Filler System (PROFIS) Executive Officer for the 172nd Medical Detachment at Hunter Army Air Field, CPT Jason Squitier deployed to Uzbekistan and Afghanistan in support of Operation Enduring Freedom soon after the events of September 11th. His detachment was the first detachment on the ground and managed five base camps in theater. While in theater, he executed Hanta virus, plague, and leishmaniasis surveys, conducted asbestos clean up operations, conducted water testing, air sampling, food service sanitation, and provided general field preventive medicine training. To counter arthropod-borne disease threats, CPT Squitier initiated a program to provide Permethrin uniform treatment as a service to all deployed troops in his managed base compass. CPT Squitier's outstanding performance was recognized through his selection for participation in the Medical Service Corps' Junior Officer Week.

CPT Darryl Forest, 72B

Since arriving at USACHPPM-South, CPT Darryl Forest was responsible for Deployment Occupational and Environmental Health Surveillance Training Program. As a member of the Field Preventive Medicine Training Team, he was responsible for conveying the latest information on arthropod-borne disease vector surveillance techniques and new equipment to active duty and reserve component preventive medicine units throughout USACHPPM-South's area of responsibility. He also took it upon himself to provide much needed assistance to the Entomology Sciences Division's West Nile Virus (WNV) surveillance program when personnel resources were stretched to the limit. CPT Forest's dedicated efforts were instrumental in detecting the first evidence of WNV infected mosquitoes on a DOD facility. In addition, CPT Forest's poster presentation at the 5th Annual Force Health Protection Conference, "Mosquito Surveillance on Fort McPherson", was selected as one of the top posters and received special recognition from the Commanding General, USACHPPM.

72C - Audiology

COL David Chandler
Consultant

Accomplishing the mission of Army Audiology - "to promote Army readiness and quality of life through state-of-the-art hearing health programs of prevention, evaluation, rehabilitation and research" - has been a significant challenge in 2003, given the high operation tempo (OPTEMPO) of the Army. In the proud tradition of the Medical Service Corps, Army Audiologists (72C) have met the challenge of accomplishing their readiness mission while simultaneously supporting the nation's combat and peacekeeping missions throughout the world.

Prevention

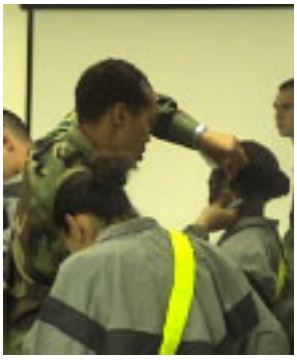
Deployment health was the top priority for Army Audiology officers in 2003. Active duty Army audiologists, joined by 15 activated Army Reserve audiologists, provided support at 21 mobilization sites, which deployed more than 220,000 Soldiers in support of Operations Iraqi Freedom (OIF), Enduring Freedom (OEF), and Noble Eagle. Hearing conservation services provided at these sites included pre- and post-deployment hearing assessments, fitting of hearing protection and medical records processing.

Audiologists also served active roles in deployments to OIF, as well as Kosovo, Bosnia, and the Balkans. In March, MAJ Eric Fallon, commander of 714th Medical Detachment (Preventive Medicine), deployed this unit to Iraq in support of over 40,000 Soldiers in Balad, Tikrit, Baghdad, and Kuwait. Under MAJ Fallon's command, the 714th performed hazard assessments, water source inspections and certifications, mobile kitchen inspections, pesticide application missions, and provided over 60 base camp assessments. The 714th supported elements of the 1st Armor Division, 3rd Infantry Division, 4th Infantry Division, 2nd Armored Cavalry Regiment, 5th Special Forces Group, Task Force 20, 82nd Airborne Division and coalition forces. MAJ Fallon is the first 72C on airborne status to command a TOE unit.

Members of the 714th Med Det (PM), commanded by MAJ Eric Fallon, conduct water surveys during Operation Iraqi Freedom.

In U.S. Army Europe, CPT Scott McIlwain led the Occupational Health Survey team for U.S. forces in Kosovo. CPT McIlwain identified the need and implemented hearing conservation program services for Soldiers deployed in this region. Establishing the Defense Occupational Environmental Health Readiness System for Hearing Conservation (DOEHRS-HC) at Task Force Medical Falcon has provided effective hearing monitoring and helped sustain medical readiness for deployed Soldiers. The hearing conservation team at the U.S. Army Center for Health Promotion and Preventive Medicine-Europe (USACHPPM) established a second comprehensive hearing conservation program, to include DOEHRS-HC, for deployed U.S. forces in Bosnia. When not deployed CPT McIlwain and other 72C officers manage hearing conservation programs and train technicians to maintain 60 hearing conservation test sites across U.S. Army Europe (USAREUR).

Audiologists have also worked to actively protect our future Army. In June and July, MAJ Marjorie Grantham led a team that provided hearing conservation services, health education, and hearing protection for over 5100 Reserve Officer Training Corps (ROTC) cadets attending the Advanced Leadership Camp at Fort Lewis, WA. Over 1,200 cadets also received hearing tests and auditory health care.



Hearing conservation team led by MAJ Marjorie Grantham fit hearing protection for cadets during ROTC Advanced Camp at Fort Lewis, WA

The Army Hearing Conservation Program has continued to be one of Preventive Medicine's greatest successes because of the direction and coordination of this program by USACHPPM. Through the support of USACHPPM, 72C officers annually conduct more than 40 courses at installations worldwide, certifying over 450 technicians to provide hearing conservation services. This certification training has been enhanced and facilitated by a CD-ROM containing Microsoft PowerPoint and Microsoft Word presentations, references and regulations, and other items that meet the national certification requirements for training technicians. Produced by USACHPPM, this CD has been distributed to all audiologists within the Department of Defense (DOD).

MAJ Cheryl Cameron, currently assigned to USACHPPM, provides hearing conservation technician certification training.

Evaluation & Treatment

As casualties return from OIF and OEF, regrettably, there have been significant increases in the number of patients that we evaluated and treated

Audiologists employ the most advanced technology in evaluation and treatment of patients.

during 2003. Army audiologists have continued to provide the highest standard of clinical services and technology to evaluate and treat Soldiers and return them to duty. 'One-Stop' soldier support centers established at Fort Drum, Fort Stewart, Fort Campbell, and other installations provide more accessible annual hearing screening and diagnostic audiology services for Soldiers. The addition of improved equipment for hearing testing and diagnostic services has further improved productivity over previous clinic capabilities. Audiology clinical services have expanded at many sites to include such services as digital hearing aids, cochlear implants, and balance disorder evaluation and rehabilitation. Army Audiology continually integrates the most advanced professional developments to ensure contemporary and accessible hearing healthcare for Soldiers, their families, and other military beneficiaries.

Research

Acoustic research conducted at the U.S. Army Aeromedical Research Laboratory (USAARL) and at the U.S. Army Research Laboratory (ARL) has continued to develop technology to protect Soldiers' hearing while enhancing their communication ability and situational awareness. Examples of such technology currently being used by deployed forces in OIF and OEF include the Handheld Standoff Mine Detector System (HSTAMIDS) and the Aviator Communications Earplug. Acoustic research at ARL provided the expertise to develop landmine detection signals and alerts for the HSTAMIDS that are readily audible to the operator. The Aviator Communications Earplug (CEP) developed at USAARL attenuates aircraft noise, protects hearing and improves radio communication ability. The fact that the CEP is low-cost, requires no aircraft modifications, and greatly enhances hearing protection and communication ability has made this a widely used and preferred device by the 160th Aviation Regiment (Nightstalkers) and other Army aviation units.

CPT Martin Robinette demonstrates the Aviator Communication Earplug for MG Webster during the New Division Commander Course at Fort Rucker, AL.

Auditory researchers at USAARL continue to test the noise protection of approved and prototype aviator helmets for Army and Navy helicopters. This research also evaluates various microphones while simulating high level noise environments such as combat vehicles and aircraft in order to develop equipment that enhances communication ability while protecting hearing. Research is also being conducted by USAARL with antioxidants to investigate the efficacy of a pharmaceutical agent that may prevent or reduce noise induced hearing loss. If successful, such agents may eventually augment or replace current noise protection strategies.

Extensive acoustic research has also been conducted at ARL with the recently deployed combat arms earplug. The combat arms earplug is designed to provide hearing protection as needed; when the user is in a quiet environment the earplug provides little or no attenuation, but in the presence of impulse noise (e.g., weapons fire) the attenuation characteristics of the earplug protects hearing. The research at ARL has investigated effects of this earplug on communication in noise and sound localization ability. ARL is also conducting acoustic research to develop a radio system that will allow Soldiers to maintain communication ability in high intensity noise environments (e.g., field artillery). The contributions to research by 72C officers at USAARL and ARL continue to enhance Soldiers' safety, duty performance, and successful mission accomplishment.

Audiologists at ARL conduct acoustic research to enhance Soldiers' situational awareness.

Leader Development

The 72C AOC continues to serve the MSC and AMEDD in leadership positions, as evident from the contributions and achievements of our officers during the past year. COL Jeff Davies, former deputy commander for USA Medical Research and Materiel Command, assumed responsibility as garrison commander for Walter Reed Army Medical Center. COL Linda Pierson, Commander of Kitzingen Army Health Clinic, completed the Army War College, while other 72C officers completed Command and General Staff College.

We continue to invest in developing future leaders by establishing educational programs that ensure their professional development and success. Under the direction of COL Clyde Byrne, the 72C is among the first specialties at the AMEDD Center and School to develop training standards in accordance

with the U.S. Army Training and Doctrine Command (TRADOC) Automated Systems Approach to Training (ASAT). These standards define specialty essential tasks for 72C audiologists and 91WP2 ENT/Audiology technicians, and establish outcome measures to ensure that training objectives are met.

The 72C AOC also leads the profession of Audiology as it transitions to the Doctorate of Audiology (Au.D.) as the preferred entry-level degree. The Au.D. will soon become the community standard. The Army Audiology and Speech Center at Walter Reed is one of the first institutions in the country to establish a clinical residency program for fulfillment of the Au.D. This 12-month residency-training program follows completion of three years of required academic training at an accredited university and focuses on mastery of core clinical skills to identify, assess, and manage auditory and balance disorders. Residents also receive training in hearing conservation and prevention of noise-induced hearing loss. After successfully completing this training, residents are qualified as 72C officers with a 3-year active duty service obligation. The Au.D. residency program prepares Army officers as highly skilled practitioners to provide the wide array of preventive and clinical audiology skills that are required for the Army.

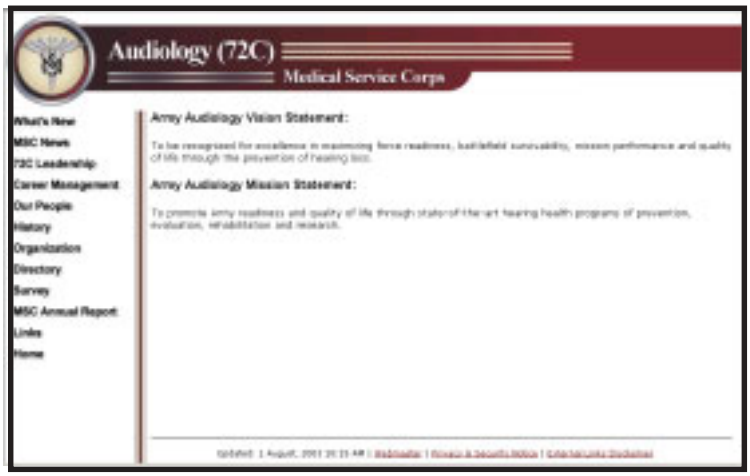
Conclusion

The 72C AOC remains focused on, and committed to, the priorities of the MSC. We continue to maintain our ***Relevance*** and ***Core Competency*** to the AMEDD and Army in all that we do. We recognize the importance to maintain ***Visibility*** and ***Communication*** between AMEDD senior leaders and the AOC so that objectives are clearly defined and successfully achieved. We remain committed to ***Leader Development*** by actively mentoring our officers, recognizing their contributions, and providing them with a career-development plan that optimizes their success. Finally, we sustain a level of ***Productivity*** that is unrivaled by audiologists in other DOD services and the civilian sector in quality, quantity, and cost-effectiveness.

Reference Websites

https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2022780019

Note: You must log in to AKO before entering this URL.



http://medicalservicecorps.amedd.army.mil/72c/

72D - Environmental Science
72E - Sanitary Engineering

COL Robert Thompson
Consultant

The Environmental Science and Engineering specialties continue to make significant contributions for the Medical Service Corps and the Army Medical Department (AMEDD). Today, Soldiers are fighting the Global War on Terrorism in places like Afghanistan and Iraq; defending our Homeland; reassuring allies while assuring our own future access to key geographical regions for crises as yet unforeseen; conducting stability operations in Bosnia, Kosovo, the Sinai, and the Phillipines; and deterring war in places like Korea and Kuwait. Our officers walked side by side with these Soldiers providing the combat multiplying influence of preventive medicine services.

Occupational and Environmental Health Surveillance (OEHS)

The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM), working in parallel with deployed preventive medicine assets, continues to lead the way for all of the DOD in developing the most extensive and integrated deployment Occupational and Environmental Health Surveillance (OEHS) system in the world. USACHPPM provided just in time training to 33 units (24 Army, 3 Navy, 1 USMC, and 5 Air Force) prior to their deployment in the proper collection and shipping of OEHS samples and provided commercial off the shelf equipment to 29 of these units. The deployed Preventive Medicine (PM) Detachments collected over 1400 air, water, and soil samples in six countries to identify, assess, and control OEH risks to the warfighter. USACHPPM deployed special augmentation teams to respond to situations beyond the organic PM unit's capabilities, to include teams to supplement the Weapons Elimination mission and the Shuiba Port operations. Finally, USACHPPM provided risk communication at all levels of the deployed force and supplied over one million health information products for individual service members, commanders, and medical staff.

Operation Iraqi Freedom

The USACHPPM-Europe deployed a team of environmental experts to Kuwait/Iraq from February-May 2003 in support of OIF. LTC Michael J. Dell'Orco led the team of preventive medicine professionals that included Environmental Science Officers, Environmental Engineers, and a Nuclear Medical Science Officer. USACHPPM-Europe Commander, COL Brian J. Commons, joined the team after its deployment and was part of the lead elements that advanced into Iraq. The team consisting of MSC officers from both USACHPPM-Europe and USACHPPM-Main, which included COL Brian Commons, LTC Michael Dell'Orco, MAJ Annette Hildabrand, MAJ Anthony Intrepido, MAJ AJ Kluchinsky, CPT Thomas Sherbert, CPT Trina Powell, 1LT Jessica Grembi, SGT Jacob Morton, SPC Todd Wood, CPL James Winston, Mr. Jim Sheehy, and Mr. John Cevis. The team collected and processed over 400 air, water, soil, radiological, and bulk samples at multiple forward operating bases in Kuwait and Iraq. They conducted advance environmental assessments of oil well fires and pooling oil in Southern Iraq. The team also responded quickly to a Congressional request for investigation into conditions of an Enemy Prisoner of War (EPW) camp at Camp Bucca, Iraq. They served as the OEHS liaison for Coalition Forces Land Component Command (CFLCC) and 3rd MEDCOM, with LTC Dell'Orco serving as the CFLCC Liaison Officer (LNO). The laboratory personnel at USACHPPM-Europe and USACHPPM-Main rapidly and accurately analyzed all samples, which permitted the team to make timely assessments and recommendations on potential health risks to the tactical commanders allowing them the flexibly to implement recommended control measures.

Environmental Science Officers and Sanitary Engineers deployed from USACHPPM-Europe to Camp Doha, Kuwait in support of Operation Iraqi Freedom.

Deployed ESOs and EEs used the Mini Vol to monitor contaminants in the air, particularly in the vicinity of oil well fires.

During that same time period the lead elements of a second team of PM officers, led by MAJ Shanda Zugner together with CPT Brett Schmidt and CPT Michael Hiett, departed USACHPPM-Europe for Turkey to perform OEHS in support of the proposed Northern Front. There were many other environmental science and engineering officers who deployed in support of OIF and OEF as members of senior staff elements, organic unit preventive medicine assets, and preventive medicine detachment teams.

JTF-Bravo

1LT Jennifer Cooper served as the Chief of Environmental Health during a recent six-month deployment to Joint Task Force-Bravo (JTF-B) in Honduras. 1LT Cooper planned and successfully

CPT David Derrick, 101st Airborne Division, conducts water sampling at a local ice factory in Iraq.

introduce several initiatives including noise dosimetry for Soldiers working with helicopters, threat and vulnerability assessments in outlying areas for mission and Morale, Welfare, and Recreation (MWR) activities, and furthered the work towards an installation pest management policy. She also served on the JTF-B Disaster Control Group as a part of the on going effort to be prepared for another Hurricane Mitch scenario. 1LT Cooper led a joint Air Force and Army pediatric medical training exercise that incorporated the statistical sampling as well as the treatment of over 300 children.

Homeland Security – Water Vulnerability Assessments

1LT Randolph Leon serves as an environmental engineer for the Environmental Health Engineering Division at USACHPPM-North. During the past year-and-a-half, 1LT Leon has taken part in six separate water system vulnerability assessments (WSVAs) to support Army installation efforts in meeting the requirements of the Bioterrorism Amendments of 2002 to the Safe Drinking Water Act. As mandated by the law, WSVAs involve the identification of points of vulnerability to physical destruction, intentional contamination, and cyber-attack. After identifying vulnerabilities, assessment teams use Army risk management methodology to estimate levels of risk and recommend countermeasures to commanders. In addition to serving as a project officer performing WSVAs, 1LT Leon was a key member of the team conducting WSVA training across CONUS. As a trainer, he provided up to date information and practical training on water system surveillance and development of recommendations to counter the potential vulnerability threats posed to installation water distribution systems. This new mission is critical since the new law requires assessment of all water systems serving 3,300 or more people and Army policy requires WSVAs of systems serving 25 or more personnel. Clearly, environmental engineers will be key personnel in ensuring that installation water systems are protected from potential threats.

Preventive Medicine Support to the Stryker Brigade Combat Team (SBCT)

Preventive Medicine will become increasingly important as the Army transforms to a smaller, lighter, highly mobile and lethal force. Fort Lewis, Washington is at the center of Army Transformation and the MSC officers at USACHPPM-West are playing an integral role in Stryker Brigade training and doctrine development.

CPT William Herman, CPT Tuesday Blome, and 2LT Shawn McLoughlin, Field Preventive Medicine Division, CHPPM-West provided Deployment Occupational Environmental Health Surveillance (DOEHS) training for 3rd Brigade (BDE), 2nd Infantry Division (ID), SBCT preventive medicine assets at Fort Lewis, Washington. The DOEHS program serves as a force health protection bridge to the war fighting force by providing readiness evaluation and training to preventive medicine field personnel that deployed in support of theater operations. The 3rd BDE, 2nd ID SBCT deployed in support of Operation Iraqi Freedom in the fall of 2003. Service members receiving the DOEHS training have lauded the program as a valuable instructional tool to prepare them for the realities that they may be confronted with in a theater of operation.

