



Medical Service Corps





CHIEF, MEDICAL SERVICE CORPS

October 1, 2002

Dear Medical Service Corps Officers:

Our perception of 2002 is predicated primarily on our own emotional, physical and spiritual reactions to an orchestrated sequence of unprovoked and heinous terrorist acts. The reality of the past year is captured in our individual and our Corps collective response to the global war on terrorism.

A little more than 13 months ago, commencing on 11 September 2001, our lives changed. The United States experienced the loss of over 3000 citizens in New York City, the Pennsylvania countryside, and the Pentagon. The MSC experienced the loss of an individual officer, LTC Karen Wagner.

LTC Karen Wagner was a caring and committed officer. Throughout her 17 year career she made countless contributions and countless friends. On September 11, 2001 she made the ultimate sacrifice. In recognition of her honorable and selfless service, the 2002 MSC Annual Report is dedicated to her.

Sincerely,

RICHARD L. URSONE
Brigadier General
Chief, Medical Service Corps



LTC Karen Wagner

Table of Contents

Inside the 2002 MSC Annual Report

Message from LTG Peake The Surgeon General	4	Our People MSC Contributions	42
Message from BG Ursone MSC Corps Chief	5	MFA 71 Update Medical Allied Sciences	45
Remembrance LTC Andrew Boyd & CPT David Zarter	7	Special Recognition DA Research & Development Achievement Award COL Wil Milhous and LTC Dennis Kyle	52
Special Report SLT, Consultant, FLT Update	8	Special Recognition Parker B. Ellis Aviation Award 52nd Medical Evacuation Battalion	53
MSC Update MSC Contributions to GWOT, Demographics, USAREC	9	Special Report MSC History Reunites in Clearwater Beach, FL	54
Special Report MSC Recruiter	12	Our People MSC Contributions	55
Special Recognition Reserve Component General Officers MG Jeffrey Gidley and BG Jack Killen	14	MFA 72 Preventive Medicine Science	58
Special Recognition General MacArthur Leadership Award CPT Nicholas Young and CPT August Schomburg III	15	Special Recognition Order of Military Medical Merit (O2M3)	67
Special Recognition Award of the "A" Proficiency Designator	17	Our People MSC Contributions	68
Special Report New MSC Website http://medicalservicecorps.amedd.army.mil	18	MFA 73, AOC's 67E, F, G Update Behavioral Sciences, Pharmacy, Optometry, Podiatry	70
Special Recognition Carmack Award	19	Our People MSC Contributions	76
Our People MSC Contributions	20	Career Management Leader Development Through Career Management	79
MFA 70, AOC67J, MOS 670A Update Pharmacy, Supply & Administration	23	Leader Development Promotion Trends and Analysis FY01 COL, FY02 LTC, FY02 MAJ	81
Special Report Award of Excellence and Junior Officer Week	39	Special Event MSC 85th Birthday– 30 June 1917-2002	93
Special Report U. S. Army Baylor University Graduate Program	41		

Message from The Surgeon General



Dear Medical Service Corps Officers:

This past year has had significant meaning for all of us in the Army Medical Department (AMEDD). Since the tragic circumstances of September 11, the officers of the Medical Service Corps (MSC) have successfully met every challenge in our Nation's war on global terrorism.

From Afghanistan to Washington DC, the officers of the MSC have assisted in every facet of our Nation's defense. Your planning and administrative/logistics support of multiple missions and operations is unparalleled. Your research against threat agents is world class. The clinical contributions to the mental and physical well being of soldiers, families and retirees are second to none.

I know the demands of selfless service are great but our chosen vocation is to support the Nation's citizens committed to the profession of arms and to the defense of our values. In the AMEDD we ensure our Army's soldiers are prepared to deploy; AMEDD soldiers are medically trained and prepared to deploy and soldiers, their families and our retirees are provided the healthcare and health services benefits they have earned and deserve.

The contributions of the Medical Service Corps are many and significant. Thank you for your dedicated service and all you do for our AMEDD, Army and Nation.

Sincerely,

A handwritten signature in black ink, appearing to read "James B. Peake".

JAMES PEAKE
Lieutenant General
The Surgeon General

Message from the Chief, Medical Service Corps

This was another great year for our Medical Service Corps and our officers. Collectively we have made tremendous progress toward developing better officers and building a better Corps. You have each, in a meaningful way, contributed to the mission success of our Army Medical Department and our Army. My desire is to share with you through this Annual Report the state of our Corps, the progress and success of my FY 02 Objectives and present my FY 03 Objectives. As we have successfully pursued these annual objectives you have continued to embrace and advance my four priorities for our Corps- Relevance and Core Competency, Visibility and Communication, Leader Development and Productivity. My intent is to review each of the priorities and then communicate my focus for the coming year.

Relevance and Core Competency

The Medical Service Corps' relevance and core competency was never greater or more visible than with the actions of our officers post September 11th. Our officers of all specialties immediately pursued initiatives to make significant contributions to our Nation's war against terrorism. Our preventive medicine officers conducting surveys and surveillance amid the rubble of the Pentagon; our operations officers creating plans and force packages for deployment to Afghanistan in support of "Operation Enduring Freedom" and "Operation Anaconda"; our scientists researching the threat of anthrax and other health risks endemic to southwest Asia; our medical logisticians supporting with ClassVIII/medical material and personnel offi-



cers ensuring PROFIS meets operational commanders' needs with medically skilled and experienced people and our behavioral science officers developing protocols to support the well being of families and friends of our fallen comrades as well as the survivors of this most heinous act. These accomplishments alone indicate how successful you were in 2002.

Visibility and Communication

This year, as with last, we continued to reach out to our officers. I have made a concerted effort to share more time with you. I was able to meet with many of you this year. At the TRICARE Conference in February, Ft Detrick and the MSC Award of Excellence awards luncheon in April, I was able to spend time with both junior and senior officers. In July we celebrated a belated MSC Birthday at Ft Sam Houston and in August I was able to attend the Medical Logistics Conference in Philadelphia as the Assistant Surgeon General for Force Sustainment. I have met with our Baylor students, our officers at Forts Irwin, Belvoir and Meade and conducted VTCs with every Officer Advance Course except for one.

The "MSC Update" is being shared with our officers throughout the world. At installations large and small, the AMEDD Center and School (OBC, OAC and Baylor) and at our specialty short courses and professional conferences where we share progress on MSC initiatives, engage officers in meaningful dialogue on their professional goals and solicit input to make our officers and Corps more successful. Finally, we have reinvented our MSC website with a new look, to provide more relevant and timely information on leader development and career management and to share success stories about MSC officers or announce the latest news on promotions, school selections or upcoming opportunities. New stories are posted on this site on a weekly basis. In keeping with my priority of communication, I would ask you to sustain or reintroduce the Silver Caduceus Society on your installation. This is one of the few fora that allows us the opportunity to meet with each other on a professional and social basis. It is incumbent on the senior officers- Chief of Staff, DCA, TOE Brigade and Battalion Commanders- to work together to introduce this meaningful endeavor.

Leader Development

The timing of military training, professional training and assignment experience are critical to the leader development of our officers. My intent is to prepare MSC officers to make meaningful contributions to the AMEDD and provide every opportunity for personal and professional success. As such, three of my four objectives in 2002 were focused on leader development. I will maintain leader





development as a priority and an objective every year of my tenure as your Corps Chief. The management of our 70B officers into the appropriate specialty based on personal preference and experience was well received.

We wanted to ensure officers would have a specialty and OERs in that specialty prior to consideration for major. This process went very well as MS PERSCOM designated AOCs for 108 captains. Of the 108 officers, we received six reclassifications. We honored five of the six requests to be redesignated into another AOC. I could not be more pleased with the success of the PMAD/ TAADS On-Line initiative and AOC Career Paths. Together they mark a quantum leap in our efforts to provide guidance on the assignments and positions that will best prepare our officers for senior leader responsibilities. This initiative serves as an excellent tool for mentors, leaders and career managers as they work with our officers for career opportunities. Leader development is critical to both the individual officer and the Army as an institution. I am grateful to see a more genuine commitment to foster and focus on individual leader development through our officers' ability to better influence their individual career management.