CPT Craig Gehrels, Chief, Industrial Hygiene Division, USACHPPM-West, has contributed to the Soldier Occupational Hazard Assessment Program (SOHAP) support to the SBCT at Fort Lewis, Washington. The SOHAP conducts baseline industrial hygiene sampling to assess soldier exposures to chemical and physical hazards from equipment used under sustained field conditions. The goal of this program is to reduce disease non-battle injuries (DNBI) through identification, control and incident reporting. Exposure data will be collected at the National Training Center (NTC) and recommendations will be made to Army leadership to enhance force health protection.

Education and Training

Under the leadership of LTC Carl Stokes, the Environmental Quality Branch (EQB), Academy of Health Sciences, once again had a very productive year. The teaching staff graduated 21 officers in the Principles for Military Preventive Medicine Course (6A-F5), 15 officers in the Preventive Medicine Senior Leaders Course (6A-F6), and 133 Soldiers in the Preventive Medicine Specialist (91S) MOS course. The only statistic of concern is the relatively low number of 91S graduates. In the past few years, EQB has graduated approximately 185 Soldiers. The EQB 91S attrition rate for this year is the same as the historical norm of below 8%. The drastically reduced number of 91S graduates will result in unfilled 91S authorizations and could potentially impact preventive medicine missions across the board. Consequently, EQB is working this issue with the AMEDD Personnel Proponency Directorate to determine the root cause and courses of action to rectify the low graduation numbers.

EQB is proactively applying information technology to more efficiently train their students. They are developing distance learning training packages as supplements or alternatives for five of their courses. A 91S MOS distance learning supplemental training package is being developed for the Reserve Component (RC) Soldiers. The distance learning package will provide realistic interactive scenario driven training that will replace the cumbersome correspondence package and will better prepare the RC soldier for his/her resident training. Additionally, EQB is developing distance learning packages for their Basic Industrial Hygiene Course, DOD Pesticide Certification Course,

CPT Alex Giambone, 10th Mountain Division, conducts sampling at a well near Kandahar.

Fundamentals of Occupational Health Medicine Course, and Sexually Transmitted Disease Course.

Combat Developments

As deployable preventive medicine (PVNTMED) units continue to transform from Medical Force 2000 (MF2K) to the Medical Reengineering Initiative (MRI) tables of organization and equipment (TOE), units will undergo organizational changes and receive new equipment. To keep pace with these changes, the PVNTMED medical equipment sets were reviewed, modernized, and approved by the Directorate of Combat and Doctrine Development (DCDD) in 2003. These changes provide field PVNTMED with the following: improved occupational and environmental health surveillance (OEHS) equipment, improved water-testing capabilities and equipment, and improved insect and rodent control equipment.

MAJ Tim Bosetti, the DCDD PVNTMED staff officer, is currently working on the Battlefield Medical Information System-Tactical (BMIS-T) PVNTMED Module. The BMIS-T PVNTMED Module, part of the overall Theater Medical Information System (TMIP) and the Medical Communications for Combat Casualty Care (MC4) system, will provide hand-held systems to all preventive medicine personnel. This will greatly increase the capabilities of field PVNTMED by providing electronic means to record, report, analyze, and archive OEHS, public health, and medical surveillance data.

The capstone PVNTMED field manual (FM 4-02.17) is in the process of being rewritten and updated to provide current information, guidance, and doctrine related to the execution and employment of PVNTMED assets in a theater of operation.

Continuing and future programs will be the on-going integration of health surveillance and OEHS throughout the doctrine, organization, training, materiel, leadership & education, personnel and facilities (DOTMLPF) domains. These programs include: doctrine developments and tactics, techniques, and procedures; crosswalk with the Area Medical Laboratory capabilities and testing; equipment modernization and enhancement; and coordination with the AMEDDC&S to improve leadership, education, and training programs. Lastly, efforts will continue to focus on the future force concepts and the role of PVNTMED to support transformation and future conflicts.

Army Knowledge On-Line (AKO)

CPT Jim Flanagan in his capacity as the Executive Assistant to the Assistant Chief for Preventive Medicine Services, Medical Service led not just our Corps, but the entire Army in leveraging the capabilities of AKO to significantly improve communications and knowledge sharing within the environmental science and engineering career field. CPT Flanagan established the Environmental Science and Engineering AKO Community Page and Knowledge Collaboration Center (KCC), populating the KCC with the second highest number of files, second only to 3rd Army. He also used AKO to develop an on-line duty description and photo data base for the approximately 220 Environmental Science and Engineering Officers.

Junior Officer Council

CPT Amy King initiated the first ever Environmental Science and Engineering Junior Officer Council (JOC). The JOC is responsible for providing advice and input from the junior officers on policy/program development and serves as the executive agent for applicable projects approved by the JOC and the Consultant. The JOC established and approved their charter, and is beginning to develop a Junior Officer Handbook.

Viewing the Horizon

The future is very bright and challenging for our Environmental Science and Engineering Officers. We will continue to be at the forefront of providing unsurpassed preventive medicine support to our Global War on Terrorism and Army Transformation. I am very grateful for your service to our great Nation and I ask that you continue to set the standard every day for selfless service.

Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2022780023

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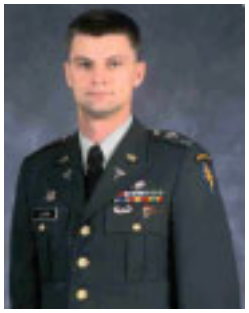
MSC Contributions

CPT Derek Licina, 72D



CPT Licina deployed to the Southern Philippines as the Preventive Medicine Officer assigned to the 1st Special Forces Group (Airborne). Immediately upon arrival he was designated the Joint Task Force Preventive Medicine Officer responsible for the performance and supervision of all preventive medicine and occupational medicine activities for a large joint special operation task force operating in an austere environment. Early in the deployment he discovered that the civilian food contractor did not meet health and sanitation standards in spite of ongoing educational efforts and corrective action. CPT Licina recommended to employ an Army field kitchen as a safe source of food. As a result of his actions, the incidence of gastrointestinal disease in U.S. Forces was minimal

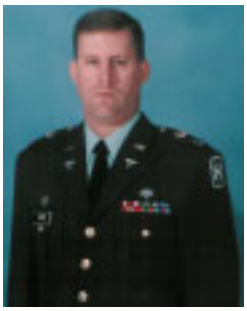
1LT Caroline Kim, 70B

1LT Kim serves as the Executive Officer and Platoon Leader in the 560th Medical Company, 52nd Medical Evacuation Battalion. She demonstrates exceptional knowledge and skill in personnel actions, maintenance procedures, supply operations, and training management. Her unique abilities allow her company commander to rely on her to act on his behalf with battalion staff, significantly improving the efficiency of the company. She uses her initiative to solve problems with minimal supervisory input, always with outstanding results. She updated and simplified the company's web page, improved and streamlined company SOPs, and volunteered on several occasions to participate in and lead community projects for the local population as well as in other areas in the battalion.

CPT Sergio McKenzie, 70D

CPT McKenzie is the Information Management Officer for the Walter Reed Army Medical Center Garrison. He implemented a document center solution that will save $1 million for WRAMC. His thorough assessment of WRAMC's copier problems resulted in the replacement of all copiers with document center solution copiers. The replacement of copiers will be networked and have the capability to copy, scan, fax, and print. This solution will eliminate the need for scanners, fax machines and 50% of all printers resulting in a five year cost savings of over one million dollars. This is the first step toward WRAMC's movement to a paperless environment. Additionally, he authored the WRAMC Internet and E-mail Usage Policy that was used to create MEDCOM Regulation 25-10, Electronic Messaging.

MAJ Alick Smith, 72E



CPT Alick Smith represented the 18th MEDCOM in the United States Forces – Korea (USFK) and Eighth United States Army (EUSA) Theater Master Plan – Army (TMP-A) Facility Master Planning Initiatives and Land Partnership Plan (LPP) Initiative. He orchestrated the medical facilities assessment, which has identified, categorized and quantified the backlog of maintenance and repair requirements for all the facilities within the peninsula. His efforts have resulted in a roadmap from which major repair, renewal and MILCON projects are being planned. The plan developed through CPT Smith's efforts has ensured that the 18th MEDCOM's facilities will not only meet the CINC's go-to-war imperatives but will also address the quality of life initiatives necessary for the sustainability of our future military support within Korea. His diligence and foresight were responsible for the successful initiative to capitalize on over $5 million in year-end funding. This effort has ensured that minor and major construction projects required throughout the peninsula will be accomplished before the impending winter season.

CPT Enrico Bermudez, 70D

On 24 May 2002, CPT Bermudez assumed command of the Medical Company at Weed Army Community Hospital, Fort Irwin, California. He took the lead in developing a unit Mission Essential Task List (METL). Additionally, he coordinated with the Department of Readiness, Education, Training and Security to plan and produce the FY 2003 training calendar. CPT Bermudez worked with the unit NCOs to plan, develop, and execute a six-week physical fitness training program designed to prepare the Soldiers for the semi-annual Army Physical Fitness Test (APFT). This resulted in a 99.5% pass rate for the most recent APFT.

MSC Contributions

CPT Eric Kelly, 72D

As Chief of the Field Preventive Medicine Division at USACHPPM-South, CPT Kelly's experience and depth of knowledge in preventive medicine subjects proved instrumental in the establishment, implementation and execution of the joint medical surveillance for deployments program. CPT Kelly's primary mission is to ensure preventive medicine personnel and units within USACHPPM-South's area of responsibility have the capability to conduct air, soil, water, radiological, vector, and communicable disease surveillance, in order to adequately assess and counter all potential health risks to the warfighter. This crucial mission is accomplished by providing Deployment Occupational and Environmental Health Surveillance (DOEHS) Technical Assistance Visits.

CPT Stevie Jordan, 70F

CPT Jordan displayed excellence in a myriad of accomplishments while assigned to Lawrence Joel Army Health Clinic. In addition to his duties as detachment commander, CPT Jordan fulfilled the roles of military personnel officer and plans/operations officer. Under his leadership, APFT scores increased an average of 2%, CTT compliance rose to and remains at 100%, and the on-time rate for military evaluations is 100%. During his watch, the detachment achieved 100% of it's re-enlistment objectives in FY02. Operationally, he spearheaded efforts to improve the clinic's responses to a disaster. The emergency management plan now complies with Joint Commission on Accrediation of Healthcare Organzations (JCAHO) standards. Lawrence Joel Army Health Clinic was the first MTF in SERMC to implement the Hospital Emergency Incident Command System. His efforts in all areas of responsibility earned CPT Jordan special recognition from the SERMC IG team during the FY02 OAP visit.

CPT Mark Newsome, 70C

CPT Newsome is the Chief, Resource Management for the Lead Agency, TRICARE Region 11. As the Resource Manager for a region with five Army, Air Force and Navy Military Treatment Facilities, CPT Newsome created the first-ever regional Comptroller Office that had oversight o more than $400 million in purchased and direct care funds that supported more than 371,000 beneficiaries of the MHS. During the start up phase of a "pilot project" that evaluated the feasibility of an empowered TRICARE Lead Agent, CPT Newsome quickly identified key initiatives and the detailed assessment of potential return on investment initiatives for a multi-year, $15 million business plan.

CPT Matthew Konopa, 70F

CPT Konopa is the Kirk Army Health Clinic, Aberdeen Proving Ground (APG), Maryland company command and also serves as the Chief of Plans, Training, Mobilization, and Security. CPT Konopa has published new detachment policies, developed and implemented both a new narcotics inventory and off-duty employment program, and is exceeding all retention requirements. As the Chief, PTM&S, CPT Konopa has served as the Medical Operations Liaison Officer in the APG Emergency Operations Center for both real world and planned Chemical Accident/Incident Response and Assistance (CAIRA) exercises. This position, unique to Aberdeen and it's chemical/nuclear surety mission, is an integral part of the Army's new CBRNE requirements.

CPT Colleen Meyer, 70B

CPT Meyer was the S-1 for the 82nd Logistics Task Force while deployed in Afghanistan. As the S-1, CPT Meyer was instrumental during mission analysis to determine the precise number of personnel and MOSs necessary for the intricate operation. While deployed, CPT Meyer rendered world-class personnel service support for 21 slice units, which had no personnel administrative support and were added to the 82nd Logistical Task Force raising her customer support base to that of a Brigade sized element. Through six months of combat operations, CPT Meyer demonstrated a unique ability to anticipate personnel requirements, manage all UCMJ actions, process congressional inquiries and Red Cross messages, and process emergency leaves.

MSC Contributions

CPT Eliasib Lozano, 70B

CPT Eliasib Lozano is assigned to the 1st Battalion, 187th Infantry Regiment (RAKKASANS) deployed his medical platoon to Khandahar, Afghanistan as the spearhead of Task Force RAKKASAN and all Coalition Forces during Operation Enduring Freedom. Responsible for combat health support to 600 American Soldiers and hundreds of coalition forces, CPT Lozano was forced to non-doctrinally array his 30 soldier medical platoon. During the 11 day Operation Anaconda and the 6 day Operation Mountain Lion, he deployed two dismounted Advanced Trauma Life Support (ATLS) teams forward while simultaneously positioning Soldiers and equipment in Kandahar, Afghanistan; Jcobabad, Pakistan; and Bagram, Afghanistan. His actions resulted in the superb integration of combat health support with 5th Special Forces Group, British Forces, and the RAKKASAN's Forward Support Medical Company.

CPT Jose Quesada, 71E

As the Blood Consultant for the Southeast Region and TRICARE Region III, CPT Jose Quesada, coordinates blood operations and services across five states and nine treatment facilities (consisting of Army, Air Force, Navy, and VA). He initiated a dialogue at the September 2002 TRICARE Region III & IV Lab meeting that has the potential of saving the entire region and the Armed Services Blood Program approximately $390,816 , which is 158% additional savings compared to FY02. This is a direct result of CPT Quesada's desire to continuously provide quality products and services at the lowest cost. His ability to monitor and move blood inventories throughout the region has already reduced outdated of products and met inventory shortfalls while avoiding costs. On the seldom occasion that products are not available within the VA/DOD regional system, he uses regional credits to avoid costs.

CPT Tracy Michael, 70K

As the Medical Logistics Supply Officer in the 82nd Airborne Division, CPT Tracy Michael's most notable contributions have been to the recent deployment in support of Operation Enduring Freedom. CPT Michael coordinated all of the medical supply support for two Brigade Task Forces as they prepared for deployment. To ensure that the infrastructure for ordering class VIII (medical supplies) would be available to sustain the 82nd Logistical Task Force (LTF), CPT Michael coordinated with the United States Army medical Materiel Agency (USAMMA). He obtained funding for procuring computers formatted with TCAM (Theatre Army Medical Information System customer assistance module) software that enabled the Division Medical Supply Office (DMSO) to place requisitions for class VIII electronically in theater. The use of this STAMIS in combat was a first for the Army.

CPT Eric McClung, 70D

CPT Eric McClung is the U.S. Army Aeromedical Center, Fort Rucker, Alabama, Chief Information Officer. He initiated the "imaging/ ghosting" of hard drives, reducing the time it took to load a new computer with the hospital's software suite from 3 hours to 10 minutes, significantly reducing the time it took to deploy a new computer. Additionally, he halted the hospital's program of "leasing" computers at approximately $2,100 per unit, saving the hospital $1,400 per computer by negotiating volume purchases at $700 per unit. CPT McClung researched and pioneered the use of Microsoft's System Management Server (SMS) software. This software allowed the staff to remotely push the software patches over the network after hours, freeing the Help Desk staff to focus on user issues and maintain the security of the data network.

CPT Devvon Bradley, 73A

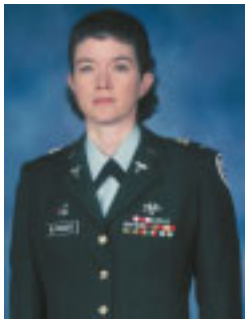
CPT Bradley is a Social Work Officer assigned to the AMEDD Center and School. As an instructor/writer in the Special Subjects and Programs Sections, he has developed, updated, and provided the highest quality instruction in a wide variety of mental health topics to a diverse population of Army Medical Department students, including physician assistants, physical therapists, patient administration officers, occupational therapy and physical therapy specialists, and combat medics. He is directly responsible for implementing the curriculum for the Behavioral Science Officers during the Officer Basic Course follow-on two-week track. Based on his knowledge, his ability to understand complex concepts quickly, and his superior instructing ability, he has been given a high degree of responsibility and visibility.

MSC Contributions

CPT Phillip Christy, 70K9I

CPT Christy, a Health Facilities Planner, is currently the Company Commander for the United States Army Garrison and Medical Research and Materiel Command, Ft. Detrick, MD. As Commander, CPT Christy created a quarterly newsletter and company homepage as part of his revitalization of the Family Readiness Group. He also personally created and managed the Silver Caduceus Society at Fort Detrick, helping to improve professional development for MSC officers installation wide. In addition to being a company commander, CPT Christy also serves as the Deputy for Security Operations for the Garrison Commander. He has developed a MASCAL plan and he integrated a National Guard Military Police platoon into his operations plan.

CPT Misty Blocker, 70D



Assigned to the Office of the Surgeon General Decision Support Center, CPT Blocker provides information critical to providing AMEDD leadership with accurate, timely information required to evaluate managed care contracts, the make/buy analysis of their care, their empanelment, and support staff rations and countless other performance measures. She has been an important player in the development and sustainment of the Army Performance Tracking Tool used to assist Medical Treatment Facility leadership in tracking facility performance against the Defense Health Plan Performance Contract.

WO1 Keith Griffith, 670A

WO1 Keith Griffith is assigned to Bayne-Jones Army Community Hospital at Fort Polk, Louisiana as the Chief, Medical Maintenance Branch. During the a recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) pre-certification survey, his medical equipment management programs had zero findings. While assigned to a MEDDAC, WO1 Griffith seizes every opportunity to support the TO&E units during their rotation through the Joint Readiness Training Center. He uses his knowledge and experience to provide technical assistance and guidance to Combat Support Hospitals rotating through the Joint Readiness Training Command. He also coordinates the use of excess medical equipment throughout the Battalion Aid Stations on Fort Polk, collectively raising the total readiness of the units on the entire installation.

1LT Clair Fursman, 70B

As the Treatment Platoon Leader for the 547th Area Support Medical Company, within the 62nd Medical Brigade, 1LT Fursman deployed her platoon to Thailand in support of Operation Cobra Gold. While in Thailand, she was able to train and achieve comprehensive healthcare, not only for the troops participating in the exercise, but also for some of the indigenous families. She focused on primary and secondary medical tasks, communication, patient evacuation, and platoon deployment and redeployment.

CPT Brett Swierczewski, 72D

CPT Swierczewski volunteered for a tour as the Environmental Science Officer for Joint Task Force - Bravo, Republic of Honduras, where he performed a full spectrum of preventive medicine duties to ensure the health of deployed forces. He also as Bioenvironmental consultant for the Disaster Command Group and the Preventive Medicine OIC for the Tactical Operation Center during Foreign Natural Disaster Relief Plan activities. He was a member of a special medical team assigned to investigate an outbreak of Pseudomonas in a La Paz, Honduras hospital. He identified the source and provided recommendations on how to eliminate the problem and prevent future outbreaks to the chief surgeon.