Productivity

The idea of productivity can be interpreted in many ways. To some the measure may be only tangible results; others recognize the value of the intangible and non-quantifiable out-

comes. However, by any standard our officers were extremely productive in 2002. Our Commanders, Chiefs of Staff, Deputy Commanders for Administration, Research Directors, Program Directors, Program Managers, Comptrollers and others are critical partners in the AMEDD's management of a \$7 billion army healthcare enterprise. Through institutional education, self-development and a wealth of experience our officers better understand the vast health care industry and as such, are working smarter to implement cost effective and efficient business practices, negotiate and execute contracts, conduct meaningful under budget research and field products on-time to our soldiers.

Your work in implementing The Surgeon General's Balanced Scorecard Initiative has proven quite beneficial in identifying specific meaningful objectives, measuring successes and contributing to his vision of AMEDD Transformation. This coupled with the imagination, innovation and acumen associated with the business cases prepared by MSC officers for acquiring "venture capital" for medical treatment facilities is a testament to the quality and caliber of our officers.

The Coming Year and Beyond

As is readily apparent, my priorities were derived to ensure we are significant players in supporting TSG's three major objectives- deploy a fit/ healthy force; deploy a trained medical force and provide healthcare to beneficiaries. We will continue to support these and other initiatives of the TSG.

Finally, please take the time to peruse this annual report. I think you will become more knowledgeable of our role; more impressed by our officers; more aware of our contributions and more informed of the many opportunities available to our MSC officers.

Progress and Success of FY02 Objectives

- * Leader Development of our officers via AOC Career Paths, Annual Report, the new MSC website, VTC's with installations and OBC/ OAC classes, and site visits at various installations and conferences.
- * Successful management of our 70B officers into an AOC prior to the 7th year of service.
- * Providing officers the knowledge of MSC authorized positions by AOC, grade and location via the PMAD/ TAADS On-Line initiative
- * Recognition of our officers and their contributions to the AMEDD and Army through a variety of programs to include "A" Proficiency Designator, AMSUS, Award of Excellence, Junior Officer Week. Recognition of the contributions made by our officers on the MSC web site

MSC Objectives for FY03

- * **Continued Leader Development**
- * Introduce AOC web sites and/or community pages on Army Knowledge Online
- * Reinforce Annual AOC Designation Procedures/Process (70B management into an AOC
- * Examine individual AOC Certification/Qualification
- * Review time in station/ retention practices to provide diversity of assignments: Junior Officer focus- TOE to TDA
- * Refine LTHET process
- * Introduce LTHET tools for officers
- * Refinement of AOC Career Paths with Introduction of "Major" positions
- * Review OBC/ OAC and AOC producing training



MSC Contributions to the Global War on Terrorism



September 11, 2001 commences our participation in the Global War on Terrorism (GWOT). The MSC lost one of our own officers, LTC Karen Wagner in the horrific attack on the Pentagon.



Following the attack on the Pentagon, MSC officers were part of the first responders at the scene.



MSC officers formed the nucleus of SMART teams that deployed within 24 hours in response to the 11 September attack on the Pentagon. SMART teams were also deployed to assist in the anthrax contamination clean-up in the Hart Senate Office Building.



Whether as a platoon leader, company commander, Maintenance Technician, scientist, research/clinical psychologist, nuclear medical officer, entomologist, ESO, optometrist, or pharmacist, MSC officers are deployed around the world in support of GWOT.

LTC Andrew Boyd and CPT David Zarter

This past year was extremely successful for Medical Service Corps and our officers. The meaningful contributions from our officers- junior and senior, allied science and administrative serving in TOE or TDA organizations are significant. Unfortunately, this year reminds us of the challenges we face as we lost two of our officers this year. Both LTC Andy Boyd and CPT David Zarter passed way while serving our Nation. LTC Andrew M. Boyd, while serving as the Medical Operations Officer, HHC, 18th Medical Command, passed away on 12 July 2002. CPT David Zarter, AC-RC Advisor, 352nd Combat Support Hospital (USAR), located near Milwaukee, Wisconsin, passed away on 18 April 2002.

Please remember their friends and families. Note the service of these men. Their accomplishments, personal and professional, are indicative of our Corps. Their spirits remain in our being and our profession.



LTC Andrew Boyd
January 19, 1962
July 12, 2002

LTC Boyd was a career officer dedicated to the Army. In his 16 years of service, LTC Boyd served in a number of challenging assignments. LTC Boyd was a graduate of the University of Tennessee, Knoxville, with a Bachelor of Arts degree in Political Science and was commissioned on June 11, 1985.

As a second lieutenant, LTC Boyd began his military career as a Medical Platoon Leader in HHC, 41st Infantry Battalion, Garlstedt, Germany and later became the S1, HHC, 498th Combat Support Battalion. After serving as the hospital administration officer at Fort Dix, LTC Boyd progressed through multiple assignments at Fort Bragg to include: Assistant Battalion S-3, 307th Medical Battalion; Plans Officer, Corps Surgeon Office, HQ 18th Airborne Corps; Charlie Company Commander, 307th Forward Support Battalion; and S-3, Plans and Training, 55th Medical Group. Following his assignments at Fort Bragg, LTC Boyd served as the Chief, Division Medical Operations Center (DMOC) at the 3rd Infantry Division (Mechanized), Fort Stewart, Georgia. After serving in two assignments at Fort Lee, LTC Boyd returned to Fort Bragg to serve as the Medical Plans officer for the 18th Airborne Corps. His final assignment was as the Medical Operations Officer, HHC, 18th Medical Command, Yong San, Korea in December 2001.

LTC Boyd's awards and decorations include the Legion of Merit, Meritorious Service Medal (2-OLC), Army Commendation Medal (1-SOLC, IOLC), Joint Service Achievement Medal, Army Achievement Medal (1-OLC), Army Superior Unit Award, National Defense Service Medal, Armed Forces Service Medal, Humanitarian Service Medal, Army Service Ribbon, and the Overseas Service Ribbon. LTC Boyd also earned the Expert Field Medical Badge, Senior Parachutist Badge, and the Air Assault Badge.

LTC Boyd is survived by his wife, Ms. Colleen Quinn.



CPT David Zarter
February 2, 1971
April 18, 2002

CPT David Zarter had a promising career in the Medical Service Corps. He enlisted in the Army in 1992. CPT Zarter then graduated from the University of Wisconsin, Stevens Point with a Bachelor of Science degree in Biology and was commissioned on June 14, 1994.

CPT Zarter's initial assignment as a second lieutenant was as a Medical Platoon Leader with the 3-14th Infantry Battalion, Fort Drum. Upon arrival at Fort Drum, CPT Zarter was deployed to Haiti and served as the Medical Platoon Leader. CPT Zarter's next assignment at Fort Drum was as the Division Medical Plans Officer, 10th Infantry Division Mountain (LI). He was then selected as the Executive Officer and Detachment Commander for the U. S. Army DENTAC, Fort Drum from May 1997 to April 1999. His final assignment was to the 352^d Combat Support Hospital (USAR), located near Milwaukee, Wisconsin. He was the AC-RC advisor and one of a few active duty members of that unit.

CPT Zarter's awards and decoration include the Army Achievement Medal, Army Reserve Component Achievement Medal, National Defense Service Medal, Armed Forces Expeditionary Medal, Humanitarian Service Medal, and Army Service Ribbon. CPT Zarter also earned the Expert Field Medical Badge, Parachutist Badge, and the Air Assault Badge.

CPT Zarter is survived by his wife, Mrs. Sarah Zarter.

SLT, Consultant, and FLT Update

MSC Mission

To provide highly skilled and dedicated leaders who perform the clinical, scientific, administrative, command and support services essential to efficiently and effectively manage a quality, world-class health care system in support of the Army.

Core Competency & Relevance

A body of professional officers responsible for the integration and synchronization of the resources required for the provision and delivery of quality health services across the breadth and depth of the Army - from forward deployed foxholes to state of the art medical centers - in service to soldiers, families and retirees.

The MSC Leadership Initiative continued to pursue issues of importance to our Corps and our officers in FY 02. This body of officers was envisioned by BG Ursone to serve our officers as their representatives to him as our Corps Chief. Every Assistant Corps Chief represents the requisite Medical Functional Area (MFA) and every AOC is represented the Consultant. He has also selected senior officers within our Corps to serve as counsel along with junior field grade officers. The intent is to ensure the MSC is developing officers, pursuing policy and practices that support The Surgeon General's vision for AMEDD Transformation and the Chief of Staff of the Army's vision for Army Transformation.

The MSC Leadership Initiative Model graphic below visually displays this construct.

The MSC Leadership Initiative was successful in numerous endeavors. Through various actions we have seen improvements in the processes and outcomes for the management of our 70B officers into specialty AOCs, in the selection of MEDDAC and MEDCEN Deputy Commanders for Administration and in the disciplining of the Long Term Health Education and Training requirements, selections and utilization.

Other significant products include the Consultants' Handbook, the AOC Career Paths and the PMAD On-Line. All of which may be accessed and reviewed on the new MSC Website.

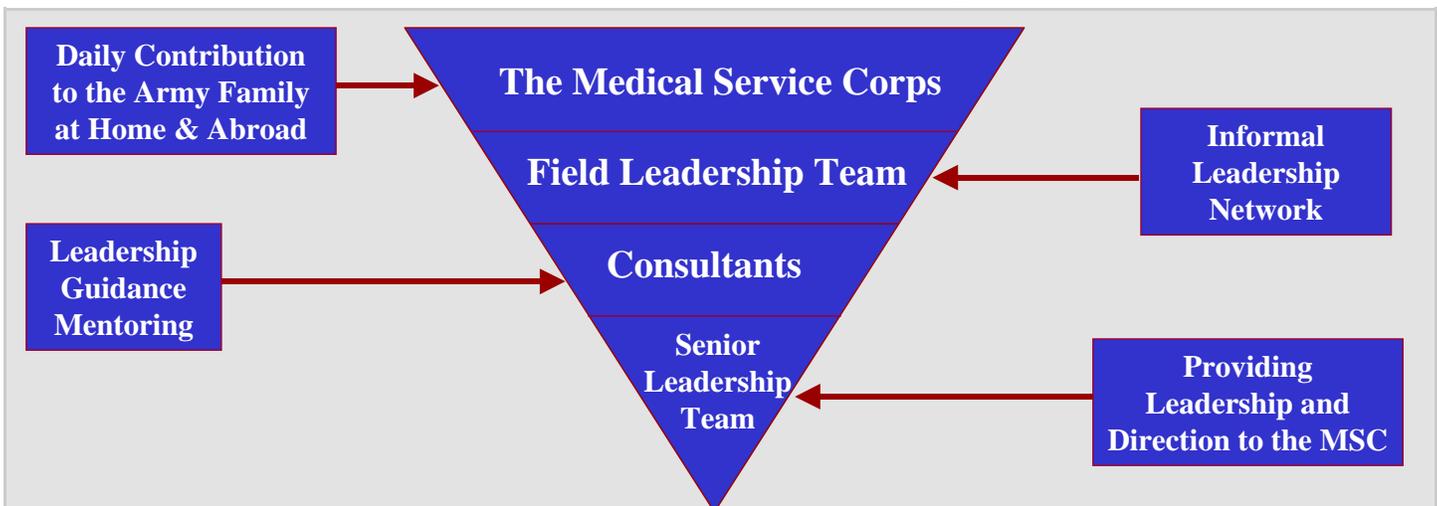
Also on the website are the charters for each of this groups and the group members.

In the coming year we will focus on many of BG Ursone's Objectives for FY 03. These include but are not limited to: MSC Branch Qualification, AOC Designation and AOC Certification/Qualification. A review of assignment policies that would allow junior officers more time on station to gain TOE experience and TDA exposure to assist in an officer's AOC selection. Introduce individual AOC websites via AKO. Individuals may contact the corps Chief's office or members of the SLT, Consultants or FLT to recommend relevant issues.

MSC Leadership Initiative Model

Service: To Soldiers and the Nation
Readiness: Skills, Competence, Commitment
Trust: Individual and Institutional

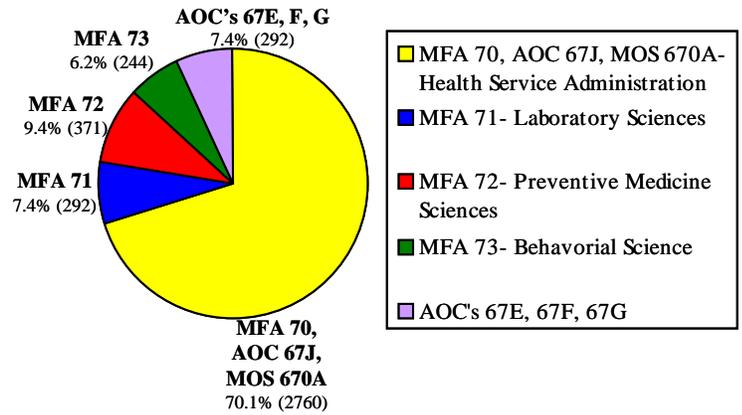
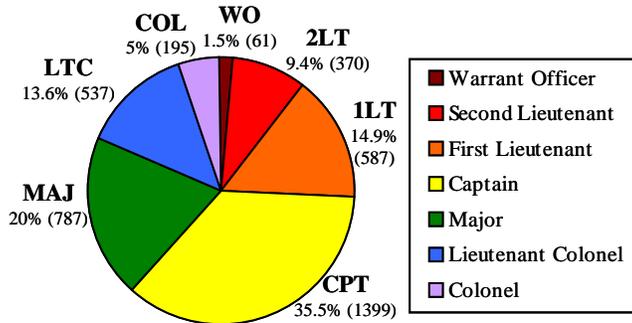
Officers: Distinguished/ Dynamic/ Diverse
Leaders: Skills, Competence, Commitment
Charter: Leverage Technology/ Empower/ Intellectual Capital



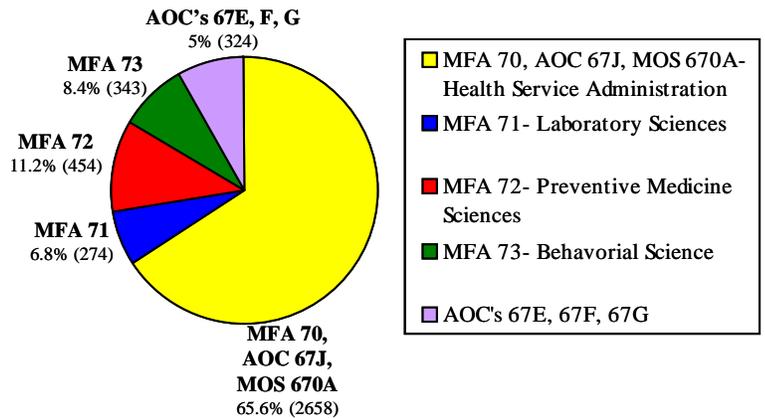
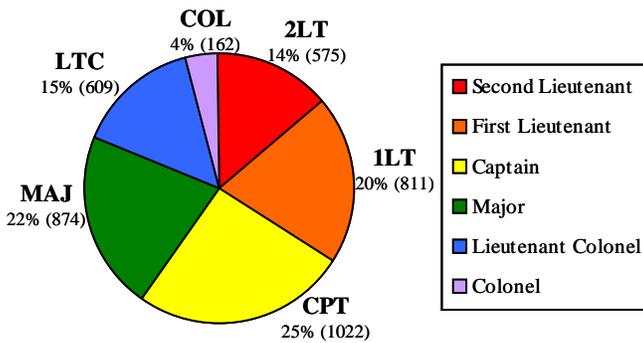
Demographics