CPT Karen Magnet, 71B

CPT Magnet is the Chief of the Biochemistry Section, Department of Clinical Investigation (DCI) at Tripler Army Medical Center. She developed a presentation detailing DCI services, research ethics and regulations, and preparation of protocols and present this to each department thus improving submission success. CPT Magnet restructured the expedited protocol review process outlining the new process, coordinating the change, and creating templates for documentation. The new system was successfully implemented and has increased the speed of approval of expedited protocols.

The Association of Military surgeons of the United States (AMSUS) Awards

AMSUS was organized in 1891 and chartered by Congress in 1903 to advance the knowledge of healthcare within the federal agencies and to increase the effectiveness of its members. The AMSUS constituency is comprised of professionals across all of the healthcare disciplines in the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Public Health Service, Department of Veterans Affairs, U.S. Army Reserve, U.S. Navy Reserve, U.S. Air Force Reserve, Army National Guard, Air National Guard, and the Coast Guard.

In November 2002, four Medical Service Corps officers were recognized by AMSUS for outstanding achievements in their profession:

The Gorgas Medal

Awarded for distinguished work in preventive medicine.

COL Raj K. Gupta

COL Gupta received the Gorgas Medal for his contributions to military preventive medicine in support of military medical research and the national defense.

Andrew Craigie Award

Awarded for outstanding accomplishment in the advancement of professional pharmacy within the Federal Government.

COL William M. Heath

COL Heath received the Andrew Craigie Award for his tireless work ethic ensuring that no task or request goes unanswered and his willingness to accept every challenge to improve pharmaceutical care.

Walter P. McHugh Award

Presented to a Logistician of the Army, Navy or Air Force, or equivalent employee of the Department of Veterans Affairs or U.S. Public Health Service.

MAJ Kurt A. Gustafson

MAJ Gustafson received the Walter P. McHugh Award for his significant contributions to the medical logistics mission of the U.S. Army.

AMSUS History of Military Medicine Essay Award

CPT Scott C. Woodard

CPT Woodard received the AMSUS History of Military Medicine Essay Award for his essay entitled "The Story of the Mobile Army Surgical Hospital (MASH)"

Reference Websites: http://medicalservicecorps.amedd.army.mil/msc_programs/amsus/2003_amsus_annoucement.htm and www.amsus.org

Social Work, Clinical Psychology, pharmacy, Optometry, Podiatry

COL George Adams

Assistant Corps Chief for Optometry, Pharmacy, Podiatry, Social Work, and Clinical Psychology

Optometry, Pharmacy, Podiatry, Social Work and Clinical Psychology are vital components of the Medical Service Corps and are responsible for direct patient care for our Soldiers, family members, retirees, and all eligible beneficiaries.

Each consultant has written an overview of their specialty keying on the past year's successes, challenges for the next year and future years, and initiatives designed to meet those challenges. Emphasis has been placed on the Global War on Terrorism, as well as Recruitment and Retention incentives to attract and retain quality officers to provide health care for beneficiaries. Wherever possible, success stories of individual officers have been included.

There is no better time to be an integral part of our Army. We must enthusiastically embrace the opportunities before us and to lead the way in supporting the Army's Vision.

Reference Websites

73A - Social Work

www.armysocialwork.com

73B - Clinical Psychology

The Clinical Psychology web site is in development

67E - Pharmacy

http://medicalservicecorps.amedd.army.mil/67e/

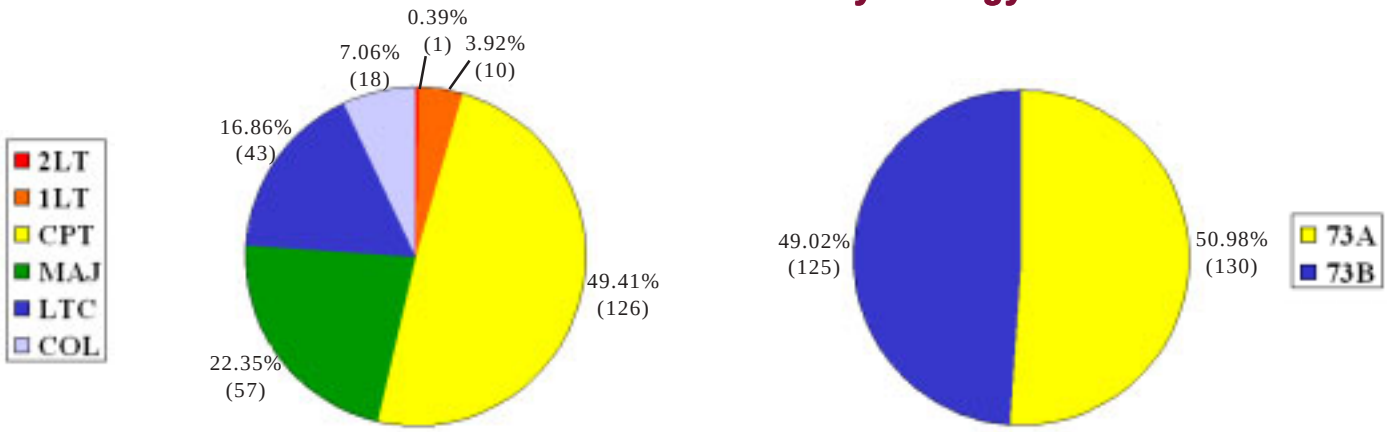
67F - Optometry

http://chppm-www.apgea.army.mil/dcpm/vision/Army/

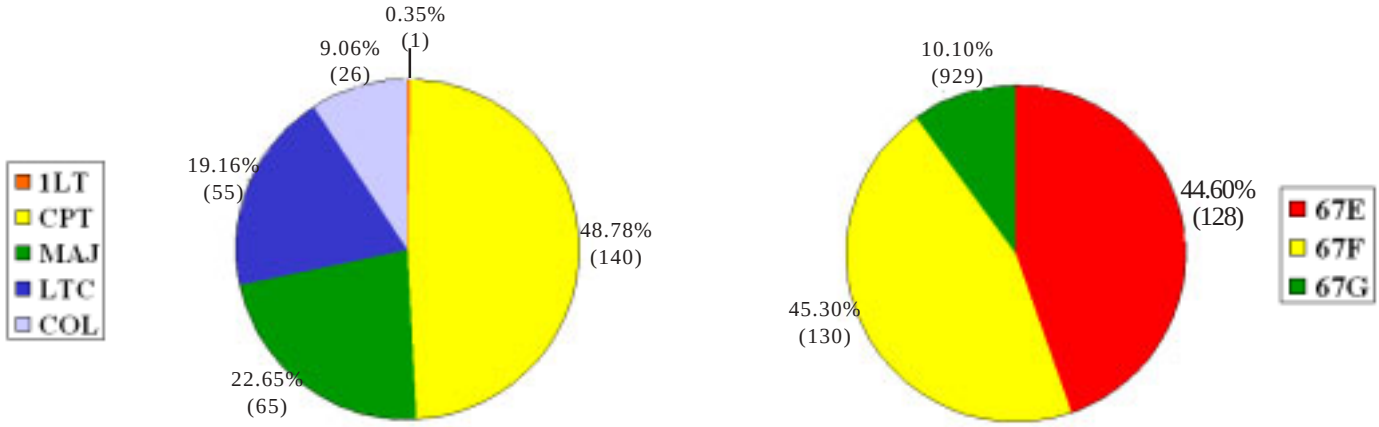
67G - Podiatry

www.abps.org and www.apma.org

Social Work and Clinical Psychology



Pharmacy, Optometry and Podiatry



73A - Social Work Services

COL Virgil Patterson
Consultant

The mission of Army Social Work is to sustain military readiness by enhancing the quality of life of service members, military families, commanders and their units. The social work mission is performed within the fields of corrections, inpatient and outpatient hospital care, the Army Substance Abuse Program (ASAP), the Family Advocacy Program (FAP), the Exceptional Family Member Program (EFMP), TOE units (Combat Stress Control/Division Mental Health Services) and headquarters staff assignments. Social workers may also be found working in research and teaching assignments. During FY03, active duty, reserve and Army National Guard social workers were deployed to Afghanistan, Uzbekistan, Kuwait, Kosovo and Bosnia.

Successes

Four Social Work Officers were promoted to Caption, five Social Work Officers were promoted to Major, and five were promoted to Lieutenant Colonel. LTC Yvonne Tucker-Harris was promoted to Colonel.

This year marked the first year that an Army Social Work Short Course was held in conjunction with the Force Health Protection Conference. The event was a huge success with over 200 behavioral health participants in attendance.

The U.S. Army Medical Command Behavioral Health has continued to direct the Army Behavioral Health Technology Office (ABHTO) and the Automation Control Board leverages advances in technology in support of the Behavioral Health mission and vision. As a result behavioral health has developed a Community of Practice on AKO. Areas within this community include Behavioral Health (BH), Psychiatry, Psychology, Social Work, the Family Advocacy Program, the Army Substance Abuse Program, the Automation Control Board, along with several others. The ABHTO has been actively engaged with the Army Medical Department Chief, Information Office (CIO) and the TRICARE Management Agency (TMA) Information Management Office to initiate a TMA sponsored BH Integrated Process Team (IPT) for Composite Health Care System II (CHCS II) development. The ABHTO has also been working with Telemedicine and Advanced Technology Research Center (TATRC), sponsoring a BH IPT that brought together a Tri-Service leadership group in BH to advance our technology developments.

In conjunction with the Army G1, Army Social Work is supporting the Primary Care Optimization Mission for redeployed Soldiers. Sixty-three contract social workers will be assigned at various installations as care mangers to assist Soldiers and their families address the issues associated with redeployment.

Challenges/Initiatives

On 21 July 2003, The Office of The Surgeon General (OTSG) established the mental health advisory team (MHAT) to assess and provide recommendations vice Operation Iraqi Freedom (OIF) related mental health (MH) issues. Their charter delineates the OIF MHAT's purpose, membership, and specifies the scope of activities. The MHAT report is pending.

https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2048208003
Note: You must log in to AKO before entering this URL.

MAJ Darren Fong commanded the 254th Combat Stress Control Medical Detachment.

A challenge currently exists to retain quality initial entry Social Work Officers. Social Work Officers enter active duty with a direct commission. Many initial tour Social Work Officers have had difficulty adapting to the requirements of the military lifestyle. Programs to assist new accessions in adjusting to this lifestyle are currently being explored. Among them is a military social work internship program with one of two foci. For prior military, the focus is developing the clinical skills to function as an independent clinical Social Work Officer. For those without any prior military experience, the focus is on adjusting to the military lifestyle.

Once passed the initial assignment, there are few retention challenges for Army Social Work. Army Social Workers have the opportunity to attain their doctoral degree through selection to Long Term Health Education and Training. Similarly, there is a training opportunity to attend a two-year Child and Family Fellowship at Walter Reed Army Medical Center. Additionally, Army Social Work Officers with the highest credentials (Board Certified Diplomat) are eligible to receive pro-pay in varying amounts depending on their time in service.

Army Social Work is actively seeking to commission those with prior military experience to reduce the initial entry challenges of most direct commission social workers that have little or no exposure to the military.

73B - Clinical Psychology

COL Edward Crandell
Consultant

During 2003 Army Clinical Psychology continued to demonstrate its relevance to the warfighter's mission and to implement its vision to transform into a force, which is prepared to meet the rapid changes occurring in the Army and the Army Medical Department (AMEDD).

The support provided by both active duty and U.S. Army Reserve Clinical Psychologists was evident during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Clinical psychology officers assigned to U.S. Army Medical Command (MEDCOM), U.S. Army Special Operations Command (SOCOM), Joint Special Operations Command (JSOC), and U.S Army Forces Command (FORSCOM) played critical roles in the Global War on Terrorism. Additionally, Army Psychology has worked in conjunction with the other behavioral health disciplines to actively pursue improvement through the Behavioral Health Transformation Initiative.

Army Psychology has continued to grow in 2003 with an additional ten percent increase in force structure requirements. Recruitment and retention of Army Clinical Psychology officers has remained at one hundred percent. The Army Clinical Psychology Residencies attract more applicants than can be selected each year. Postdoctoral training has expanded to two year programs in health psychology and pediatric psychology at Tripler Army Medical Center (TAMC), and pediatric psychology at Madigan Army Medical Center (MAMC). The two year neuropsychology fellowships at Tripler and Walter Reed Army Medical Center (WRAMC) are fully accredited by the American Psychological Association.

As the initial medical center reception point for Soldiers evacuated from the theatre of operations, Landsthul Regional Medical Center (LRMC) psychology officers were critical to the success of LRMC's mission during OEF and OIF. Employing the innovative strategies of Operation Solace, which cared for the behavioral health needs of Pentagon Personnel after September 11th, members of all services and their families received superb care from these professionals. LRMC was also repatriation site for prisoners of war and psychologists from units throughout the Army who were trained in Survival, Escape, Resistance, and Evasion (SERE) operated at LRMC and at other locations during the entire repatriation process. The assistance and psychological support provided to these Soldiers aided their reintegration into their units.

Psychologists assigned to SOCOM and JSOC have been invaluable to the success of their units' missions. Assessment and selection processes, leader development programs, and enhanced SERE training have benefited from the contributions of our officers. SOCOM psychologists were responsible for predeployment training for psychologists involved in repatriation and other critical operations in the Global War on Terrorism. SOCOM led the training and coordination of SERE qualified psychologists assigned to Joint Special Operations Task Forces during OIF. Their support in addressing the unique requirements of asymmetrical warfare cannot be overstated.

LTC Brown is the Chief, Department of Behavioral Health at Womack. He has received special training as a SERE (Survival, Evasion, Resistance, Escape) Psychologist and recently supported the repatriation of POW returnees.

COL Crandell (right) and CPT Justin Curry discuss planning details for the 2003 Behavioral Science Short Course held in Albuquerque, NM.

A psychologist who deployed with a Joint Special Forces Task Force during OIF developed innovative and critical methods to support the operational intelligence mission. These actions included preparing multinational joint task force personnel on the role of SERE psychology, as well as command consultation for behavioral health issues and the psychological well-being of command in a high intensity combat zone. This psychologist received the Knowlton Award for Excellence in Military Intelligence in recognition of these efforts. This is the first occasion that an officer who was not a Military Intelligence officer has received this award.

The operations of the U.S. Army Physical Fitness Research Institute at the U.S. Army War College are directed by a psychologist who contributes behavioral health expertise in the planning and execution of programs targeting lifestyle change and executive health promotion for the nation's future strategic leaders. Since there is a strong behavioral component in maintaining a healthy lifestyle, this psychological expertise contributes significantly to the development and understanding of the role of psychology in promoting health and wellness.

Psychology officers have

played and continue to play important roles in support of OEF and OIF through deployment with Combat Stress Control Detachments. Many of these officers deployed from fixed medical treatment facilities as well as FORSCOM units. The Southeastern Regional Medical Command (SERMC) employed its Special Medical Augmentation Response Team (SMART) psychologists in support of the redeployment planning for units returning from OIF. This unique employment of the SMART team resulted in extensive consultation and assessment in preparation for the implementation a deployment cycle support program for Soldiers returning from OIF and their families.

Psychology continues to expand its role in both primary care and specialty consultation with programs at WRAMC, TAMC, and Brooke Army Medical Center (BAMC). These programs include pain management clinics, neuropsychology services, and the use of telemedicine technology to support specialty consultation services to remote sites. Psychologists have also been actively engaged in collaborative research with universities and professional organizations to include psychological support for breast cancer survivors and the training of native Hawaiian behavioral healthcare providers.

The Army Behavioral Health Transformation Initiative gained new impetus with the increasing deployment of our officers. Key to this transformation is the development and implementation of information technology, which will provide Soldiers in the field and in garrison the best behavioral healthcare available. The psychologist leading this effort is working with the other behavioral health disciplines resulting in the formation of Army Behavioral Health Technology Office and Automation Control Board to oversee these initiatives. Key accomplishments include the deployment of a prototype behavioral health record to both garrison and operational units as well as the coordination for approval of system development and funding.

As the AMEDD continues its transformation to better meet the healthcare needs of a more mobile fighting force, Army Clinical Psychology will continue to be a critical element of this transformation by contributing its expertise in both the clinical and operational aspects of psychology.

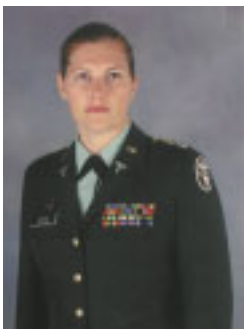
Reference Website: https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2048279003

Note: You must log in to AKO before entering this URL.

CPT Todd Yosick, 73A

CPT Todd Yosick serves as the Division Social Worker for the 25th Infantry Division, Schofield Barracks, Hawaii. His relentless efforts to improve and transform the 25th ID Division Mental Health Service resulted in it becoming the first known division mental health clinic to be accredited by the Joint Commission for Accreditation of Healthcare Organizations. CPT Yosick is currently developing a program at Schofield Barracks to assist young Soldiers in becoming better fathers. This initiative is the first of its kind in the state of Hawaii. He is organizing resources and training his staff to ensure this program is a success.

CPT Gabrielle Bryen, 73A



CPT Gabrielle Bryen is an Army Social Worker serving as the Office in Charge (OIC) of the Child and Spouse Abuse Section at Darnall Army Community Hospital, Fort Hood, Texas and is PROFIS to the 85th Combat Stress Detachment. During a recent rotation at the Joint Readiness Training Center (JRTC) there was a fatal helicopter accident in which both pilots were killed in full view of Soldiers. CPT Bryen and her team quickly maneuvered to the crash site and began providing counseling to these individuals. CPT Bryen worked with other providers to create a team capable of providing critical event debriefings to help over 50 Soldiers process what they had witnessed.

67E - Pharmacy

COL Michael Heath
Consultant

Active and Reserve Army Pharmacists have risen to numerous challenges this past year in supporting the Army Warfighter ensuring the projection and sustainment of a healthy and medically fit force. Army Pharmacists have deployed both home and abroad in support of our nation's Global War on Terrorism (GWOT) as part of Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF) and other worldwide deployments.