Active Duty & Reserve Component Officers 24 Separate Specialties

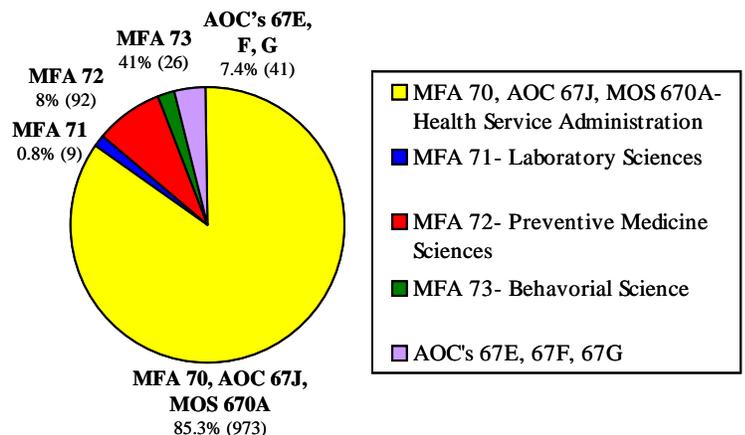
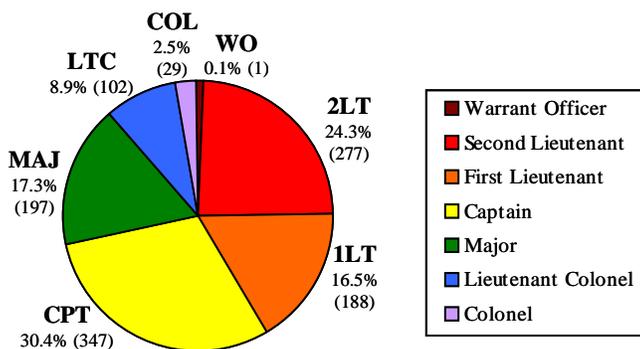
Active Duty - 3936 Officers



United States Army Reserves - 4053 Officers



Army National Guard - 1141 Officers



U. S. Army Recruiting Command (USAREC)

This was a stellar year for the MSC thanks to the great work of our folks at USAREC. Our MSC officers serving as Battalion Commanders and recruiters working beside other AMEDD and Army recruiters made or exceeded mission in 12 out of 15 AOCs. This is also attributable to the renewed efforts of many of our Consultants. Across the nation these dedicated men and women assigned to USAREC focused on finding, recruiting and accessing from our nation's finest colleges and universities, professional conferences and from private enterprises and practices.

Worthy of mention is our success in bringing Optometrists and Pharmacists on to Active Duty. For the first

time in over five years we met the direct accession mission for optometrists and we exceeded our mission for pharmacists. In 2001 we accessed zero optometrists and 12 pharmacists. This year the numbers were 6 and 19 respectively. This is a significant improvement and hopefully a continuing trend.

Challenges remain in three specialties of MFA 72 - Nuclear Medicine Science Officers, Entomologists and Sanitary Engineers were accessed at approximately a 55% accession rate in the aggregate for FY2002. This is about the same rate as FY 2001. However, we believe that we can and will improve in these impor-

tant career fields in FY 2003.

The caliber of our recruiters coupled with the redoubled efforts of AOC Consultants suggests great promise for recruiting and commissioning of quality professionals into our ranks in FY 2003.



FY01 Medical Service Corps Direct Accessions to Active Duty

FY01 Medical Service Corps	Mission	Achieved	% Achieved
Direct Accessions	122	134	110%
Total Recruitment Requirements	142	154	108%
MFA 70- Administrative Specialties			
70B Health Services Administration	30	39	130%
MFA 71- Allied Sciences			
71A Microbiologist	6	7	117%
71B Biochemist	9	9	100%
71E Clinical Lab Officer	6	6	100%
71F Research Psychologist	2	2	100%
MFA 72- Sanitary Engineers			
72A Nuclear Med Sci Officer	6	3	50%
72B Entomologist	5	3	60%
72C Audiologist	2	4	200%
72D Env Sci Officer	15	15	100%
72E Sanitary Engineer	5	3	60%
MFA 73- Behavioral Sciences			
73A Social Worker	10	11	110%
73B Clinical Psychologist/CPIP	2	5	250%
AOC's 67E, 67F, 67G			
67E Pharmacy Officer	16	19	119%
67F Optometrist	6	6	100%
67G Podiatrist	2	2	100%
Total HPSP MSC			
HPSP 67F Optometry	14	14	100%
2, FY03; 2, FY04; 4, FY05			
HPSP 73B Clinical Psychology	6	6	100%

Source: USAREC

MSC Recruiter

**CPT Michael Elliot
Chief, MSC Division, HQ, USAREC**

There are a number of exciting opportunities available to Medical Service Corps officers assigned to United States Army Recruiting Command (USAREC). The Army Medical Department's recruitment mission is accomplished each year by over 363 Health Care Recruiters assigned to the command. This includes 30 active component Medical Service Corps Officers and 29 AGR Medical Service Officers. MSC Officers assigned to USAREC AMEDD Recruiting Detachments serve as Health Care Recruiters, Health Care Recruiting Team Commanders, AMEDD Recruiting Detachment Executive Officers, and AMEDD Detachment Commanders. Additionally, some MS Officers assigned to the USAREC Health Service Directorate serve as Operations Officers or Branch Chiefs representing each of the 6 AMEDD Corps. There is also one Clinical Psychologist assigned to the Command Headquarters.

Most MS Officers serve as Health Care Recruiters and/or Health Care Recruiting Team Commanders throughout the United States and Puerto Rico. There are no European or Pacific permanent duty stations. However, depending on your location, there is an opportunity for overseas travel in carrying out your recruiting mission. Health Care Recruiting Officers often travel to areas such as Hawaii, Alaska, and Europe.

USAREC Health Care Recruiting personnel are organized into five AMEDD Recruiting Detachments subordinate to five Regular Army Recruit-

ing Brigades. AMEDD Recruiting Detachments are commanded by DA Battalion Command select AMEDD Lieutenant Colonels. In FY2002, four of five of the AMEDD Detachment were commanded by Medical Service Corps Officers. AMEDD Detachment Headquarters are located at FT Meade, Maryland, Ft. Gillem, Georgia, Ft. Knox, Kentucky, Ft. Sam Houston, Texas, and Las Vegas, Nevada.

AMEDD Recruiting Detachments are Battalion level units. MSC Officers may serve as Detachment Executive Officers and some MSC officers assigned to the Active Guard and Reserve (AGR) program serve as USAR Liaisons. Subordinate to the AMEDD Recruiting Detachment are Health Care Recruiting Teams. Depending on the area of assignment, an AMEDD Detachment will have anywhere from five to eight health care recruiting teams (HCRT).

HCRTs are Company level units that vary in size and recruitment area of operation. Medical Service Corps Captains and Majors are often assigned as Commanders of HCRTs. HCRTs are organized in size and location based off an analysis of the local health care professional and student market. Typically, HCRTs are made up of AMEDD Officers serving in the Active component or the AGR program, senior enlisted non-commissioned officers who hold the MOS 79R, and DA civilian personnel technicians. The size of the HCRT may vary but often have 15-30 personnel assigned both military and civilian. A HCRT often covers a several state area and are headquartered near or within major metropolitan areas.

Subordinate to the HCRT is the Health Care Recruiting Station. Health Care Recruiting Stations are platoon level units located near the major metropolitan areas in the HCRTs recruiting zone. Generally, the senior non-commissioned officer is in charge of the health care recruiting station and is assigned as the Station Commander. The Station Commander is responsible for the administrative, logistical support, and production management systems of their respective stations. The Station Commander is the resident expert in the science and art of recruiting. The AMEDD Officers assigned to the recruiting station bring their respective experiences and knowledge of the Army Medical Department to work with the Health Care Recruiting NCOs in accomplishing the station's mission.

I was first assigned to USAREC as a Health Care Recruiter. Within 90 days upon signing into the 3rd AMEDD Recruiting Detachment, I was sent TDY to FT Jackson, South Carolina to the US Army Health Care Recruiting Course. The training I received at the course was superior to many military courses I had attended in my career. I was introduced to the complexity of the health care recruiting environment. I quickly learned that there were many resources available to me to carry out my individual recruitment mission.

USAREC is a challenging and competitive environment. One in which Medical Service Corps Officers often thrive. The key to success in this environment is to understand what you are there to do. Recruit Health Care Professionals to serve in the United States Army Medical Department in both the active and reserve compo-



CPT Thomas Davenport, 70F

CPT Thomas Davenport is currently assigned to the USAREC, Health Services Directorate, as the Branch Chief, Medical Corps. Success in the Health Care recruiting business requires technical and tactical proficiency in the products and programs the Army has to offer medical professional. CPT Davenport assimilated his vast knowledge into a vision that was easily accepted and executed flawlessly by his team. While serving as Team Commander, CPT Davenport took an understaffed performing Health Care Recruiting Team and met over % of the assigned mission for the first time in the team's history. CPT Davenport was hand selected to serve as Chief, MC Branch USAREC, an awesome responsibility for a company grade officer. CPT Davenport organized high profile presentations for physician recruiting that included a Bio-terrorism presentation at the Cleveland Clinic, developed a new tracking procedure for resumes, and increased efficiency of his branch by focusing on automation and workload distribution.

nents. This real world mission provides an immediate impact for our organization. The officers that you recruit will be your colleagues and in some cases, may even be your leaders. This, like any other Army mission, must be taken very seriously and executed with a winning attitude.