Supporting the Army of One Missions

Many Army pharmacy officers and enlisted pharmacy technicians have been deployed and assigned to operational units in support of our Soldiers fighting the GWOT and rebuilding the medical infrastructure in Iraq. As an example, during OEF Army pharmacists collaborated with a Jordanian pharmacist in Afghanistan to develop a medication supply list that expedited medication ordering through the U.S. Class VIII system. The Jordanians provided care to thousands of Afghani civilians. This coordinated effort enabled the Jordanian Allied Health professionals to order medications needed to support their mission as well as acquire automation hardware and software to support their operations prior to their deployment. During OIF, active duty pharmacists and their reserve counterparts were assigned to and deployed with Combat Support Hospitals (CSH), Mobile Army Surgical Hospitals (MASH), Field Hospitals (FH), medical logistics battalions and medical logistics centers. Included among those Army Pharmacists who deployed during the past year were CPT (P) Ricardo Nannini and CPT Deborah Floyd with the 47th Combat Support Hospital; MAJ Tou Yang with the 212th MASH was assigned as not only the Chief of the Pharmacy, but was also responsible for Lab and X-ray Sections; 1LT Kofi Ansah, USAR, was assigned to U.S. Army Medical Materiel Center-Southwest Asia (USAMMC-SWA); and 1LT Chuck Boenig, USAR, assigned to the 48th CSH was the first Army Pharmacist to deploy to Afghanistan in support of OEF. MAJ Chris Conrad, stepped to the plate time and time again as a pharmacy officer assigned to U.S. Army Medical Materiel Center, Europe (USAMMCE), Pirmasens, Germany in supporting the war effort through the timely delivery of pharmaceuticals into the theater of operations. MAJ Patrick Garman, U.S. Army Medical Materiel Agency (USAMMA), ensured the appropriate management and distribution of Anthrax and Smallpox vaccines and other critical pharmaceuticals to protect our Soldiers involved in the war. COL Jerry Pierson and COL Ike Harper provided critical clinical leadership related to the effective management and absolute soldier safety of investigational drug protocols for our deployed forces.

Additionally, LTC (P) Kent Maneval deployed with a telemedicine team from Landstuhl to Bagram Airbase, Afghanistan to set up Composite Health Care System (CHCS) capability for the Task Force Combat Support Hospital.

1LT Chuck Boenig, 48th CSH, was the first Army Pharmacist to deploy to Afghanistan during Operation Enduring Freedom.

LTC Laura Ward, USAR, deployed with the 6250th Army Hospital to Bosnia in support of Operation Joint Forge. She is also a civilian clinical pharmacist at Madigan Army Medical Center. As further evidence of our USAR officer's dedication and professionalism, six USAR pharmacy officers provided professional support to Landstuhl Regional Medical Center (LRMC), Germany for more than 3000 patients from OIF and OEF. The officers supporting LRMC were: COL Fredrick Mullin, LTC Vincent Santavenere, MAJ Anne Jernigan, CPT William Deaver and LT Michael Nino. Army Pharmacy is successful because of a great relationship between its active and reserve component partners - ONE TEAM. Our continued deployment demands for pharmacists could not have been met without the leadership and support of individuals like COL Richard Lakes, Individaul Mobilzation Augmentee (IMA) Reserve Pharmacy Consultant. He was activated to the office of the Army Surgeon General for over four months this past year to provide direct support to the Army Pharmacy Consultant and focused his efforts on our deployed forces.

Pharmacy is an integral clinical component of the Army Medical Department (AMEDD) and the Military Health System (MHS) and provides our pharmacists extraordinary opportunities in non-traditional practice venues. Working in Joint environments, Army Pharmacists assisted in the development, publishing, and distribution of the Joint Deploy-

MAJ Jorge Carrillo deployed to Iraq in support of Operation Iraqi Freedom as the Chief, Pharmacy Services with the 28th Combat Support Hospital, from Fort Bragg, North Carolina. He participated in clinical rounds with physicians and was a member of the Trauma Response Team responding to over 20 MASCAL and Code events during the deployment.

MAJ Patrick Garman, former Chief of the 121st General Hospital in Seoul, Korea, with his staff.

ment Formulary (JDF), which developed and standardized a theater "core" formulary to ensure the safe and appropriate use of pharmaceuticals for our deployed forces. Army Pharmacists like LTC Marc Caouette, assigned to the Joint Readiness Clinical Advisory Board (JRCAB), Fort Detrick, MD, worked with the Department of Homeland Security (DHS) on the DOD Shelf Life Extension Program for pharmaceuticals. Additionally, Army Pharmacists including COL Bill Davies, COL Dan Remund and LTC Don Degroff, continued to provide effective leadership at the senior levels of DOD in strategic assignments to include TRICARE Management Activity (TMA) and the DOD Pharmacoeconomic Center (PEC) to effectively manage the estimated annual four billion dollar DOD pharmacy benefit. LTC Jennifer Styles and her dynamic team at the Pharmacy Branch of the AMEDD Center and School continued to train and graduate exceptional Army pharmacy technicians in addition to providing professional development guidance to all new Army pharmacy officers (active and reserve) during their AMEDD Officer Basic Course.

Recruitment and Retention

The Health Profession Loan Repayment Program (HPLRP), new accession bonuses of $30,000, special pay, and retention bonuses, have all contributed to another successful year for recruiting and maintaining a quality Army Pharmacy force. The continued support of these important programs and initiatives by the AMEDD allows Army Pharmacy to continue to be competitive with the civilian sector during a continued nationwide shortage of pharmacists.

Regional Medical Command Contributions

Army Pharmacists in the Western Region Medical Command (WRMC) successfully completed a Joint Commission on Accrediation of Healthcare Organzations (JCAHO) survey immediately followed by a review of the nationally accredited Army Pharmacy Practice Residency Program by the American Society of Health-System Pharmacists (ASHP). The residency program was awarded continued accreditation for another three years. A Weed Army Community Hospital, Fort Irwin, pharmacist initiated several new programs aimed at teaching new mothers how to safely use over-the-counter (OTC) medication and a Sole Provider Program (SPP) that identifies and helps patients who may be misusing controlled prescription drugs. At the AMEDD Center and School, the Pharmacy Branch completed the development and publication of the new Soldiers Manual for the Pharmacy Specialist MOS - 950 now available on the Reimer Digital Library.

National Contributions

Many of our pharmacy officers serve on national pharmacy councils and evaluation boards. COL John Grabenstein, Deputy Director of the Military Vaccine Agency, was the chief architect of the DOD Smallpox Vaccination Program, responsible for delivering more than 490,000 vaccinations on five continents and dozens of ships at sea. COL Grabenstein was also the senior author of the 430-page DOD Smallpox Response Plan for responding to a smallpox outbreak on any military installation or in any military operation. LTC Robert Massey, Chief, Nuclear Pharmacy, Walter Reed Army Medical Center (WRAMC), was appointed by the American Pharmacists Association (APhA) to the nine-member Board of Pharmaceutical Specialty Council on Nuclear Pharmacy to serve a three-year term. He also served as the nuclear pharmacy reviewer for the residency program at the Medical University of South Carolina (MUSC) where he was responsible for evaluating the pharmacy residency program in terms of its conformance with the ***ASHP Accreditation Standard for Residencies in Pharmacy Practice***.

CPT Christopher Graham and CPT Charlene Warren-Davis, Tripler Army Medical Center, review plans for the Triservice Navy Exchange (NEX-Exchange) Satellite Pharmacy.

COL George Dydek (center of photo) , Chief Department of Pharmacy, Madigan Army Medical Center, and his staff wish CPT(P) Ricardo Nannini and CPT Deborah Floyd (in desert BDU attire) well wishes during their deployment send off with the 47th CSH.

International Contributions

COL Ricke Weickum, LTC (P) Kent Maneval, LTC John Spain participated in the British Forces-Germany Pharmacy Conference in Luebbecke, Germany where they shared insights and ideas on medication safety management with their British pharmacy colleagues. Additionally, LTC Spain, Chief of Pharmacy at the Heidelberg Medical Activity (MEDDAC), also initiated a broad based, pharmacist-managed anticoagulation service at his facility and conducted intensive training for his staff pharmacists.

Training for Success

FY03 saw a number of new, innovative training opportunities that allowed Army pharmacists to expand

their roles as health care professionals within the DOD and nationally. LTC Tim Lobner was the first Pharmacy officer to attend 6A-F5 (Principles of Military Preventive Medicine), acting as Class Leader and earning placement on the Commandant's List. LTC Emery Spaar completed a Training With Industry (TWI) fellowship as Officer in Residence with the Academy of Managed Care Pharmacy (AMCP), a national professional society dedicated to the concept and practice of pharmaceutical care in managed health care environments. AMCP's mission is to promote the development and application of pharmaceutical care in order to ensure appropriate health care outcomes for all individuals. LTC Jasper Watkins completed a TWI fellowship as Army Officer in Residence in the Patient Safety Division of Practice Leadership and Management, Center on Patient Safety, American Society of Health-System Pharmacists (ASHP). The mission of the ASHP Center on Patient Safety is to foster fail-safe medication use in health systems through the leadership of pharmacy advocacy, education, and research to advance and support the professional practice of pharmacists in hospitals and health systems. Both TWI programs positioned Army Pharmacists in key leadership roles.

Junior Officers

CPT (P) Ricardo Nannini was selected as the 2002 Junior Pharmacy Officer of the Year and MAJ Travis Watson was selected to serve as the senior advisor to the Junior Officer Council. CPT Charlene Warren-Davis developed and implemented a deployed officer outreach program that ensured our deployed officers received mail and letters of support to maintain their morale. CPT Kevin Ridderhoff was elected as the President of the Junior Officer Council for 2002-2003. He was also selected to attend the Army Baylor program.

The Future

Army Pharmacists continue to demonstrate their value every day as contributing members of the Army and DOD Health Care Team. With the implementation of futuristic initiatives like pharmacy informatics, a pharmacist led DOD Military Vaccine (MILVAX) office, and the continued quality care improvements in the delivery of clinical services that ensure medication-use safety for all patients, Army Pharmacists will continue to play a vital role in the Medical Service Corps and the Army Medical Department as we contribute to conserving the fighting strength and compassionately and effectively manage the medication-use aspects of the health of our Soldiers and Army family.

Reference Website: http://medicalservicecorps.amedd.army.mil/67e/

CPT Elaine Young, 67E

CPT Elaine Young has completed an American Society of Health-Systems Pharmacy (ASHP) approved residency in Pharmacy Practice with an emphasis in Ambulatory Care Pharmacy. As a result, her clinical contributions include outstanding patient care as a credentialed provider in the pharmacy-managed Anticoagulation and Lipid clinics. As a subject matter expert, CPT Young is an indispensable member of multiple hospital committees at Ireland Community Hospital, Fort Knox, Kentucky, including Infection Control, Medical Records Review, and the Human Resources Joint Commission on Accrediation of Healthcare Organzations (JCAHO) Functional Area Assessment Team.

67F - Optometry

COL George Adams
Consultant

Army Optometrists are the primary eye and vision care providers on the Army Health Care Team. As of 1 October 2003, we have 127 optometrists on active duty with 133 authorizations. We have activated 23 Reservists in support of the Global War on Terrorism, and we have an additional 34 General Service and contract optometrists working in Army healthcare facilities. Army optometrists are located at 77 different sites in 10 countries including Afghanistan, Kuwait and Iraq. Fifty of those sites are optometry only, not co-located with ophthalmology.

Challenges

The past year has proven to be especially challenging for the Army and our Nation. The Global War on Terrorism has required the support of Army Optometrists around the world and in two major theaters of operation. Army Optometry's contribution to the overall success of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) is impressive and invaluable. The primary mission of Army Optometry is to ensure the vision and optical readiness of these Soldiers. Deployed optometrists are providing critical emergency eye care including the diagnosis and treatment of eye injuries and ocular disease. Thousands of comprehensive vision examinations have been given to Soldiers to update eyeglass prescriptions and replace broken optical devices/badly scratched lenses. In addition to eye care, Division Optometry possesses optical fabrication capabilities. This service ensures the rapid fabrication, replacement, and repair of optical devices for our Soldiers. Optical fabrication is performed under extreme and austere conditions with turnaround times of less than 24 hours. It is a proven and effective force multiplier. To date, deployed optometrists in support of OEF and OIF have treated and diagnosed over 1,600 eye injuries and cases of ocular disease.

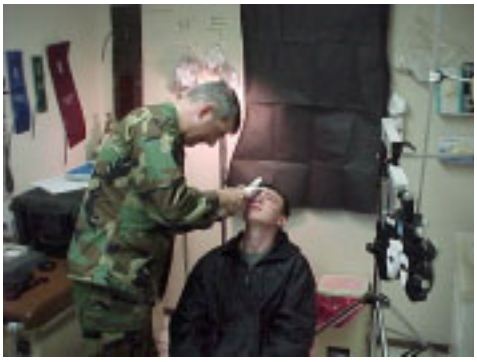
CPT Gary Hughes deployed to Afghanistan with the 82nd Airborne Division in support of Operation Enduring Freedom.

Additionally, greater than 14,965 pairs of optical devices have been fabricated and dispensed in theater. Optical fabrication data reveals a turnaround time of less than 24 hours on almost every order. The consensus among our deployed optometrists is that there is absolutely no way outsourced optical fabrication could provide the rapid turnaround required in an operational/combat environment.

To date, the following optometrists have deployed to Iraq, Kuwait, or Turkey in support of OIF: COL Mark McGuire, LTC Jeff Peters, MAJ Jeff Cleland, MAJ Tom Damiani, MAJ Jeff Kramer, MAJ Dex Peters, MAJ Luis Muniz, MAJ Jeff Tipton, MAJ Thomas Urosevich, CPT Matt Allen, CPT Scott Blomberg, CPT Andy Gregory, CPT Jason Hales, CPT David Meltzer, CPT Bill Reynolds, CPT Frank Siringo, and CPT Stacie Westen. Additionally, MAJ Brian Montgomery, CPT Jim Eddis, CPT Gary Hughes, and CPT Jason Moyer have deployed to Afghanistan. This past year, MAJ John Press and CPT Joe Rogalinski have deployed to Kosovo.

Additionally, we have 22 Reservists who have been activated including four presently in theater. They include COL Mark McGuire, LTC Mark Bowen, CPT Tom Byers, CPT James Christiansen, COL Terrence Clark, MAJ Pedro Carrea-Amil, LTC James Crable, MAJ Judy Driscoll, COL Walt Egenmaier, CPT Dan Gruver, 1LT Eric Guzman, LTC Bill Johnston, CPT Tim Landis, LTC Wayne Matheny, LTC Dan Ng, COL Mike Palao, CPT Joe Rogalinski, CPT Brenda Cubero and MAJ Tom Urosevich. The reserve components continue to fill out the lion's share of the Army Medical Department (AMEDD), and the mission would absolutely not get accomplished without their contributions. Those serving in the reserve components sacrifice time away from loved ones and their civilian professional practices. The Medical Service Corps is truly grateful for their loyal service.

MAJ Emery Fehl, USACHPPM, performs an exam at Arctic Cap 2003 in Alaska.



Officer Distribution Plan guidelines for 2003 were met by staffing 103% of OCONUS and TOE requirements. Optometry staffing shortages showed vast improvements worldwide in 2003 with a 100% fill of clinical authorizations. Increased coordination with U.S. Army Recruiting Command (USAREC) and recruiting visits to Schools and Colleges of Optometry were instrumental in accessing our required Optometrists this fiscal year. The Optometry Retention Bonus remains an effective tool. Training starts this year include 14 Optometry

MAJ Trish Allen, 25th Infantry Division, deployed in support of Balikatan MEDCAP 2003 in the Philippines.

students selected for the Health Professions Scholarship Program (HPSP), two two-year MBA/Residency starts and two one-year Residency opportunities.

Achievements

Fully one-third of Army Optometrists are Fellows of the American Academy of Optometry and Board Certified, while only 10% of civilian optometrists become Fellows. New Fellows of the Academy in the year 2002 include LTC Jack Hughes, MAJ Jim Carrell, MAJ Emery Fehl, MAJ Luis Muniz, CPT Scott Blomberg, CPT Jinjong Chung, CPT Bob Jarrell, CPT Evelyn Reyes-Cabrera, CPT Frank Siringo, and CPT Jana Williams.

Congratulations to CPT Ken Wells who graduated from the BAMC Residency this past summer. MAJ Carol Rymer is the Residency Director.

Congratulations to CPTs Ken Wells and David Walsh who graduated in June from the residencies at BAMC and West Point, respectively. Dr. Wells attended the Officer Advance Course en route to Taegu, Korea, and Dr. Walsh attended the Officer Basic Course en route to Fort Wainwright, AK.

CPT Jana Williams was selected to attend Junior Officer Week in Washington DC the week of 5 - 10 April 2002. This selection speaks very highly of CPT Williams and all of our junior officers. Our junior officers are our future and we must continue to invest in their careers with our mentorship, our support, and our experience.

On 1 November, MAJ Adrienne Ari became the Chief of the U.S. Army Health Clinic, Fort Richardson, AK. The TMC is responsible for primary care of 2,000 Soldiers, and the Optometry Clinic is able to see family members and retirees as well as active duty. Additionally, MAJ Jim Elledge was selected to command the Katterbach Health Clinic in Germany this year. This is evidence of the confidence senior leaders have in our optometrists and especially noteworthy for MAJ Ari and MAJ Elledge individually.

MAJ Haby Ramirez was a critical player in the planning and design of the Landstuhl Eye Center.

LTC Jeff Weaver, U.S. Army Reserve, assumed command of the 7228th USA Medical Support Unit on April 17, 2003. As the primary medical unit at Fort McCoy, his chain of command includes both the Installation

(continued on page 91)

Reference Websites

https://www.us.army.mil/portal/jhtml/community.jhtml?cpid=2023080003

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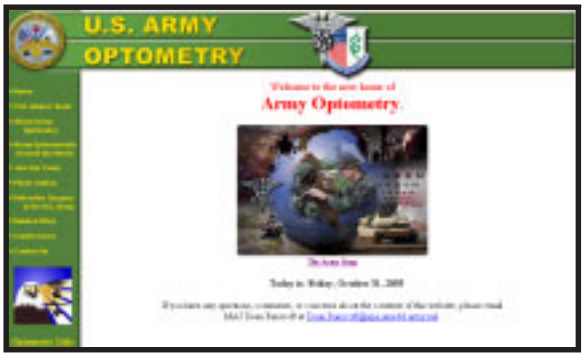


http://chppm-www.apgea.army.mil/doem/vision/Army/

Commander, as well as to the MEDDAC Commander of Ireland Army Community Hospital at Fort Knox, KY. Congratulations to LTC Weaver.

MAJ Donovan Green was awarded the Order of Military Medical Merit in 2002 for his accomplishments as Chief of the Optical Laboratory, 226th MEDLOG (Forward) in Pirmasens, Germany.

The Federal Service Optometry Coding Guide is now online at the Tri-Service site. LTC David Hilber chaired the Tri-Service working group and he was the driving force behind making this valuable tool a reality. This was truly a Tri-service initiative and is a testament to the power of organized optometry and the tremendous efforts put forth by the Armed Forces Optometric Society (AFOS). This comprehensive site contains a wealth of military specific coding information and coding tools for the military optometrist. Please visit the site at http://www.DODvision.com/ and check out the "Coding" link.

COL Fran McVeigh developed the Total Eye Examination Automated Module (TEAM) at Walter Reed and submitted it to the FY03 AMEDD Telemedicine Initiative. His proposal was one of thirty-four full proposals selected from an original pool of seventy-eight pre-proposals. The web-based Telemedicine Remote File Sharing (RFS) System that facilitated the submission and evaluation of the proposal represents an important step in the incorporation of new technologies to better manage information and support decision-making processes in the practice of optometry.

The AMEDD implemented a Refractive Management Course in the Summer 2002. The course offers 31 continuing education units and is titled "Optometric Management of the Pre and Post Operative Refractive Surgery Patient". The course has been exceptionally well received, is centrally funded, and is available to all Tri-Service military practitioners.

A ground-breaking ceremony for the Landstuhl Eye Center was held on 7 May 2003. COL Bill Rivard and MAJ Haby Ramirez have been the driving force behind this initiative, which will make Landstuhl one of the premier eye care centers in the Department of Defense. The grand opening of this facility should be held early next year.

Unquestionably, our officers and our community have enjoyed a successful year. The future holds many opportunities for Army Optometrists as evidenced by our continued contributions.

CPT Jana Williams, 67F

As an Army Optometrist, CPT Jana Williams is assigned to the Optometry Clinic General Leonard Wood Army Community Hospital, Ft. Leonard Wood, Missouri. Since becoming the Chief of Optometry, she has taken measures to increase access to care of non-active duty TRICARE prime patients by over 300%. She has also managed to complete five case reports for application as a fellow in the American Academy of Optometry. As a PROFIS officer to the 61st ASMB at Ft. Hood, CPT Williams wrote the SOP for optometry, improving eye care and readiness for the unit.

CPT James Elledge, 67F

CPT James Elledge serves as the Staff Optometrist and Optometry Service Chief at the Katterback Army Health Clinic. The Katterback Army Health Clinic is one the of the first Army clinics to have successfully transitioned to an Open Access Healthcare System. The system, which focuses on and provides healthcare from a patient perspective, is at the cutting edge of current primary care management systems and in direct contradiction to most current business practices employed by Army clinics. Realizing the potential benefits to his service and beneficiaries, CPT Elledge took the initiative to implement an Open Access patient-scheduling template in the Optometry Clinic, an area that had not been considered for inclusion at the beginning of the project. The Optometry Clinic's template offers 60% of the daily appointments for "Same Day" booking allowing patients unprecedented flexibility to meet their healthcare needs. Since implementation, the Optometry Clinic has experienced increased patient satisfaction and clinic productivity with decreased "no-show" and cancelled appointment rates.

67G - Podiatry

LTC Patrick Sesto
Consultant

Podiatry this past fiscal year has had many challenges and successes, which have not only advanced the profession but also benefited the Army Medical Department (AMEDD) and the Army. However, I would be remiss if I did not publicly acknowledge the leadership and commitment of my predecessor, LTC Jeff Zimmerman. Many of our successes are due to his great work.

Successes

One of the challenges we faced was the Army Regulation that prohibited the Podiatric Physician credentialing to perform a complete history and physical for their surgical patients. This regulation stems back to the days when Podiatrist were not uniformly residency trained in surgery. Today, we are happy to state that due to the increased standards and advanced residency training placed on the Podiatrist, in the private sector and in military medicine, the regulation has was changed. This is a giant step for the Military Podiatrist and the Army Medical Department (AMEDD). As a result of this three-year process, Podiatrists are now able to be credentialed to perform complete histories and physicals for their surgical patients.

The second challenge we faced and overcame was the standardization of training of the Podiatry residency program for the Army. The current residency program involves two-years of surgical training at one of two hospitals - Eisenhower Army Medical Center, Fort Gordon, Georgia, and Womack Army Medical Center, Fort Bragg, North Carolina. We are now in the final stages of combining the programs at Fort Gordon and Fort Bragg into a three-year combined surgical program at Fort Bragg. The goal is to establish our residency as one of the top ten Podiatric Surgical training programs in the country. The end result will be lower cost of training and a more highly trained Podiatrist. In fact, the graduates of this new program will be among of the best trained Podiatric Surgeons in the country. We expect our first Podiatry Resident to start in November 2004 and, in the not to distant future, all Podiatrists in the Army will be three-year surgically trained and board certified in foot and ankle surgery. Our officers will be some of the most highly trained foot and ankle surgeons in the country. This will not only afford our military families the best care but will also help meet the orthopaedic requirement for more specialized practitioners in this area. We are looking at placing a Board Certified Podiatrist along side Orthopaedics in the Officer Distribution Program (ODP).

Senior Resident CPT John Cloninger (left) and Junior Resident CPT Asim Raja conduct a surgical procedure at Womack Army Medical Center.

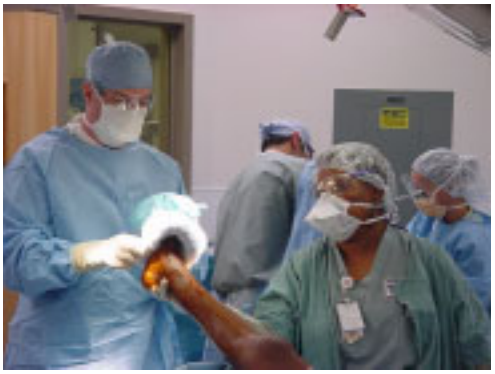
Challenges

Many of our Podiatrists come into the military with educational debts exceeding $100,000. We are losing many well-trained and motivated Soldiers to the private sector, which provides greater compensation and therefore increased ability to repay the large debt accrued through educational loans. In an effort to recruit more candidates, we are updating our web site to help attract motivated individuals, but we will need to provide more incentives to attract enough individuals to effectively serve our Soldiers and their families.

The Future

What does the future hold? Our future embraces a vision of highly trained and motivated Podiatric physicians who will be able to deploy to forward areas and assist orthopaedics with specialty support. The conflict in Iraq saw the first deployment of an Army Podiatrist into a combat role. Major William Rediske deployed with the 115th Field Hospital in support of Operation Iraqi Freedom. His deployment is a first for Podiatry and we are very proud of MAJ Rediske's service to his country and his accomplishments as a Surgical Podiatrist in a combat theater of operations. Currently, CPT Antonio Haro is attached to the 82nd Airborne Division and is assigned to Womack Army Medical Center, Fort Bragg, North Carolina. We presently have five active duty Podiatrists assigned to Professional Officer Filler System (PROFIS) positions. We have also had advancements in our ranks in the area of Surgical Board Eligibility and Certification this past year. Captain Antonio Haro passed his oral and written boards in foot and ankle surgery and is now board certified. Major Bill Rediske and Captain Mike Kooyman have passed their written boards and are now board eligible in fore foot surgery.

CPT John Cloninger completes a surgery at Fort Bragg, North Carolina.



Much progress has been made in Army Podiatry. Looking ahead for next year, our goal will be to revisit and reconstruct the career progression for the new and career Podiatrists. We are making great advances forward, not only in the field of Podiatric Surgery, but also in the contributions that the Army Podiatrists are making now and will make in the future.

Award of the "A" Proficiency Designator

The "A" Proficiency Designator recognizes our MSC officers who are considered eminently qualified in their specialty. They are leaders in their speciality and have made significant contributions to the advancement of knowledge in a particular field through publications and active national professional organization membership.

LTC Mustapha Debboun
72B - Entomology

COL Samuel Franco
70A - Healthcare Administration

COL Isiah Harper
67E - Pharmacy

COL Steven Jones
72D - Environmental Science

LTC Neil Glenesk
67F - Optometry

LTC Robert Massey
67E - Pharmacy

LTC John Mercier
72A - Nuclear Medical Science

LTC Patrick Sesto
67G - Podiatry

MAJ Jessie Tucker, III
70A - Healthcare Administration

The Office of the Chief, Medical Service Corps posts official instructions on the "A" Proficiency Designator process and board schedule on the MSC Website. Assistant Corps Chiefs, consultants and commanders may nominate individuals for this prestigious award.

Reference Website: http://medicalservicecorps.amedd.army.mil/msc_programs/9a/2002_9a.htm

Silver Caduceus Society

Silver Caduceus Societies Take Action Across the Globe

The Silver Caduceus Society (SCS) was formed in 1967 by the Medical Service Corps officers assigned to the U.S. Eight Army in Korea. Since then various chapters have been established on installations throughout the world. These organizations provide an excellent opportunity to conduct personal and professional development programs and provide social interaction between senior and junior Medical Service Corps officers. They also offer an abundant opportunity for the informal exchange of information, experiences, and advice. In several cases, these organizations have even become community service-oriented, supporting various programs in their local areas.

This year three local chapters of the SCS submitted their achievements for the past fiscal year. These achievements are a testament to the dedication of the Chapter leadership and to the members who participate in the SCS activities.

If you are interested in establishing a SCS on your installation, please visit the Medical Service Corps website (see link below) for a draft Constitution and Bylaws document. If you have additional questions, please contact the Office of the Chief, Medical Service Corps at (703)681-3045 or (210)221-8531.

Reference Website: https://medicalservicecorps.amedd.army.mil/msc_programs/silver_caduceus.htm

Republic of Korea

The Republic of Korea (ROK) SCS became active again in the fall of 2002 reaching almost 80 members throughout the Korean peninsula. The ROK SCS includes Medical Service Corps officers from the U.S. Army and Air Force, ROK MSC officers, and U.S. Medical Corps and Army Medical Specialist Corps officers.

We have worked hard to develop a worthwhile, enduring program to support Officer Professional Development (OPD) needs on the Peninsula. The 121st General Hospital sponsored the first OPD program in FY 2003. The agenda included a discussion on what the Silver Caduceus Society should mean for a Medical Service Corps officer, followed by a lecture on TRICARE in Korea so all officers wearing the caduceus could answer the healthcare questions we receive every day. Also during that session, attendees received an unclassified briefing on "Why We Are in Korea", reminding us of the sober realities of ROK history, our role in that history, and the harsh environment, which exists just miles to our north. The program concluded with encouragement to find or become a mentor.

The second quarter was sponsored by the 16th MEDLOG Battalion. Attendees traveled to the 16th MEDLOG Battalion headquarters at Camp Carroll and received an in depth briefing of their logistical support mission across the Peninsula. The battalion hosted a tour of their medical warehouse, blood banking operations, and optical fabrication operations.

The ROK SCS third quarter OPD was sponsored by the 51st Medical Support Squadron. They arranged for attendees to tour the Osan flight operations line and receive briefings and tours of the Air Force aircraft used in the ROK. Attendees also received a briefing on their Biowarfare Lab and a tour of the hardened hospital and internal patient decontamination system. From there, SCS members attended a Task Force Smith Staff Ride conducted by the Eighth Army historian.

We were out in full force to celebrate the Army Medical Service Corps Birthday with a luncheon held in Seoul. We did not hold an event during the fourth quarter due to summer turnover and our participation in Korea's largest annual military exercise.

We will begin the first quarter of FY 2004 with a one day conference, hosted in conjunction with the annual 38th Parallel Medical and Nursing Conference, followed by a Staff Ride to the DMZ. The remaining quarters will again be hosted by different units to ensure a wide range of participation.

One activity that has been especially successful and fulfilling is the sponsorship of a Korean orphanage near Kunsan, in partnership with the 16th MEDLOG Battalion. Last Christmas, the SCS solicited donations, built an angel tree, and purchased clothing, shoes, and toys for the 70 orphans. Volunteers went to the orphanage on Christmas Eve and spent a memorable Christmas with the children.

The officers of the ROK SCS are: President-COL Douglas Hewitt, Deputy Commander/Chief of Staff, 18th MEDCOM; Vice President-LTC Mary Garr, Deputy Commander for Administration, 121st General Hospital; Executive Secretary-MAJ Amy Brinson, Chief, Personnel Division, 121st General Hospital; and Treasurer-CW3 Ralph Turner, Chief Equipment Management Division, DCSLOG, 18th MEDCOM.

Our goal in the ROK SCS is to create opportunities to build lasting professional relationships with our joint and combined forces counterparts, facilitate a relevant Medical Service Corps OPD program and maintain our service to the orphanage.

Fort Leonard Wood, Missouri

The Fort Leonard Wood and General Leonard Wood Army Community Hospital Silver Caduceus Society has reviewed its mission and determined we wanted to move more towards a service-based organization. As a result, we established an academic scholarship for a high school senior that is pursuing a degree in the Medical Service field. Military service is not a requirement, but academic excellence, leadership, and community service were among the areas considered. The Silver Caduceus Society began last year with a Brat Sale and Chili Cook-off fund-raiser. The event was a total success and filled the stomachs of the entire staff. As a result of the support of the MEDDAC, the Silver Caduceus Society raised over $1,500. On May 14, 2003 LTC Rumph, DCA and CPT Rooks, Laboratory Manager presented high school senior, Taylor Bass from Rolla High School with a check for $1000. Taylor Bass will be pursuing a degree in Health Care Administration from Saint Louis University. Taylor Bass was selected from 15 applicants from Waynesville, Rolla, Dixon, Lebanon, and Richland, Missouri. The Silver Caduceus Society wants to exceed the achievements of this year and offer two $1000 scholarships to deserving senior high school students next year.

LTC Jerald Rumpf presents a scholarship, on behalf of the Fort Leonard Wood Silver Caduceus Society, to a local high school senior.

Fort Lewis, Washington

Fort Lewis chartered a new Silver Caduceus Society in May 2002. LTC Thomas Little, former Commander of the U.S. Army Center for Health Promotion and Preventive Medicine-West, was the first President and was responsible for establishing lines of communication and coordinating efforts between the Fort Lewis Medical Command (MEDCOM) units, the 62d Medical Brigade, and two Stryker Brigades for general membership, Governing Council membership, and he was also responsible for the long-range planning of social and professional development events. In less than six months, the SCS was communicating with 150 Medical Service Corps officers across all major units on Fort Lewis and had an official membership of approximately 50 officers.

In October 2002, the SCS conducted an Officer Professional Development (OPD) session sponsored by the 250th Forward Surgical Team (FST). The FST provided information regarding their experiences during deployment to Afghanistan in the early days of Operation Enduring Freedom. This OPD helped to prepare MSC officers assigned to the 62d Medical Brigade who deployed to Afghanistan in January 2003.

Additional events included a presentation from the Chief, Medical Service Corps, an OPD on the Health Care Administration (70A) career field, and an SCS volleyball match , which was held in March 2003.

A major challenge over the last several months has been the deployment of multiple units from Fort Lewis. While continuity was difficult and participation of active duty officers decreased the SCS was able to reach out to and include the U.S. Army Reserve MSC officers who backfilled the active duty MSC officers. This is an excellent example of the "Army of One" concept. The USAR MSC officers were extremely excited to get involved with our SCS and the remaining active duty MSC officers were able to exchange experiences across the two components.

The Fort Lewis Silver Caduceus Society celebrated the MSC's 86th Birthday with a three mile run.

LTC Thomas Little (far right), first president of the Fort Lewis SCS, talks with MSCs during an SCS meeting in November 2002.

Recently, LTC Little relinquished leadership of the Fort Lewis SCS to COL Roger Olsen. As president, COL Olsen plans to reunite with officers returning from deployments and provide avenues of communication between junior and senior officers; officers returning from deployments and officers preparing for deployments; and TDA officers and TOE officers. The goal of the SCS this year is simply to encourage opportunities for knowledge exchange and senior leadership guidance. As the organization gains further stability, the SCS leadership plans to expand official membership and begin providing an even greater number of professional development opportunities for MSC officers.

MSC Contributions

1LT Robyn Klein, 70B

2LT Robyn Klein is assigned to C Company, 299th Forward Support Battalion. 2LT Klein was recognized for her medical detachment's performance while in Kosovo. Her detachment has control of the Consolidated Troop Medical Clinic on Camp Monteith, and provides responsive, medical, dental, x-ray, and laboratory care to more than 2,000 personnel assigned to Camp Monteith. 2LT Klein and her detachment have provided for the safe and secure environment in Kosovo by supporting MEDCAP and DENCAP operations to the local Kosovars in her area of operations.

CPT Stacy Christensen, 70F

As the Chief of Plans, Training, Mobilization, and Security at Winn Army Community Hospital at Ft. Stewart, GA, CPT Stacy Christensen organized the first Hospital Emergency Incident Command System (HEICS) training for over fifty staff in preparation for the semi-annual Mass Casualty Exercise. As the MEDDAC liaison, CPT Christensen coordinated with the Fort Stewart installation staff to assure a smooth relationship during emergency situations. In concert with these activities, she updated the Emergency Management Plan to reflect lessons learned and distributed it to all Medical Treatment Facilities within the Southeast Region.

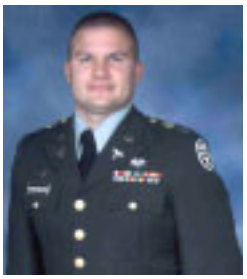
CPT Tonia Ashton, 70B

In March 2002, CPT Ashton assumed command of the Student Company, Medical Center Brigade at Walter Reed Army Medical Center. Her company has an average strength of 130 enlisted personnel enrolled in 15 training programs and 100 officers enrolled in 7 training programs. She routinely coordinates with 22 program directors to ensure consistency in military aspects of training programs and maintains personnel accountability while enforcing Army and local command policies. She is adept at acquiring resources in support of her training mission and exercises resourcefulness and discipline in maintaining an aging barracks facility until replacement facilities are available for her Soldiers in several years.

CPT Michael Bukovitz, 71E

While assigned as the XVIII Airborne Corps' Blood Bank Officer, CPT Michael Bukovitz deployed as the Area Joint Blood Program Office, Officer in Charge for the Central Command (CENTCOM) area of operations in support of Operation Enduring Freedom. He was the blood consultant to the Navy CENTCOM Surgeon and operationally responsible for the Joint Blood Operations Center in Bahrain , which was staffed by elements of the Army Blood Supply Unit and the Air Force Blood Transshipment Center. CPT Bukovitz ensured that blood and blood products for 32 units tactically positioned in CENTCOM's area of operations. The blood trains he orchestrated transported the most volume of fresh blood and blood products by any Unified Command since Operation Desert Storm. On numerous occasions and during tremendous turbulence CPT Bukovitz personally escorted the blood products to high risk or threat areas to ensure that the products were received on time to maximize the blood available to support contingency operations.

CPT Robert Tiedemann, 70F



CPT Tiedemann is the MEDCOM lead action officer working with the Medical Operations Data System (MODS) Support Team to develop a Personnel Strength Module (PSM) that provides a web-based, comprehensive personnel management system for use by all of the AMEDD's Human Resource (HR) Managers. The current capabilities of that system include multiple reports streamlined for HR managers and not available in any other configuration in the Army's Personnel Reporting System. Additionally, the reports include current 12 month rolling averages of assigned strength by AOC, Current Personnel Management Authorization Document and Officer Distribution Plan allocations. Each of these reports may be used to provide information at every level of command to include briefings for The Army Surgeon General. CPT Tiedemann also serves as a subject matter expert for teaching Total Officer Personnel Management Information System (TOPMIS) and related personnel information systems to over 300 attendees at the AMEDD World Wide Human Resources Personnel Conference.

MSC Contributions

CPT Spencer Hasch, 67J

CPT Hasch is assigned to the 68th Medical Company (Air Ambulance), Fort Wainwright, Alaska. He currently presides as the Company Executive and Operations Officer. CPT Hasch voluntarily undertook the mountainous task of revamping and establishing a viable Unit Garrison Standing Operations Procedures. As the Military Assistance to Safety and Traffic (MAST) Coordinating Officer, the unit was recognized as the winner of the Interior Regions EMS Service Provider Award for its outstanding support of emergencies in the Interior of Alaska. He also undertook the demanding task of preparing the unit for the 2002 United States Army Pacific (USARPAC) Aviation Resource Management Survey (ARMS). His leadership and meticulous planning resulted in the unit receiving a 100% "Satisfactory" rating in every major area, with four being recognized as Commendable by the Survey team.