Health Care Recruiting Officers are afforded a large degree of autonomy in accomplishing their mission. Many officers enjoy and thrive on the unique ability to establish and control their individual daily schedule. Recruiting is a fast paced sales environment. It places the AMEDD Health Care Recruiter head to head with other military services and civilian health care organizations competing for the same talented professionals. A dedicated effort to recruiting activities combined with meticulous planning and first hand knowledge of the Army Medical Department all aide in the ability of the Health Care Recruiter to achieve success.

My assignment as a Health Care Recruiter offered many exciting opportunities for travel. I visited and conducted recruiting activities in many unique places including the Mayo Clinic in Rochester, Minnesota, the prestigious Ohio Orthopaedic Society's annual conference in Canton, Ohio, medical conferences in Indianapolis, Indiana, Cincinnati, Ohio, Louisville, Kentucky to name the close to home trips. I also accompanied AMEDD applicants on visits to military installations in San Antonio, Texas and Washington, D.C. Throughout the year my AMEDD Recruiting Detachment conducted training events and annual conferences in places that ranged from Orlando, Florida to FT McCoy, Wisconsin. There was certainly never a dull moment in carrying out my recruiting duties.

Perhaps the most important benefit from an assignment as a health care recruiter is the comprehensive understanding of the Army Medical Department. In my previous assignments, I had little exposure to the other AMEDD Corps. As a recruiter, I not only had to be oriented to the other Corps, I had to develop a unique understanding of issues relevant to health care professionals from all walks of



CPT Brad Brooks

CPT Brad Brooks commissions 2LT Benjamin Kase who is a recipient of the Army's Health Professional Scholarship Program (HPSP). LT Kase is attending Medical School at the University of Boston School of Medicine and will be providing care to our service members in 2006 once he completes his medical training. At mid-tour, LT Kase is one of nineteen commissionings that CPT Brooks had the honor of conducting. Puttem in Boots! CPT Brooks is an AMEDD Recruiter with the Military District of Washington Health Care Recruiting Station, Elkridge, Maryland.

AMEDD life. The Medical Service Corps alone has 24 officer career specialties. Each one is very unique and provides a huge contribution to the Army's mission. In order to be a successful recruiter, I had to understand the nature of each individual specialty for which I was assigned to recruit.

For example, as a 70F I had no idea what a Biochemist did on a day to day basis or the schooling required to become one. My first mission as a health care recruiter required me to sign up one Biochemist for our Corps. To accomplish this mission, I spent a significant amount of time learning about the field of Biochemistry, the schooling required, and the enormous amount of research activities and life in the laboratory a Ph.D. Biochemistry student endures. In learning about the environment from students in the local university, I managed to develop relationships with individuals that ultimately resulted in signing up several 71Bs for the MS Corps. I felt great about accomplishing my mission, but I also realized that now I had at least a conversational knowledge of what this type of officer did to contribute to the Army's mission. The same benefit proved true for all specialties and Corps of the Army Medical Department.

An excellent experience for a Medical Service Corps officer, Health Care Recruiting also provides a comprehensive understanding of the Army Medical Department's activities in all components of the Army. Seventy

percent of my recruiting mission was focused toward the US Army Reserve. Since I had never served in the Reserve component, I had a rare opportunity to learn the structure and organization of the USAR and developed a competency in USAR issues that will serve me well in future assignments.

A tour as a Health Care Recruiter is a great opportunity and I strongly recommend it to anyone considering a career in the Army Medical Service Corps. It is fast paced and very exciting. The experience will provide an officer with a comprehensive knowledge of the AMEDD and exposure to a number of unique environments. The experience gained in Health Care Recruiting will serve you well in future assignments and the relationships you make with your colleagues and recruits will last a lifetime. As a Health Service Human Resource Officer (70F), I know that my experience in Health Care Recruiting will assist me in helping others now and in the future. It is a challenging assignment that provides an officer with a unique education and an immediate benefit to the Army.

Talk to your career manager at PERSCOM if you think recruiting is the position for you.

Reserve Component General Officer's



**Commanding General
Headquarters, 40th Infantry
Division (Mechanized)**

Major General Jeffrey L. Gidley assumed duties as Commanding General, 40th Infantry Division, on 7 April 2002. As Commanding General, he's responsible for over 16,000 soldiers in California and four other states. Prior to this assignment he served among other assignments as Deputy Commander – Maneuver, Deputy Commander – Support and Division Support Command

General Gidley's active military service began in 1970 after being commissioned a Second Lieutenant through the Reserve Officers Training Course (ROTC) at the University of California, Davis.



Brigadier General Jack L. Killen
Brigadier General Jack L. Killen, Deputy Commander for Administration, 3d Medical Command, was born in Shreveport, LA. He entered military service as a Second Lieutenant after receiving an ROTC commission in 17 December 1971.

During his career, Brigadier General Killen held a variety of command and staff positions in both the Regular Army and the Army Reserve. While on active duty, he served as Ambulance Platoon Leader, Company D, 48th Medical Battalion; Executive Officer, Company B, 48th Medical Battalion; Commander, Company B, 48th Medical Battalion; and Medical Administrative Assistant, Division Surgeon, all of these with 2d Armored Division, Fort Hood, Texas (December 1973 to May 1976). He went on to serve as a Field Medical Assistant, Military Technician, and Training Officer in the 114th Evacuation Hospital, 807th Medical Brigade in Louisiana. In addition to troops assignment, in the 4013th Army Garrison he served as Assistant Security Officer, Assistant Plans/Operations Officer, and Security Officer. Most recent command assignments include Commander, 1275th Logistics Support Battalion (July 94-May 96), and Commander 2d Brigade, 75th Division (Exercise), Houston, Texas (Jan 98-Jan 00). He served as Area Support Group commander in Bosnia. Prior to arriving to the 3d MEDCOM, Brigadier General Killen served as Chief, Joint Crisis Action Team, J3/5, United States Joint Forces

Command, United States Army Reserve Element, Norfolk, Virginia.

Brigadier General Killen is a graduate of the Army Medical Department Basic and Advanced Course, Army Command and General Staff College, Military Intelligence School Advanced Course, and the United States Army War College. He received a Bachelor of Science degree in Dairy Production from Louisiana State University, and a Masters degree in Military Art and Science.

Brigadier General Killen's awards and decorations include the Legion of Merit, Meritorious Service Medal (one Oak Leaf Cluster), Army Commendation Medal (two Oak Leaf Clusters), Army Achievement Medal (one Oak Leaf Cluster), Army Reserve Components Achievement Medal (six Oak Leaf Cluster), Armed Forces Reserve Medal (one Oak Leaf Cluster) Armed Forces Reserve Medal with "M" Device (one Oak Leaf Cluster), Kosovo Campaign Medal, and the Expert Field Medical Badge.

Brigadier General Killen is a member of the Defense Civilian Intelligence Personnel Service. As a civilian, he serves as an Information Security Specialist, Intelligence, and Security Division, G3/Directorate of Plans, Training, mobilization and Security, Fort Polk, Louisiana. Additionally, he is a farm owner and farm management consultant; and Executive Vice President of an estates investment group.



General MacArthur Leadership Award

CPT Nicholas Young, USAR

Local Army Reservist earns Gen. MacArthur Leadership Award
By: Eric Hurwitz

Captain Nicholas Young today became the first 94th Regional Support Command U.S. Army Reservist in New England in 10 years to earn the General Douglas MacArthur Leadership Award.

The U.S. Army chose Young as one of seven Army Reservists in the country to receive the award (for 2001). The Douglas MacArthur foundation, in coordination with the U.S. Army, established the award to recognize company grade officers who demonstrate “the ideals for which General Douglas MacArthur stood: Duty, Honor and Country,” and to “promote and sustain competent junior grade officers.”

Young, a South Hadley, Mass., resident and Alstead N.H., native, is a junior grade officer with the 287th Medical Company at Westover Air Force Reserve Center, Westover, Mass. He will travel to the Pentagon in May to meet with the Chief Of Staff of the U.S. Army to receive an engraved bronze bust of General MacArthur at an awards ceremony.

“Clearly, it is a big honor to be selected, even nominated,” said Young. “It is very humbling. I never thought I’d be selected. It is truly a validation of the hard work of others who have helped me in my almost 18 years in the military.”

MG William N. Kiefer, commanding general of the 94th RSC, said about Young, “CPT Young epitomizes the talent, values and patriotism that New Englanders bring to our Army Reserve. He is intelligent, disciplined and continues to give something back to his community and nation.”

Called by 287th Commander COL Kevin Carey as “the finest junior officer that I have served with in my nearly 30 year career,” Young captured the

award by distinguishing himself as a strong and capable leader not only in the military but also as a civilian employee. At 34-years-old, Young is believed to be the youngest superintendent of a public school system (Hadley, Mass.) in the country.

“I don’t know how he does it,” said Christine Sweklo, chair of the Hadley School Committee. “He has such wisdom at 34. He is a brilliant person.”

The 94th RSC, of Ayer, Mass., is the command and control center for training and deploying Army reservists in New England. In the Army Reserve, Young has willingly devoted long hours, well beyond drill and annual training periods, to ensuring that his unit maintained high training standards and fully mission-capable status, according to Carey. “He utilizes his gifts to get things done,” said Carey. “You never get the impression that he is ‘showy’. He is totally a team player.” Carey kids that with 12 dentists in the 287th, CPT Young’s prowess at completing paperwork is much needed. “He puts us to shame when it comes to that,” said Carey.

Most recently, CPT Young voluntarily served as a Battle Captain in the Emergency Operations Center (EOC) at the 94th RSC for several weeks, in response to the 9/11 tragedies. As the Battle Captain, he literally put his civilian and family life on hold by working 12 to 18 hours a day. “He came in here real quiet, stepped in and took charge,” said SGT Bernhardt Osche, of the Emergency Operations Center and Operations Directorate at the 94th RSC. “He asked for input and made good decisions.”

MAJ Eric Bates, Mobilization Officer at the 94th RSC, added, “His performance was absolutely exemplary. He assisted in organizing the Operations Center to address the new challenges associated with the change in mission. He performed well under the extraordinary stress of 18-hour days over several weeks. The quality he added to staff products, efficiently managed resources

which add a direct and positive impact on mobilizing soldiers.”

His dedication and efficiency in the U.S. Army Reserve is even more remarkable considering his demanding civilian life as the superintendent of the Hadley Public Schools Systems.

Under his leadership, the Hadley Schools have continued their great academic successes. For example, the Hopkins School, Hadley’s junior and senior high school, excels in academics compared to the majority of public schools in Massachusetts, and finished near the top of overall MCAS combined average scaled scores in Western Massachusetts in 2001.

“He’s the most energized person I’ve seen in my life,” said Sweklo. “I see Nick as a leader, a mentor, a colleague. He is the best advocate for children that I’ve ever known. He knows the heart and soul of what is important in education. His efforts in the military, I would guess, parallel his success in education. The whole town (of Hadley) is proud of Dr. Young.”

94th commander MG Kiefer, a high level educator in his civilian job, said of Young’s dual status as a soldier and educator, “It makes me very proud. Both professions are critical to maintaining our values and liberty as a nation.”

CPT Young’s wife, Dianne, 36, a Dartmouth College graduate and chair of the Monson, Mass., High School Mathematics Department, first met Nick in 1989 when he was an officer candidate. They share a love for education, as Dianne said, “It’s nice working towards a common goal. It’s nice we are in education together.” She says of her husband’s earning the MacArthur Award, “I am very proud of him. The whole family is. We were all pretty surprised and very pleased.”

CPT Young’s passion and love for knowledge was first born in his small hometown of Alstead, N.H. Young’s brother, David, who is a major in the

The General Douglas MacArthur Leadership award is annually given to company grade and junior warrant officers who exhibit outstanding military performance, leadership and achievement, and who demonstrate the ideals for which GEN MacArthur stood— Duty, Honor and Country

Special Recognition

94th RSC, and an attorney in the civilian sector, explained specifically where those traits came from: "Certainly from our parents," said MAJ Young. "We were the first generation in our family to go to college and get degrees. Our parents told us we were going onto higher education. At the dinner table, we would discuss newspaper topics on a daily basis. We thought that was normal, but later found out that very few families did so. We would talk about government, politics, the military."

Their father, David Aaron has worked in the machine tool industry for many years and mother, Susie, has worked at the Alstead Post Office. Both David and Nicholas knew, however, that they would have to leave their beloved small town to realize their goals. "One of wonderful things about military is that Nick and I went in at a young age and completed college after we got out of a tour of active duty," said MAJ Young. "The military is a wonderful thing that allows you to leave the confines of small town and see the world."

Both brothers succeeded, are close, and extremely proud of each other. In CPT Young's case, he holds 10 college degrees, with eight completed at the graduate level, including a doctorate in psychology. He is currently pursuing a second doctorate, in educational leadership. "I don't just accomplish things for the sake of doing so," said Young. "I work based on my love and passion for things." MAJ Young adds, "I'm a very proud older brother. Nick is extremely accomplished in his military and civilian careers. Our parents are very proud, also. We all look forward to going down to Washington to see Nick being honored for the MacArthur award."

With the MacArthur Award and 17 years in the military, CPT Young could conceivably retire in a few years, but will not even consider that. "I'm not anywhere near retirement," said Young. "I look forward to a career of giving back. I am here because of parents who cared. There is much more to do."



CPT August Schomburg III, 70F

*Aide-de-camp wins Gen. Douglas MacArthur Leadership Award
By Jack L. Gillund
Stripe Staff Writer*

Being good at what you do takes more than just planning for one objective at a time. According to CPT August Schomburg III, aide-de-camp for MG Kevin C. Kiley, commander of Walter Reed Army Medical Center and the North Atlantic Regional Medical Command, if military officers want to succeed, they have to "live" the values General Douglas MacArthur held dear.

"To be successful, and to be a proper leader, it's got to come from your heart. 'Duty, Honor and Country' is a concept that you have to ingrain in yourself so that you live it, breath it and taste it," Schomburg said. "If you are [just] conscientiously trying to be 'Duty, Honor and Country' all the time, you run the risk of it being ingenuine."

Schomburg, who earlier this year was one of just 27 company-grade officers to be presented the General Douglas MacArthur Leadership Award for 2001, enlisted in the Army in 1985 at the Chicago Military Enlistment Processing Station. While his father had served as an Army officer for eight years - including one tour in Vietnam - Schomburg doesn't claim that as the main reason for signing-up. Instead, he credits his love for America. "I joined the Army because I wanted to serve my country," Schomburg said.

But after six years in the enlisted ranks, Schomburg decided it was time to return to school. Leaving active-duty in 1991, he enrolled in Georgetown University, Washington, D.C., where he obtained a Bachelor of

Business Administration degree four years later. He never really left military life, though. In addition to serving two years in the reserves, Schomburg, as a part of his university curriculum, enrolled in and completed the four-year Army Reserve Officer Training course. "I graduated as the distinguished military graduate from that program," he said.

During his military career, Schomburg has been witness to both the good and the bad of military life. As an enlisted soldier, he was there when the United States and its allies liberated Kuwait during Operation Desert Storm in 1991. He was also on the ground in Panama during Operation Just Cause in 1989 - winning the Purple Heart for injuries he sustained when the re-supply mission he was part of was ambushed. Since his commissioning in 1995, Schomburg has worked as a: medical platoon leader for 5th Battalion, 87th Infantry (Light), Panama; health clinic administrator, Presidio, Monterey, Calif.; Company Commander, B. Co., WRAMC Brigade; and support operations officer, Walter Reed Health Care System, prior to his current position. He said the key to becoming, and staying, a good officer is to learn from someone you trust.