1LT Rochelle Gardner, 70B

1LT Rochelle Gardner is Commander of an Advanced Initial Training (AIT) Company at Fort Sam Houston. She took the lead in developing the Battalion's Family Readiness Group to ensure standardization and address the unique needs of AIT students and permanent party cadre. She also led her company to win the 2001 Brigade Commander's Cup over 16 other companies.

MAJ Monica Douglas, 70F

As a Force Management Analyst, Directorate of Personnel, Office of the Surgeon General in Falls Church, Virginia, MAJ Douglas has been exceptionally valuable to the AMEDD in both providing and analyzing critical data to validate and defend the strength posture of the Army Medical Department. She independently acquired databases from other agencies to perform quantitative analyses that have significantly impacted the AMEDD in the areas of retention rates, special pay, and promotion year group sizing. MAJ Douglas was also intimately involved in the personnel strength analysis justifying the AMEDD's need for the 38 month Captain promotion for the Medical Service Corps, Army Nurse Corps, and Army Medical Specialist Corps.

CPT James Schrader , 70B

As the Assistant Operations Officer in the 62nd Medical Brigade, 1LT Schrader served as the OIC for a small medical task force that he deployed during Operation SEAHAWK. This joint exercise required the planning and conducting of a multi-service mass casualty exercise as well coordinating all real world medical care, which was accomplished superbly with numerous laudatory comments from several senior leaders. 1LT Schrader is also responsible for developing a brigade mobilization/demobilization team that he used while coordinating with the I Corps staff for the deployment and redeployment of five units in support of Operation Enduring Freedom.

CPT Karrie Lovins, 72D

Assigned to U.S. Army Medical Activity at Fort Sill, Oklahoma as the Environmental Science Officer, CPT Lovins was the key player in establishing a mosquito and dead bird surveillance program at Fort Sill. This was a preemptory effort in the anticipation of a westward spread of West Nile Virus. She authored an article for the Fort Sill newspaper to educate individuals on what was being done as well as what the public could do to protect themselves from potential exposure.

1LT Martha Stany, 70B

Photo Not Available

As the company Maintenance Officer, 565th Medical Company, at Fort Polk, LA, 2LT Stany established a maintenance tracking mechanism for 33 wheeled assets, which ensured the unit was capable of accomplishing its wartime mission. Her outstanding leadership resulted in the unit maintaining a PERRY (percentage of on hand equipment mission capable) of 98% and a PIEMC (percentage of pacing items on hand mission capable) of 96%. During JRTC Rotation 02-08, she served as the PAD Officer for the 115th Field Hospital. She performed at such a high level that she was recognized as the "Hero of the Battle" by the JRTC Observer/Controllers. To maintain her patient administration skills, she actively participates in the American College of Healthcare Executives and the American Health Information Management Association.

MSC Contributions

CPT George Coan, 70K9I

CPT Coan is assigned to the Health Facility Planning Agency (HFPA) where he serves as the Deputy Chief, Project Operations, Pacific Rim – Hawaii, where he is directly responsible for managing the execution of $14 million in Operations and Maintenance funded projects resulting in three newly renovated health clinic buildings. Additionally, he facilitated the award of the first ever Directorate of Public Works funded and HFPA executed barracks renewal project within the Schofield Barracks, Health Clinic Complex.

1LT Laurie Godin, 70B

As an Ambulance Platoon Leader in the 1st Infantry Division, 1LT Laurie Godin has contributed greatly to the success of C Company, 201st Forward Support Battalion. Under her instruction, the readiness in C Company of both personnel and maintenance has radically improved. She ensured Medical Equipment Set led the Division with a readiness rating of 96%. As C Company Motor Officer, she built a team responsible for 100% AOAP samples turned in on time, 0% delinquency on TMDE equipment, 100% of all services completed on time, and no vehicle ever went over the 30-day Deadline Report. With the majority of pacing items in the battalion, her keen management ensured C Company never failed to meet the DA standard for operational readiness and was ready to deploy.

CPT Fred Dela Cruz, 70H

CPT Dela Cruz serves as the 82nd Logistics Task Force S-3, currently deployed to Afghanistan in support of Operation Enduring Freedom. In preparation for deployment, CPT Dela Cruz's efforts at the decisive point of the deployment process were critical to the flawless movement of the regimental combat team from Fort Bragg, North Carolina to Kandahar, Afghanistan. He was instrumental during the mission analysis to determine the precise number of personnel and classification of equipment necessary for this intricate operation.

1LT Degraitous Jenkins, 70K

No Photo Available

As the Chief of Medical Logistics with Joint Task Force - Bravo, Honduras, 1LT Jenkins managed 550 lines of class VIII supplies, valued at over $250,000 for over 60 customers. He totally restructured the class VIII warehouse reducing excess storage of over 20 percent of stocked lines. He planned and executed a turn-in of over $150,000 worth of excess medical equipment. This resulted in a $40,000 dollar credit. Additionally, he tracked down over $300,000 of reimbursable funds for the Medical Element, which result in an end of year surplus for the purchase of new equipment.

1LT Lila Baba, 70B

No Photo Available

1LT Baba is the company Executive Officer and 2nd Platoon Leader for the 568th Medical Company (Ground Ambulance) in Korea. During a recent battalion field training exercise, 1LT Baba had the opportunity to lead her company as the acting commander. The battalion headquarters tested the ability of subordinate companies to react rapidly to situational exercises during this training event. 1LT Baba's deployment, command, and redeployment of the company were flawless.

CPT Brian Walker, 71A

CPT Brian Walker is assigned to the Diagnostic Systems Division (DSD) at the U.S. Army Medical Research Institute of Infectious Diseases (USAMRIID) where he played an extremely important role as the DSD Safety Officer. USAMRIID conducts research on the most lethal pathogens (e.g., Ebola virus, anthrax, and plague). It is one of only two Bio-Safety Level (BSL) 4 laboratories in the United States. Safety is paramount. CPT Walker has done an extraordinary job of ensuring that all personnel are properly trained and that DSD successfully met all USAMRIID and OSHA standards.

Career Management

COL Larry Bolton
Chief, Medical Service Corps Branch, Human Resources Command

What a remarkable year 2003 was for MSC career management initiatives. Positive changes abounded at the macro and micro levels. Let me first address the micro level initiatives as they are much more significant to individual MSC officers.

This year we made significant strides restructuring our career managers so they can best meet your expectations as you develop a career plan to meet your professional and personal aspirations. Specifically, three major changes occurred in our efforts to improve our service to you.

First, career managers were realigned to manage an entire Area of Concentration (AOC) community. As you know, our administrative officers were previously managed by rank (company/field grade), AOC, and assignment environment (TOE/TDA). This approach did not allow for continuity throughout an officer's career and was not optimal for officers, consultants, or career managers. As such, we now manage by AOC community thus allowing a single career manager to manage all officers in an AOC, 2LT through LTC. The advantages of this decision are evident. All officers in an AOC have only one point of contact (POC) regardless of grade or current or prospective assignment. Furthermore, career managers can better manage their respective populations because they are responsible for all assignments within that community. This allows greater flexibility with CPTs in MAJ assignments and MAJs in LTC assignments, etc. In time, career managers also better learn how to develop officers in a specific AOC and what experiences prepare officers for assignments within an AOC career path.

Second, we have introduced a single career manager to oversee all O5A (AMEDD Immaterial) positions who will monitor O5A positions in which we have MSCs serving or positions we believe MSC officers are best developed to serve. This gives us visibility of where our officers are outside of their AOC and what opportunities may exist for officers with the best credentials to serve in these immaterial positions.

Third, our largest population of officers, 70Bs, now has two career managers – a 100% increase in man-hours committed to 70B management. This allows us to dedicate more time with junior officers during the early part of their careers so we can provide timely and reliable career guidance as they begin to define early and mid career paths.

The impacts of these changes are significant. Individually, these changes provide a better approach to managing the careers of our officers. Collectively, they mark a transition to a more individually focused career manager working more closely with the officers in the AOCs for which career managers are responsible.

At the macro level, there was one major initiative – the creation of Human Resources Command (HRCOM). The introduction of HRCOM gives us a single personnel management system to oversee the assignments and development of our officers across all components – Active and Reserve (USAR and USANG). As our Army evolves – multi-compo units, homeland security, global mission set, humanitarian, disaster, nation building, Global War on Terrorism (GWOT) – we will be better able to identify officers with the best credentials to serve in a myriad of significant and influential positions.

Finally, we continue to refine initiatives implemented during BG Ursone's tenure, primarily Long Term Health Education and Training (LTHET) and Deputy Commander for Administration (DCA) selection as well as 70B management to an MSC specialty and 67J (Medical Aviators) selection of a secondary AOC. These processes are critical to developing MSC officers to serve as future AMEDD senior leaders. In 2004, we will continue to introduce new initiatives to better serve our officers and our Corps.

My goals for the coming year include three major initiatives. First, our officers deserve and will have an automated assignment preference statement. It is imperative that if we expect our officers to be their own "best career manager", we owe you better tools to facilitate this success. An automated preference sheet will allow officers to e-mail their career progression plans to career managers, consultants and mentors. Consequently, all

Front Row (left to right): MAJ Sorrels, Ms. Attidore, MAJ Alexander, Ms. Clement, Ms. McNeil, MAJ Leonard. Back Row: MAJ Deatherage, LTC DeJesus, MAJ Berggren, MAJ Mendoza, COL Bolton, LTC Pisciotta, MAJ Silver, Mr. Keniley.

officers will have a single document to use in discussions and decisions about progressive developmental assignments to realize their goals for senior assignments of greater responsibility.

We will permit officers to document on their ORBs credentials within their professional community. Specifically, we will accept certifications within an accredited, governing body for a professional community of practice. This includes Allied Science and Administrative AOCs. Consultants are working the details of this initiative now and the criteria and procedure to execute this initiative will be placed on the web.

Second, we will develop an MSC critical skills database. This database will provide comprehensive skill set information of our officers so that corporately we enhance our knowledge of which officers possess various critical skills, such as Observer/Controller (O/C) experience, a Baylor degree, Operation Research and Analysis (ORSA) training, AOC Specialty Board or Professional Certification and Executive Skills. Maintaining this database will allow us to better leader develop officers for a multitude of senior leader opportunities as well as develop officers in niche specialties such as force integration, acquisition, various research initiatives and very specific AOC technical skills/ specialties.

Finally, we must continue to communicate to our senior officers how to best advise junior and mid-grade officers. All too often career opportunities and career patterns change. Therefore, it is incumbent on senior officers to keep abreast of the critical elements associated with career management and leader development. Our Consultants play a particularly key role in this process. As an example: the 70C Resource Management consultant has developed a web-based listing of all 70C positions with current officers assigned and the likely rotation/PCS date available to their officers. As a result, our 70Cs can openly seek positions for succeeding and future assignments. This kind of collaboration we believe engenders the confidence of our officers. More importantly, it creates the condition where officers do not have to ask the question "What's available?" but rather "Am I leader developed for the job I desire?"

Our career managers are tasked with becoming more familiar with AOC developmental requirements and career progression. We must also educate our junior and mid-grade officers on how to approach career planning and to work with their respective career manager. The intent is that in the future, officers do not simply seek what is available, but rather research potential career development positions using tools such as the PMAD online and discuss their findings and their goals with senior leaders and mentors. In turn, officers will be better prepared to work with their career managers and ultimately, meet their professional and personal career goals. Officers will be better able to communicate: "I have done these jobs, I enjoy this type of work, I would like to pursue these positions". Furthermore, officers should expect career managers to provide recommendations for what they think they should do? or What is an appropriate position/assignment for their professional development at this point in their career? This is the dialogue that brings our officers to the next level of professional competency.

Ultimately, our focus is to have better prepared career managers and officers who are more knowledgeable about career opportunities in their AOCs. We want to develop officers with diverse experiences within their AOC and the credentials to ascend to senior leadership positions. Further, we want to identify officers who display noteworthy performance and potential.

Rest assured my commitment to our officers over the coming year in the MSC Branch, here at HRCOM will be to explore policies and practices that better prepare our MSC officers to best achieve their personal and professional potential.

Reference Website: https://www.perscomonline.army.mil/OPmsc/1brchief.htm

Human Resources Command
MSC Branch Career Managers

LTC Raphael DeJesus
All 70H and FA90

LTC Joseph Pisciotta
All 70A, 70C and 70F

MAJ Cara Alexander
All 67Js

MAJ Rex Berggren
All 71A, 71B, 71E, 71F, 71F, 67E, 67F, and 67G

MAJ Ralph Deatherage
All 70D, 70E, 70K, 70K9I, and 670A

MAJ Robert Leonard
Education and Training

MAJ Hector Mendoza
70Bs - YGs 03, 01, 99, 97

MAJ Portia Sorrels
70Bs - YGs 04, 02, 00, 98

MAJ Aaron Silver
All 72A, 72B, 72C, 72D, 72E, 73A, and 73B

Promotion Boards - Trends & Analysis

Last year a promotion board analyses were conducted for the FY 2001 Colonel and FY 2002 Lieutenant Colonel and Major promotion boards. For the purpose of consistency, the following explanation is an excerpt from last year's promotion board analysis.

The centralized officer promotion selection system is governed by procedures based on statute (Title 10, United States Code), Army Regulation (AR 600-8-29, Officer Promotions) and policy established by the Secretary of the Army and the Deputy Chief of Staff for Personnel. The selection system is closely monitored and managed because of the far-reaching effects that the selection process has on the mission of the Army, and the professional development, morale and well being of the officer corps.

The basic concept of the promotion selection system is to select for promotion those officers who have demonstrated that they possess the professional and moral qualifications, integrity, physical fitness, and ability required to successfully perform the duties expected of an officer in the next higher grade. Promotion is not intended to be a reward for long, honorable service in the present grade, but is based on overall demonstrated performance and potential abilities.

Congressional and budgetary constraints dictate the number that may be selected for promotion to each grade. Each board considers all officers eligible for promotion consideration, but it may only select a number within established selection constraints. The Medical Service Corps stands as the example for the Army Competitive Category and the other Special Branches by providing detailed management guidance to promotion boards to ensure that the needs of the Army are met by Medical Functional Area or separation Areas of Concentration (AOC). The basis for this comes from the Objective Force Models that are applied to develop the 5-Year Promotion Plan. This is then used to develop maximum and minimum selection by category and helps to develop specific requirements that are stated in each promotion board Memorandum of Instruction (MOI). This is a best business practice to ensure that the system produces best qualified officers in needed specialties at each rank. The Secretary of the Army, in his MOI, articulates these needs by establishing limits on the number of officers to be selected. The selection process based on the "whole officer" concept. It is an unavoidable fact that some officers considered for promotion will not be selected for promotion. There are always more outstanding officers who are fully qualified to perform duty at the next higher grade, but who are not selected because of selection capability restrictions based on budgetary constraints.

Since promotion selection boards are not authorize, by law, to divulge the reasons for selection or non-selection of any officer, specific reasons for the board's recommendations are not known. A non-selected officer can only conclude that a promotion selection board determined that his or her overall record, when compared with the records of contemporaries by category in zone of consideration did not reflect as high a potential those selected for promotion.

This work and subsequent analysis is fragile in the sense that each board's eligible population; in zone, above zone, and below zone; is comprised of a different distribution of eligible officers. It is a population of one or single universe in every review. The MOI for each board contains different AOC promotion requirements based on the AMEDD Objective Force Model and existing inventory. Each selection board membership is comprised of a new and different group of officers who bring with them their own experiences, perceptions and perspectives. This human element adds to the dynamics of the process to select best qualified officers who have potential to serve at the next higher rank.

The value of the significant data displayed in this review provides a display of confidence that the promotion selection boards are meeting their mission by sustaining an officer force by specialty at determined grades. No data or conclusions drawn in this analysis are predictor of results of future boards for the same grade.

Each officer can be assured that he or she receives fair and equitable consideration. Non-selection for promotion does not imply that an officer has not performed in an admirable manner or that the Army does not value the service performed. Officers not selected for promotion are not precluded from consideration by future boards, provided they meet the eligibility criteria established for consideration.

Reference Website: https://www.perscomonline.army.mil/select/promo.htm

FY 2003 MAJ Promotion Board

Board Dates: 1-11 October 2002

Dates of Rank for Consideration:

Above the Promotion Zone - 1 Dec 96 and Earlier
In the Promotion Zone - 2 Dec 96 - 1 Oct 97
Below the Promotion Zone - 2 Oct 97 - 1 Oct 98

Total # of Officers Considered for Promotion: 214

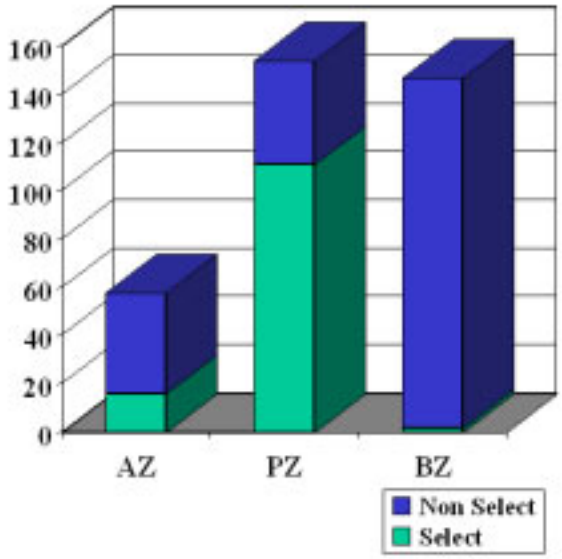
Total # of Primary Zone Officers Considered for Promotion: 154

Total # of Officers Selected: 129

Above the Promotion Zone - 16
In the Promotion Zone - 111
Below the Promotion Zone - 2

DOPMA Opportunity Selection Goal: 80%

DOPMA Selection Opportunity Rate*: 83.8%



* The DOPMA Selection Opportunity Rate is equal to the Total # of Officers Selected divided by the Total # of Primary Zone Officers Considered for Promotion and then multiplied by 100 to yield percent.

Company Command

Corps Wide

Of the officers CONSIDERED for promotion, 71% (153/214) completed a company command. Of the 129 officers SELECTED for promotion, 67% (86/129) completed a company command. However, the importance of company command varies by MFA and AOC.