"Find a mentor that lives and breaths Army life," Schomburg said. "Attach yourself to [him or her]. Learn from [him or her]." The key for military people to succeed - both in and out of uniform - Schomburg said, is their belief in Army ideals. According to him, the military people who take them to heart are the ones who will go the farthest. They are the ones who will get the most respect.

"When you successfully make the Army ideals cross over into civilian life," he said, "that's when you become a good citizen." Thirteen active-duty Army, seven National Guard and seven Reserve officers receive the General Douglas MacArthur Leadership Award each year. The criteria to be selected include the ability to motivate others, understand fellow soldiers and inspire commitment, teamwork and esprit de corps. There is no application process for the award. To be considered, the officer must be nominated by his or her senior leadership.

Special Recognition

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 specialty and have made significant contributions to the advancement of knowledge in a particular field through publication and active national professional organization membership. This years recipients of the prestigious “A” Proficiency designator are:



COL Joseph Cambre
67E– Pharmacy



COL Michael Kaminski
67F– Optometry



COL James McGaha
70C– Comptroller



COL Jerome Pierson
67E– Pharmacy



COL Nancy Vause
72C– Audiology



COL Lisa Weatherington
70F– Human Resources



LTC(P) Walter Loring
72A– Nuclear Medical Science



LTC(P) William Rivard
67F– Optometry



LTC Gerald Andrews
71A– Microbiology



LTC Donald Goode
67E– Pharmacy



LTC Donald Hall
70H– Operations



LTC Steven Horosko
72B– Entomology



LTC Mark Melanson
72A– Nuclear Medical Science



LTC Brent Nixon
67G– Podiatry



LTC Ross Pastel
71F– Research Psychology



LTC James Waddell
67E– Pharmacy

Annually, the Office of the Chief, Medical Service Corps posts instructions on the “A” proficiency designator process and board schedule on the MSC and PERSCOM web pages. The Assistant Corps Chiefs, consultants, and commanders may nominate individuals for this prestigious award. The criteria is established and consistent with AR 611-101.

MSC Website

In July 2002, the MSC launched a new web site to enhance leader development and communications within the Corps. <http://medicalservicecorps.amedd.army.mil> This is another MSC Leadership Initiative to better inform our officers on what is going on within our Corps, the AMEDD and the Army. The intent is to provide timely, accurate and relevant information to our MSC officers. As such, our officers will have the facts and the tools to make sound decisions regarding their service and career.

We acknowledge that there are more topics to introduce to the website. We also acknowledge that some topics can be improved. Our intent is to build on a solid foundation. The refinement will come with the help of your comments and recommendations.

We invite your comments and input via the survey on the web. Your input is very important to us and is critical for the improvement of the site. Thank you to the officers who have completed the website comment form. We appreciate your input and encourage you to continue providing your opinions via the comment form so that we can continue to improve the site.

PMAD/TAADS On-Line and AOC Career Paths.

The Personnel Manning Authorization Document/ The Army Authorization Document System (PMAD/

TAADS) On-Line and AOC Career Paths are two MSC Leadership Initiative products. The information from these products may be used independently or collectively. Our intent is to provide our officers of all grades and specialties timely and relevant information to assist in their leader development and/or career management. This is very much a living initiative and will be a continuing work in progress. Some AOCs are not fully complete, however, we believe this effort is at the stage where it is relevant to a majority of our officers and soon will be completed for every AOC. We also recognize the need to address O5A positions. Therefore, this information is presented knowing there is a little work and continued refinement required.

It is imperative for all of us to be cognizant of and extremely cautious of developing false expectations from the presentation of this information. Initially, this will prove difficult for all parties- officers, career managers, and senior leaders. Serving in all the developmental positions for a specific Colonel position not does ensure assignment to that position. An authorization portrayed within this web page does not translate into a vacant position.

AOC Career Paths

The AOC Career Paths display all COL and LTC positions by AOC with

those previous positions/assignments that would prepare officers to assume responsibility of these senior positions of greater responsibility. The consultants conferred with senior MSC officers to select the developmental jobs for COL/ LTC positions. As such, it will assist officers in career planning. It is essential to remember that serving in all the developmental jobs for a specific position will not ensure assignment to that position. In fact, these career paths are not all inclusive, nor does serving in these positions ensure promotion or a successful career.

PMAD/TAADS On-Line

This information depicts the authorized MSC positions the PMAD and TAADS systems separated by AOC and grade, sorted by unit or location. This document does not indicate available positions. To find current and projected vacancies, visit the MSC PERSCOM website at <http://www.perscom.army.mil/opmsc/cpv.htm> or contact your career manager or consultant.

Use and Intent

One must remember this is a tool for MSC officers to use to develop goals and provide multiple courses of actions based on available positions and individual career timing. It is also a tool for senior and junior officers alike to use in discussions on leader development and career management.



AOC Career Paths

Rank	Duty Title	Location	Principal Duties & Responsibilities	Developmental Prerequisites
LTC	Director of Logistics, OTSG	Falls Church, Virginia	Serves as the Director of Logistics, Office of the Surgeon General and assistant Chief of Staff for Logistics, U.S. Army Medical Command. Provides strategic direction and management for the full spectrum of Army medical logistics functions and programs. Oversees that MEDLOG Success: planning, readiness programs, and equipment programs meet Army Medical Department (AMEDD) requirements. Represents the AMEDD in the development of US Service medical logistics initiatives.	AMEDD/OTSG/OTSG MEDLOG/OTSG Senior Log Staff Officer (COMMAN/AMEDD/OTSG/OTSG) USMC/OTSG/OTSG/OTSG (Large MED/AC) Med Staff Col. Med Staff Col.
LTC	ACJCS/ MEDLOG	Fort Belvoir, Texas	Develops, coordinates and represents command interest, policies, procedures and measurements pertaining to medical readiness, acquisition, and supply chain management valued at \$200-million in annual commitments, and a staff equipment and services program valued at \$100-million annually. Provides oversight and direction to the command's logistics assessment and review program, which assesses the operational performance of 6 world-wide subordinate commands and 27 healthcare facilities. Conducts the military health systems engineering initiative through the implementation and distribution of the Joint Health and Logistics Support Program, and Department of Research Affairs' USA MEDCOM Resource Command.	AMEDD/OTSG/OTSG Senior Log Staff Officer (COMMAN/AMEDD/OTSG/OTSG) USMC/OTSG/OTSG/OTSG (Large MED/AC) Med Staff Col. Med Staff Col.
LTC	Regional Logistics Officer	Fort Belvoir, Texas; Ft. Campbell, Georgia; Fort Bragg, North Carolina; Fort Cavazos, Texas; Fort Leonard Wood, Missouri; Fort Rucker, Florida	Principal officer to the Regional Medical Command on all medical sustaining medical supply, property management, clinical engineering and equipment services within the region. Provides operational policy and guidance to all medical activities within the region, conducts training and compliance assessment of all logistics programs in the region. Oversees Theaterwide Standardization activities and serves as the Chairman of the Regional Board. Works with the MEDCOM/OTSG/OTSG to ensure the Command Logistics Review Report. Oversees the medical logistics readiness of Army, AF and	AMEDD/OTSG/OTSG Senior Log Staff Officer (COMMAN/AMEDD/OTSG/OTSG) USMC/OTSG/OTSG/OTSG (Large MED/AC) Med Staff Col. Med Staff Col.

Reference Website:

<http://medicalservicecorps.amedd.army.mil>

MSC Contributions

CPT Brian Haug, 70K

CPT Haug, Chief, Materiel Branch, USAMEDDAC, Fort Belvoir, VA, successfully led the beta tests vital to the development and fielding of the Defense Medical Logistics Standard Support (DMLSS) system. Additionally, CPT Haug saved over \$400 thousand dollars through implementation of Just-in-Time business practices that reduced the number of warehouse-stocked lines, the aggressive use of the Prime Vendor Program, and materiel standardization initiatives. He was also nominated for the prestigious Association of Military Surgeons of the United States (AMSUS) Walter P. McHugh award. He is an innovative logistics officer that has distinguished himself with his commitment and support to mission accomplishment.