MFA 70

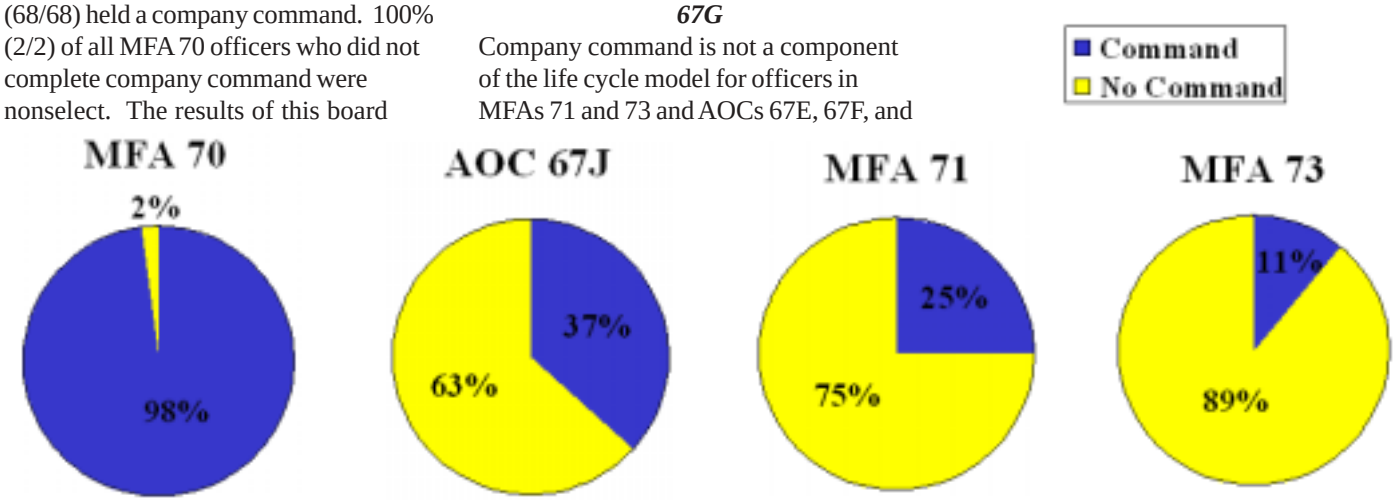
98.5% (130/132) of all MFA 70 officers CONSIDERED for promotion completed a TOE and/or TDA command. Of the 68 officers SELECTED for command, 100% (68/68) held a company command. 100% (2/2) of all MFA 70 officers who did not complete company command were nonselect. The results of this board suggest that not having a company command can make a file less competitive for MFA 70 officers.

AOC 67J

Officers in AOC 67J typically complete a company command as a Major, or senior Captain. Of the 19 officers in AOC 67J CONSIDERED for promotion, 36.8% (7/19) completed a company level command. 40% (6/15) of AOC 67J officers SELECTED for promotion completed a company level command.

MFAs 71 and 73, AOCs 67E, 67F, and 67G

Company command is not a component of the life cycle model for officers in MFAs 71 and 73 and AOCs 67E, 67F, and 67G. 25% (4/16) officers in MFA 71 and 11.1% (2/18) officers in MFA 73 completed a company command. No officers from AOCs 67E, 67F or 67G completed a company command. The results of this promotion board analysis indicated that company command is neither a discriminator nor is it necessary for these officers to be competitive for promotion. It is much more important that these officers, during company grade assignments, develop the technical skills required for future assignments.



*MFA 70 officers **CONSIDERED** for promotion with command. Population = 132*

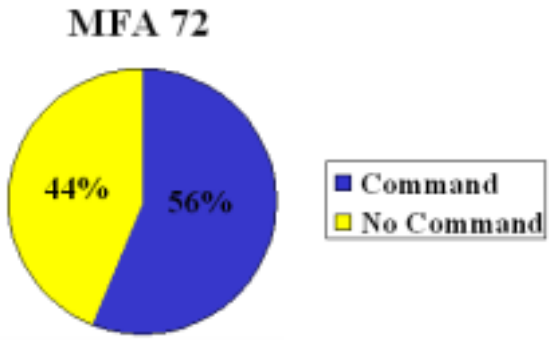
*AOC 67J officers **CONSIDERED** for promotion with command. Population = 19*

*MFA 71 officers **CONSIDERED** for promotion with command. Population = 16*

*MFA 73 officers **CONSIDERED** for promotion with command. Population = 18*

MFA 72

Command opportunities for officers in MFA 72 are typically reserved for senior Captains and Majors. Of the 16 officers in MFA 72 CONSIDERED for promotion, 56% (9/16) held a company command. The results from this promotion board analysis indicate that company command neither helped nor hurt disadvantaged an officer's selection opportunity for promotion to Major.

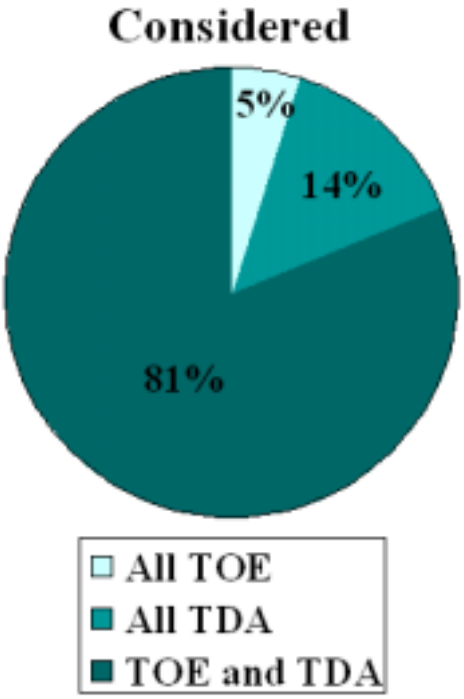


MFA 72 officers CONSIDERED for promotion with command. Population = 16

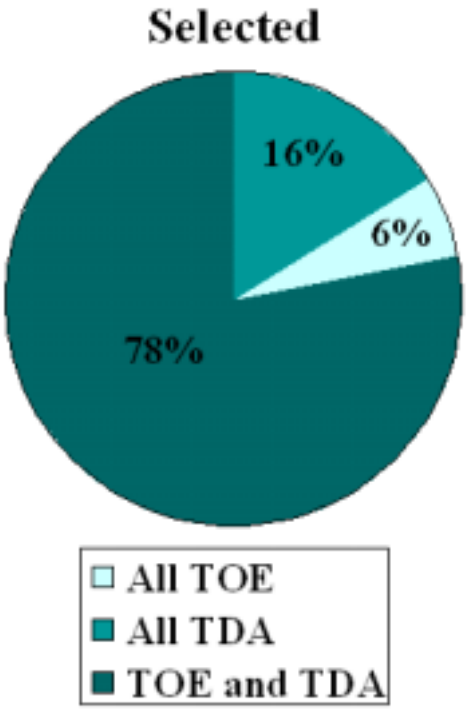
Company Grade Assignments

A variety of assignments is necessary for the professional development of every officer. 78.3% (101/129) of the officers selected for promotion to Major held a variety of TDA and TOE company grade assignments. Within MFAs 70, 72, and 73, nearly 90% of each MFA's selected population had a variety of both TDA and TOE assignments. The population within MFA 71 and AOCs 67E and 67G is the exception due to the more clinical nature of company grade developmental assignments with only 25% (3/12) having a mix of TDA and TOE assignments. Appropriate developmental assignments for company grade officers in MFA 71 are assignments within their specialty areas and demonstrate the officer's ability to successfully accept positions of increasing responsibility. 83% (5/6) of officers in AOC 67F had a mix of assignments. This statistic is a reflection of the increased number of deployments for PROFIS personnel.

Compared to the analysis conducted on the FY 2002 Majors board, these results reflect a marked increase in the number of officers with a mix of TDA and TOE assignments. Last year approximately 60% of officers in MFAs 70, 72, and 73 had a mix of assignments while only 15% of officers in MFA 71 had a mix of assignments. This change may reflect the increase in opportunity for TOE assignments within the Allied Science specialties and an increase of deployments for PROFIS personnel.



All TOE - 11/214
All TDA - 29/214
TOE and TDA - 174/214

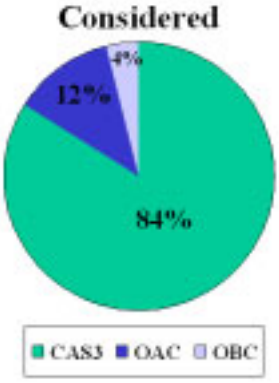


All TOE - 8/129
All TDA - 20/129
TOE and TDA - 101/129

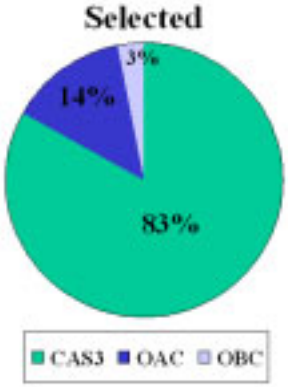
Military Education Level

DA Pam 600-4 states that all officers should attend the Officer Advanced Course (OAC) - MEL 6, and the Combined Arms and Services Staff School (CAS3) - MEL N while at the rank of Captain. Overall, 84% (180/214) of the population CONSIDERED for promotion completed CAS3. 83% of all officers SELECTED for promotion completed CAS3.

Of all officers CONSIDERED for promotion in MFA 70 and AOC 67J, 98% (89/91) completed CAS3. Also, 98% (81/83) of these officers were SELECTED for promotion in MFA 70 and AOC 67J. The analysis demonstrates that not completing CAS3 is a clear discriminator for officers in MFA 70 and AOC 67J.



The highest level of military education achieved by all officers CONSIDERED for promotion. Population = 214



The highest level of military education achieved by all officers SELECTED for promotion. Population = 129

Civilian Education Level

The required civilian education level varies by MFA. There are minimum civilian education requirements for some AOCs in the Medical Service Corps. Education requirements for a particular AOC can be found in DA Pam 600-4, AMEDD Officer Development and Career Management, 9 June 1995, pages 28-36.

MFA 70 and AOC 67J

The MSC Life Cycle model in DA Pam 600-4 indicates that an officer should obtain a postgraduate degree sometime between the fifth and fifteenth year of commissioned service (between CPT and MAJ and prior to consideration for LTC). For administrative specialties (MFA 70 and AOC 67), there is no requirement to have an advanced degree before consideration for Major. 38% (56/147) of the officers in MFA 70 CONSIDERED for promotion had a Masters Degree or above. In the administration AOCs, obtaining a Masters degree prior to the Major's promotion board did not appear to make an officer's record stronger or weaker.

MFA 71

With the exception of AOC 71E, MFA 71 officers must hold a post graduate degree as a minimum requirement for accession. Excluding AOC 71E, 91% (10/11) of MFA 71 officers CONSIDERED for promotion held a post graduate degree. 67% (8/12) of all MFA officers CONSIDERED for promotion held doctoral degrees.

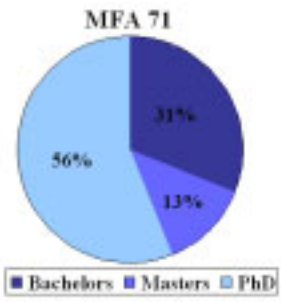
MFA 72

75% (12/16) of MFA 72 officers CONSIDERED for promotion held a Masters level degree. The analysis for the FY 2002 Majors board indicates that 62% of MFA 72 officers CONSIDERED for promotion held Masters degrees. Given these statistics it appears that MFA 72 officers find value in earning a Masters degree during their company grade years, although there is no statistical support to indicate that not holding a Masters degree is a discriminator when being considered for promotion to Major.

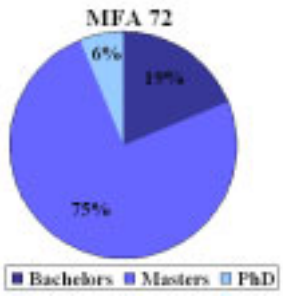
MFA 73 and AOCs 67E, 67F, and 67G

There are minimum education requirements for officers in MFA 73 and AOCs 67E, 67F, and 67G. The entry level civilian education requirement for AOC 73B is a PhD or PsyD. 100% (31/31) all officers in MFA 73 and AOCs 67E, 67F, and 67G held an advanced degree. Of the eleven officers holding a doctoral degree, eight were officers in AOC 73B.

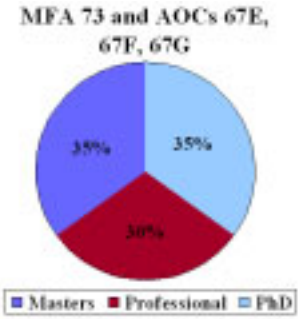
*MFA 70 officers **CONSIDERED** for promotion by civilian education level. Population = 151*



*MFA 71 officers **CONSIDERED** for promotion by civilian education level. Population = 16*



*MFA 72 officers **CONSIDERED** for promotion by civilian education level. Population = 16*



*MFA 73 and AOCs 67E, 67F, 67G officers **CONSIDERED** for promotion by civilian education level. Population = 31*

FY 2003 LTC Promotion Board

Board Dates: 12-22 February 2002

Dates of Rank for Consideration:

Above the Promotion Zone - 1 Sep 97 and Earlier
In the Promotion Zone - 2 Sep 97 - 1 Oct 98
Below the Promotion Zone - 2 Oct 98 - 1 Aug 99

Total # of Officers Considered for Promotion: 183

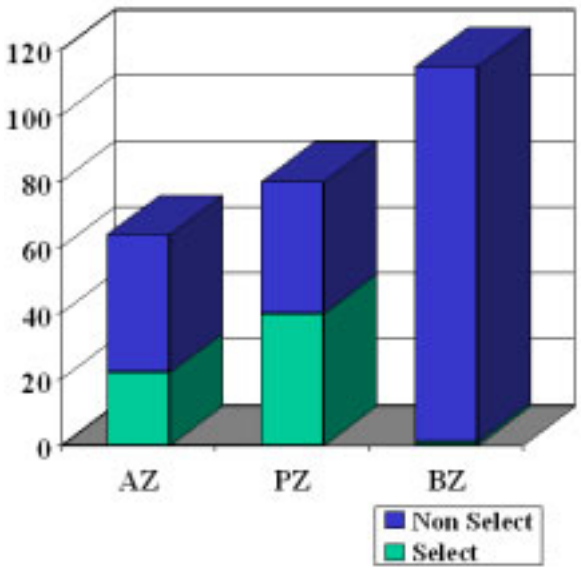
Total # of Primary Zone Officers Considered for Promotion: 118

Total # of Officers Selected: 101

Above the Promotion Zone - 22
In the Promotion Zone - 78
Below the Promotion Zone - 1

DOPMA Opportunity Selection Goal: 70%

DOPMA Selection Opportunity Rate*: 85.6



* The DOPMA Selection Opportunity Rate is equal to the Total # of Officers Selected divided by the Total # of Primary Zone Officers Considered for Promotion and then multiplied by 100 to yield percent.

Company Command

Corps Wide

Of the 183 officers CONSIDERED for promotion, 72.1% (132/183) completed a company command. Company command is considered to be any company or detachment command completed during the company grade years or as a Major. However, the importance of company command varies by MFA and AOC.

MFA 70 and AOC 67J

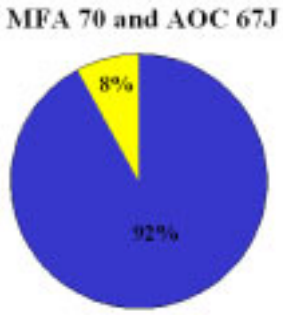
92.4% (110/119) of all officers CONSIDERED for promotion in MFA 70 and AOC 67J held at least one company command assignment. 90.8% (59/65) of the officers SELECTED for promotion completed a company command. The type of command (TOE or TDA) did not appear to play a significant factor in the selection rate this year, nor last year. Although company command is not a requirement for promotion to LTC, the majority of officers in this population completed a command. This is the third consecutive year that promotion results demonstrated these statistics. It is expected that completion of a company command will continue to be important for future populations of administrative officers.

MFA 71

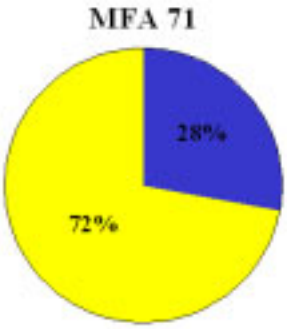
There were 18 MFA 71 officers CONSIDERED for promotion to LTC. 28% (5/18) of the officers completed a company command. There was no clear evidence that completed a company command provided an advantage for MFA 71 officers.

MFA 72

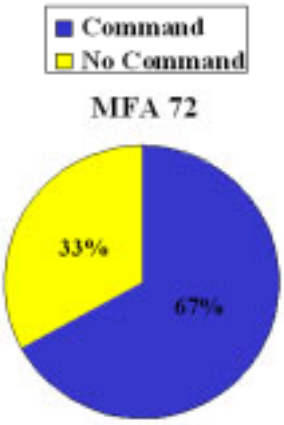
66.7% (16/24) of the MFA 72 officers CONSIDERED for promotion completed a company command. Last year the majority of commands were held by AOC 72D and 72E officers, however this year all AOCs except AOC 72C had at least one officer who completed a company command.



*MFA 70 and AOC 67J officers **CONSIDERED** for promotion with command.*
Population = 119



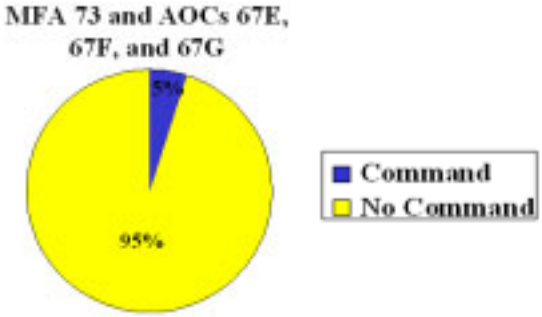
*MFA 71 officers **CONSIDERED** for promotion with command.*
Population = 18



*MFA 72 officers **CONSIDERED** for promotion with command.*
Population = 24

MFA 73 and AOCs 67E, 67F, and 67G

Company command is not a component of the life cycle model for officers in MFA 73 and AOCs 67E, 67F, and 67G. Of all officers CONSIDERED for promotion across MFA 73 and AOCs 67E, 67F, and 67G, only 4.5% (1/22) completed a company command. The results of this promotion board analysis, along with the results from the FY01 and FY02 LTC promotion boards indicate that company command is not necessary for these officers to be competitive for promotion.

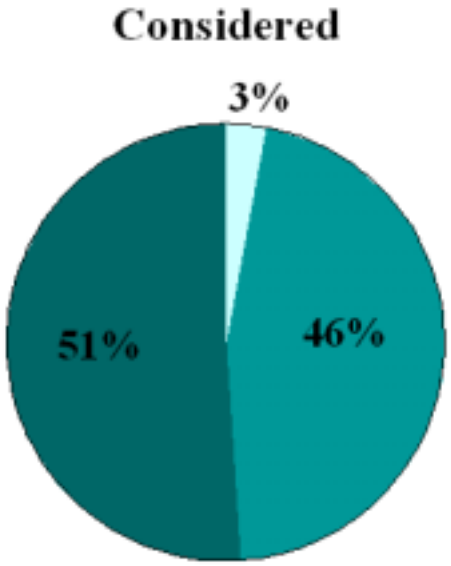


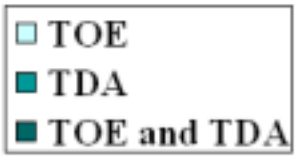
MFA 73 and AOCs 67E, 67F, and 67G officers CONSIDERED for promotion with command. Population = 22

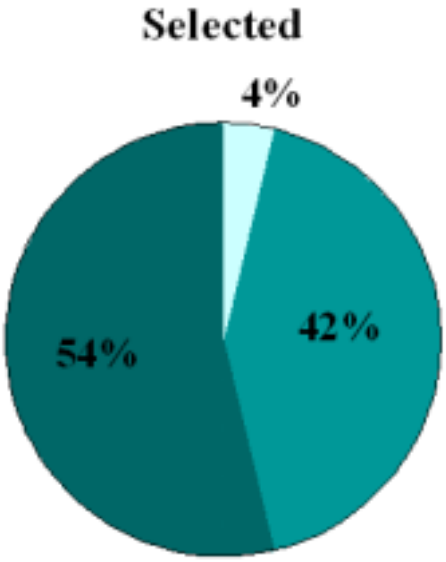
Field Grade Assignments

For most MFAs, there are opportunities for assignment in TDA and TOE units. This analysis focused only on field grade assignments and was based on assignments listed on the Officer Record Briefs (ORBs) of all officers considered for promotion. Of the 183 officers CONSIDERED for promotion, 51% (93/183) had a variety of both TOE and TDA assignments as a field grade officer. 54% (55/101) of the officers SELECTED for promotion had a mix of field grade assignments. Job performance, rather than type of assignment, appears to be a greater factor for promotion success.

There are limited opportunities for allied science officers to hold TOE assignments at the field grade level and therefore did not appear to be disadvantaged by not having a mix of TDA and TOE assignments during the field grade years.





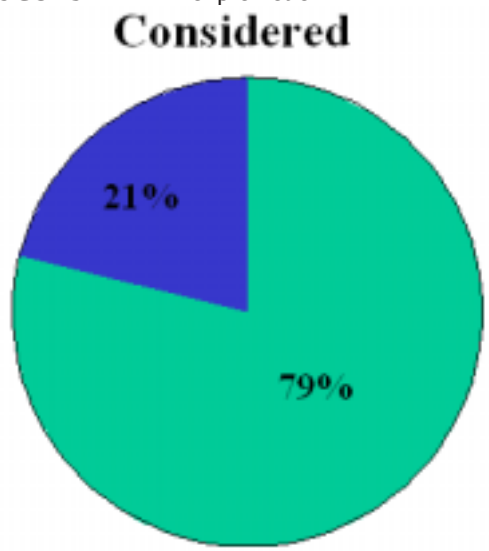


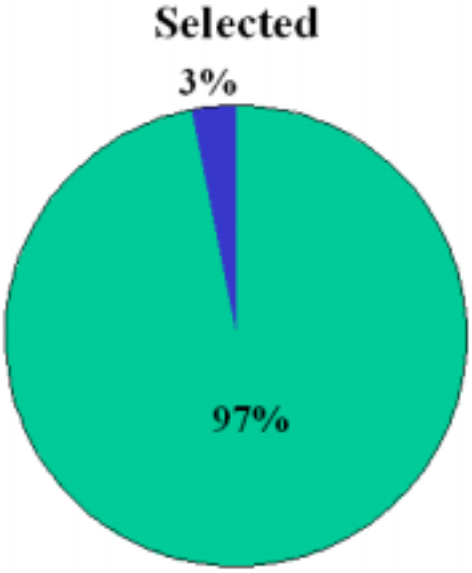
All TOE - 5/183
All TDA - 85/183
TOE and TDA - 93/183

All TOE - 4/101
All TDA - 42/101
TOE and TDA - 55/101

Military Education Level

While DA Pam 600-4 states that Command and General Staff College (MEL 4) is not required for promotion to LTC for the majority of AOCs in the Medical Service Corps, 78.7% (144/183) of all officers CONSIDERED for promotion completed CGSC prior to this selection board. The remaining 21.3% of the officers CONSIDERED completed Combined Arms and Services Staff School (CAS3). Of the 101 officers SELECTED for promotion, 97% (98/101) completed CGSC. Completing CGSC by any means (resident, USAR, or correspondence) will make an officer's file more competitive for promotion to LTC.





The highest level of military education achieved by all officers CONSIDERED for promotion. Population = 183

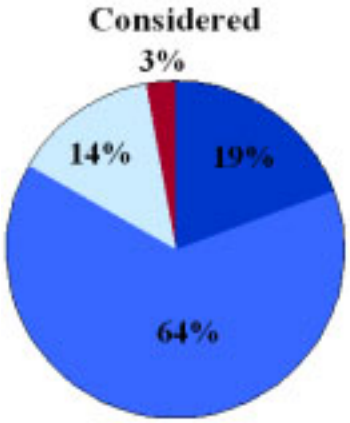
The highest level of military education achieved by all officers SELECTED for promotion. Population = 101

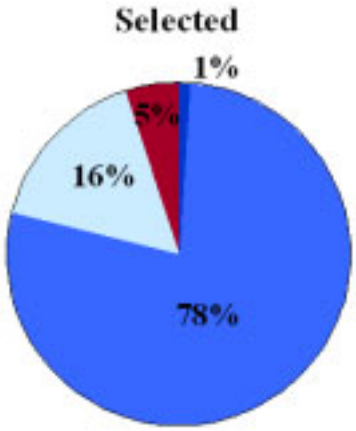
Civilian Education Level

Of the 183 officers CONSIDERED for promotion to LTC, 88% (161/183) hold a postgraduate degree. 99% (100/101) of the officers SELECTED for promotion hold a postgraduate degree. Many of our Allied Science officers must earn a post graduate degree prior to accession as a Medical Service Corps officer. 85% (117/137) of officers in AOCs that do not require an advanced degree prior to initial entry in to the MSC (MFA 70, AOCs 67J, 71E, 72D, and 72E) earned post graduate degrees before consideration at this LTC promotion board.

Officers who earn only a Bachelors degree before considered for LTC are not as competitive as officers who hold a postgraduate degree. While a doctoral degree, particularly in the Allied Science AOCs, could positively impact duty performance and expertise within a career path, it does not appear to be a determining factor for selection for promotion.

The statistics from the FY01 and FY02 LTC promotion board analyses clearly demonstrate that an officer is more competitive for promotion when holding an advanced degree prior to consideration for LTC.





The highest level of civilian education achieved by all officers CONSIDERED for promotion. Population = 183

The highest level of civilian education achieved by all officers SELECTED for promotion. Population = 101

FY 2002 COL Promotion Board

Board Dates: 9-19 July 2002

Dates of Rank for Consideration:

Above the Promotion Zone - 1 Oct 97 and Earlier
In the Promotion Zone - 2 Oct 97 - 1 Sep 98
Below the Promotion Zone - 2 Sep 98 - 1 Jul 99

Total # of Officers Considered for Promotion: 149

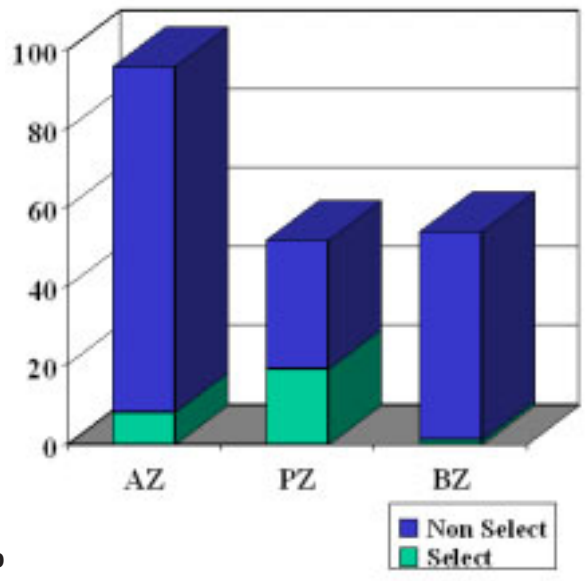
Total # of Primary Zone Officers Considered for Promotion: 52

Total # of Officers Selected: 28

Above the Promotion Zone - 8
In the Promotion Zone - 19
Below the Promotion Zone - 1

DOPMA Opportunity Selection Goal: 50%

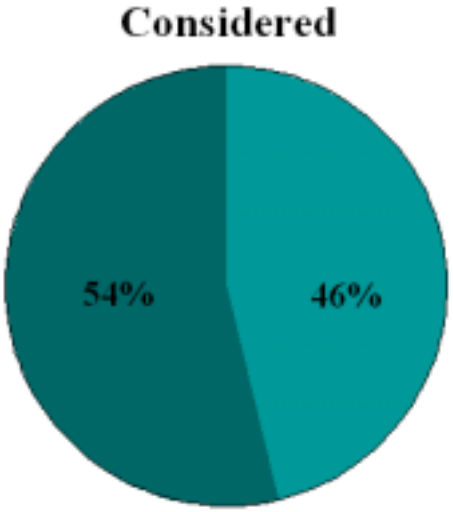
DOPMA Selection Opportunity Rate*: 53.8%



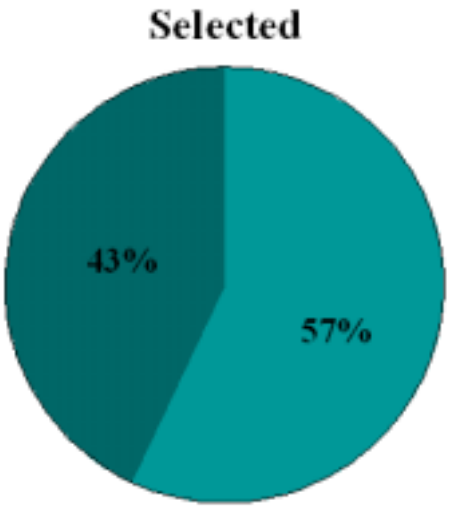
* The DOPMA Selection Opportunity Rate is equal to the Total # of Officers Selected divided by the Total # of Primary Zone Officers Considered for Promotion and then multiplied by 100 to yield percent.

Field Grade Assignments

Of the 148 officers CONSIDERED for promotion, 53.7% (80/149) held a variety (both TDA and TOE) of assignments as a field grade officer. This statistic is similar to statistics from the promotion board analyses for FY99 and FY01. The type of field grade assignments did not appear to be a significant factor for increasing an officer's probability for promotion to COL. Good job performance in a variety of assignments throughout the officer's career is likely to be a much greater factor for promotion success.



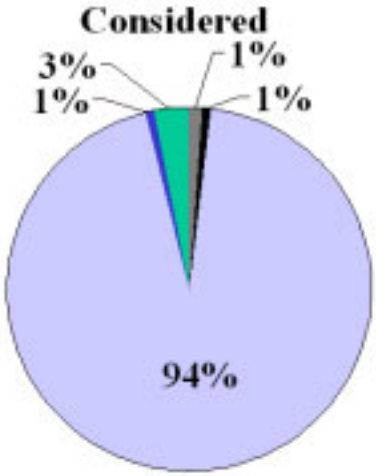
All TOE - 0/149
All TDA - 69/149
TOE and TDA - 80/149

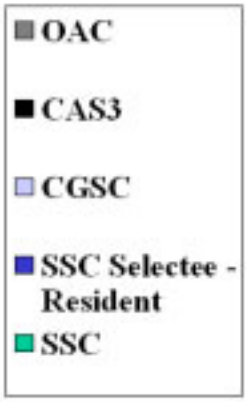


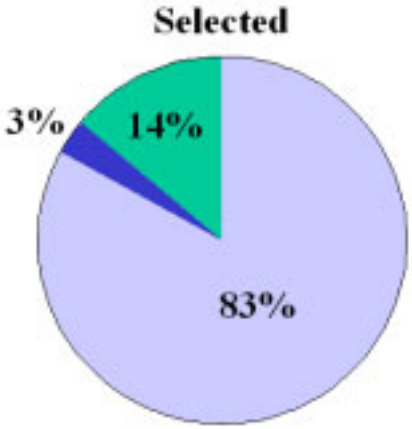
All TOE - 0/28
All TDA - 16/28
TOE and TDA - 12/28

Military Education Level

DA Pam 600-4 recommends that all officers achieve a Military Education Level (MEL) of 4 (Command and General Staff College - CGSC) prior to serving at the rank of Lieutenant Colonel. Of the 149 officers CONSIDERED for promotion, 98% (146/149) completed CGSC. Of the 28 officers SELECTED for promotion, 100% of the officers completed CGSC and 4 of the officers completed MEL 1 (Senior Service College - SSC). A limited number of officers are selected each year to complete SSC, Resident and Non Resident. The analysis indicates that achieving MEL 4 does not guarantee promotion but not achieving MEL 4 appears to be a discriminator for promotion.





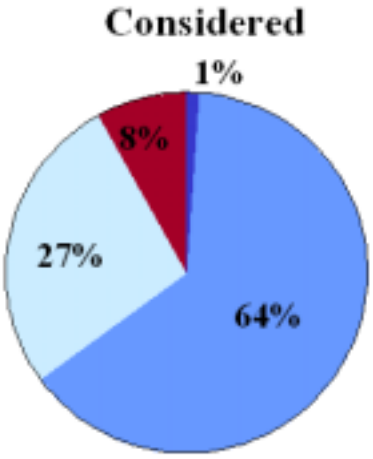


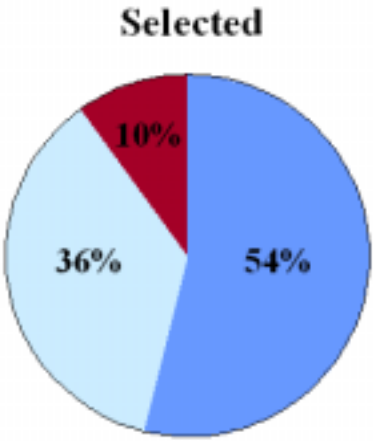
Military Education for officers CONSIDERED for promotion Population size: 149

Military Education for officers SELECTED for promotion Population size: 28

Civilian Education Level

In many AOCs in the MSC, there is no requirement for officers to hold a postgraduate degree in order to be selected for promotion to COL. However, 99.3% (148/149) of the officers CONSIDERED for promotion during FY02 earned at least a Master's level degree prior to the COL promotion board. 100% (28/28) of the officers SELECTED for promotion earned a Master's or doctoral degree. Only having a Bachelor degree prior to consideration for COL significantly reduces an officer's chance for promotion.

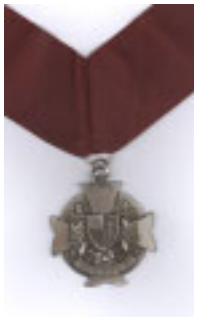




Civilian Education for officers CONSIDERED for promotion Population size: 149

Civilian Education for officers SELECTED for promotion Population size: 28

Order of Military Medical Merit



The Order of Military Medical Merit (O2M3) is a unique, private organization founded by the Commanding General of U.S. Army Health Services Command in April 1982 to recognize excellence and promote fellowship and esprit de corps among Army Medical Department (AMEDD) personnel. Membership in the Order denotes distinguished service, which is recognized by the senior leadership of the AMEDD. Members are given a certificate and a handsome medallion that signifies to all they meet that they are members of the Order. You will see members proudly display their medallions at formal AMEDD social functions.

Membership in the Order recognizes those individuals who have clearly demonstrated the highest standards of integrity and moral character, displayed an outstanding degree of professional competence, served in the AMEDD with selflessness, and made sustained contributions to the betterment of Army Medicine. These individuals are generally considered to be in the top 10% of their Corps and field. Any Active Duty, Reserve Component, civilian or retired member of the Army Medical Department who, through dedicated application of talent, effort, and spirit has made significant contributions having an impact on the whole of the AMEDD, shall be eligible for induction into the Order. An individual, whose status is other than the aforementioned association with the AMEDD and who otherwise meets the above criteria, shall be eligible for induction as an honorary member.

Any member in good standing may nominate individuals for consideration by the Advisory Council, the governing body of the Order. The final approval authority of the Council's selections is the President of the Order. When making a nomination, ensure that the justification outlines the nominee's specific accomplishments during his/her career with the AMEDD to emphasize the individual's worthiness for induction into the Order. The nomination should be addressed to the President of the Order and forwarded, along with the supporting documentation, to the Administration of the Order. The Advisory Council meets monthly to consider nomination. Each AMEDD Corps has a representative on the Council.

Since the Order's inception over 4600 individuals have been granted membership into the Order. Approximately 330 are enlisted. Prior to 1990 enlisted personnel were only eligible for honorary membership therefore they could not nominate others for membership into the Order. After 1990, enlisted personnel were given full membership and can now nominate other deserving Soldiers.

Additional information on the nomination process can be found on the MSC Website at: http://medicalservicecorps.amedd.army.mil/msc_programs/o2m3.htm

Congratulations to the following Medical Service Corps officers who have been awarded the O2M3 during calendar year 2003.

COL Michael Berndt
COL Walter Burnette
COL Brenda Chewning-Kulick
COL Martin Dorf
COL Douglas Dudevoir
COL Frederick Gargiulo
COL Montie Johnson
COL George Magee
COL Douglas Maser
COL David McCrady
COL William Rivard
COL Daniel Strickman
COL Debra Tenney
COL Robert Thompson
COL Wren Walter
LTC Fred Brown
LTC David Budinger
LTC Vincent Camazza
LTC Rolando Castro
LTC Larry Conway
LTC Richard David
LTC Mustapha Debboun
LTC Rafael DeJesus
LTC William Dowdy
LTC Timothy Edman
LTC Steven Euhus
LTC Gregory Evans
LTC Beau Freund
LTC John Gaal
LTC Donald Goode
LTC Scott Gordon
LTC Charles Gorie
LTC John Grote
LTC Christine Halder
LTC Isiah Harper
LTC Daniel Jones
LTC Robert Jordan
LTC Marsha Langlois
LTC Terry Lantz
LTC Richard Looney
LTC Jose Lopez
LTC Walter Loring
LTC Brian Lukey
LTC Lance Maley
LTC Thirsa Martinez
LTC Peter McHugh
LTC Bruce McVeigh
LTC Christopher Meilinger
LTC Mark Melanson
LTC Reginald Miller
LTC Roy Miller
LTC Robert Mitchell
LTC Harold Modrow
LTC Kevin Monahan
LTC William Nauschuetz
LTC Kelvin Owens
LTC Robert Pipkin
LTC Julio Reyes
LTC Patrick Sargent
LTC Brian Shaw
LTC Lawrence Shaw
LTC Harry Slife
LTC Jeffrey Stolrow
LTC Jeffrey Unger
LTC Corina van de Pol
LTC James Walsh
LTC Anthony Whaley
LTC Mark Wilhite
MAJ Cheryl Becker
MAJ Mia Brennan
MAJ David Broyhill
MAJ Marie Cochran
MAJ William Darby
MAJ Lisa Forsyth
MAJ Donovan Green
MAJ Michael Hershman
MAJ Dennis Lemaster
MAJ Jennifer Lindsay-Dodoo
MAJ Christine Moser-Fink
MAJ Patrick Pianalto
MAJ David Roberts
MAJ Stephen Sobczak
MAJ Robert Wildzunas
CW4 Dominick Scarpati
CW3 Robin Lawrentz
CW3 Ralph Turner
CW3 Charles Woods