CPT Kimberly Johaneck, 70F

As the Chief, Military Personnel Office to the Landstuhl Regional Medical Center in Germany, CPT Johaneck has excelled as a Personnel Administrator. As the administrator for the military personnel, she is responsible for the full range of personnel actions, finance requirements and special pay contracts of over \$5.4 million. She has provided the oversight in maintaining evaluations timeliness at over 97% for OER/NCOERs. CPT Johaneck has expanded her reach by serving as a primary instructor for the Franklin Covey training conducted at the center and by presenting a paper on "Equal Opportunity for Women in the Armed Forces" for the Civic Education Central Asia Conference at the Samarkand State Institute for Foreign Languages, Uzbekistan. Tenant units and the 8 outlying clinics of the medical center have requested her expertise in personnel matters. She has personally developed tracking mechanisms for PROFIS and



PERSTEMPO.

CPT Christopher Johnson, 72E

As the medical planning officer for the United States Support Group in East Timor, CPT Johnson was responsible for developing and executing the concept of operations for Pacific Command (PACOM) Medical Civic Action Projects (MEDCAPs) and Dental Civic Action Projects (DENCAPs) humanitarian missions to the people of East Timor. He coordinated mission requirements with the United Nations Transitional Administration in East Timor (UNTAET), the East Timor Division of Health Services (DHS), Commander in Chief Pacific (CINCPAC), Non-Governmental Organizations (NGOs), and United Nations Peace Keeping Forces (PKF), and component commands.



CPT Johnson served as the liaison between USGET, the United Nations Transitional Administration East Timor (UNTAET) Interim Health Authority/Division of Health Services, United Nations Peace Keeping Forces (PKF), and non-governmental organizations, providing technical expertise and coordination for U.S. humanitarian medical and dental assistance. As a sanitary engineer, he provided sanitary engineering expertise to UNTAET Department of Water and Sanitation, various Non-Governmental Organizations (NGOs), and the Dili District governmental staff on topics to include water quality, medical waste disposal, conducting environmental health training, and conducting sanitary and entomology surveys.

CPT Christopher Moore, 70H

CPT Moore is company commander of the 560th Medical Company (Ground Ambulance), the most forward-deployed ground ambulance company in the United States Army. He led the company through six challenging field exercises in concert with higher headquarters and four other companies under day and night conditions.

During this time he sustained an outstanding safety program, carrying on a six-year vehicular accident-free period while instilling in soldiers a degree of responsibility that resulted in the safe evacuation of more than 3,000 patients over 80,000 miles throughout the northern provinces of South Korea. CPT Moore implemented an outstanding training program that led to the successful awarding of six Expert Field medical Badges for his soldiers. His unit supported the 2nd Infantry Division's 2nd Brigade Combat Team's WARSTEED/COUNTERFIRE Exercise and the United States Transportation Command's (USTRANSCOM) Combined Joint Over-the-Shore Logistics (CJLOTS) Exercise. His unit consistently exceeds the 52nd Medical Evacuation Battalion reenlistment objectives and inspired the extension of 10 soldiers, promoting continuity and reducing the turbulence caused from rapid personnel turnover. CPT Moore ensured individual responsibility and accountability for over four million dollars of equipment during two severe tropical storms and six aforementioned field exercises where 100% of assigned equipment was deployed and placed into operation. Recently, his company received nomination for the prestigious Army Award for Maintenance Excellence.

CPT Adrienne Ari, 67F

CPT Ari participated in a US Army sponsored humanitarian mission to Peru in March. The Team's leader recognized her for her demonstrated maturity, leadership, initiative and judgment in all phases. "CPT Ari took Point on the first day with 500 patients screening surgical from non-surgical, and identified those patients that needed vital follow on non-surgical care. The pathology was intense. CPT Ari was always focused upon the Team's Mission."





CPT Leslie Warren-Davis, 67E
CPT Leslie Warren-Davis and President George W. Bush, during her deployment in 2001.



CPT John Decker, 70B
CPT John Decker - Security director for the Walter Reed Army Institute of Research, responsible for the security of 1400 employees and 3.5 billion dollars of property, stationed at four CONUS and three OCONUS sites. CPT Decker is also responsible for administering the institute's anti-terrorism program, biosurety program, force protection program, and personnel security investigations.



CPT Matthew Clark, 71F
CPT Matthew Clark, Division of Neuroscience, Walter Reed Army Institute of Research, during EFMB qualification.



CPT Chip O'Neal, 70H
CPT O'Neal, Commander, C/426 FSB, 101st ABN DIV (AASLT) conducts final mission planning on the PZ, prior to conducting an Air Assault mission during the 1st "BASTOGNE" Brigade Exevals. C/426 FSB provided both medical support on the PZ and participated in the Air Assault by slinging medical assets forward to the fight!



CPT Stanley, 67J
CPT Stanley, 50th Medical Company (AA) (KFOR 3A) from the 101st Airborne Division (Air Assault) checking out a Russian HIND helicopter at Slatina Airport, Pristina Kosovo.



CW4 Gregg Lubbe, 670A
CW4 Lubbe 717th Air Ambulance, NE NG (attached to 86 CSH in Kosovo), preps patient for transfer.



LTC Robert Bowden, 71A
MAJ Bowden, Laboratory Director, Department of Immunology, Walter Reed Army Institute of Research. Research involves developing new therapies for the prevention and treatment of malaria with special emphasis on cytoadhesive mechanisms. In addition to his duties at WRAIR, MAJ Bowden serves as a Visiting Assistant Professor, Section of Leukocyte Biology, Department of Pediatrics, Baylor College of Medicine.



Paratroopers from Charlie Company, 307th FSB (ABN) prepare to conduct a test jump with the new M-82 Aid Bag. The 82d Airborne Division designed the M-82 to combine the M-5 aid bag and ALICE pack.



MAJ Brad Rustan, 67J/70A

Major Brad Rustan has the unique responsibility of serving as the Chief, Flight Physiology Division for the United States Army School of Aviation Medicine (USASAM). MAJ Rustan leads, directs and supervises the activities of the Division in the conduct of aeromedical physiological training. He is directly responsible for the safe and effective operation of the Army's only training hypobaric (altitude) chamber. After attending the Aerospace Physiology Course at Brooks AFB in San Antonio, Texas, MAJ Rustan obtained his certification as a Physiological Training Officer (PTO).

Major Rustan is a solid example of the varied opportunities within the Medical Service Corps. After ten years as a MEDEVAC section leader, platoon leader and operations officer, he attended the U.S. Army-Baylor University Graduate Program and became a Health Care Administrator. Two years ago, he was Chief of the Managed Care Division for the Fort Eustis MEDDAC. He re-entered the MEDEVAC world when he arrived at Fort Rucker. Now, while most 67Js fly below 10,000 feet, Major Rustan soars to 25,000 feet on a weekly basis.



COL Allen Almquist, 67E

COL Almquist, Chief, Department of Pharmacy Madigan Army Medical Center continued to provide excellent soldier and patient education and information in writing an ongoing column entitled "Herbs of Concern". COL Almquist has written no less than 10 "Herbs of Concern" articles for the local Madigan and Fort Lewis newspapers, several of which have been picked up by other Public Affairs Offices across the country, to include Soldier's Magazine. While many herbal supplements can be considered somewhat beneficial for patients, the lack of FDA regulation and standardization, as well as the potential for adverse effects and interactions with prescription medications, has cause for concern. The focus of COL Almquist's columns is to ensure that consumers (to include commanders and first sergeants) are aware of the pitfalls of taking herbal supplements, especially without the knowledge of their pharmacist or physician. The very first article written by COL Almquist was on ephedra, which was recently pulled off the shelves at FORSCOM posts, and is under tremendous scrutiny by the FDA. COL Almquist's articles are informative and well received by patients and the medical community.



1LT Brandee Campbell, 70B

1LT Brandee Campbell, PL for 690th Ground Ambulance (attached to 86 CSH in Kosovo) out of Fort Benning, GA, and Multi-National Medic Challenge (MNMIC) OIC briefs the Task Force Med Falcon team just prior to SP.



Left to Right: SPC Bailey (91W, 3-502 IN), CPT Joe Themann, 70H, TF Falcon Medical Plans & Ops Officer (KFOR 3A) from the 101st Airborne Division (Air Assault), and CPT Harold Johansen, Norwegian Telemark Bn relax with cigars after serving as OCs for Operation Samaritan Express, the first Kosovo-wide MAS-CAL exercise to include all five Multi-National Brigades.



CPT Michael Ingram, 71A

CPT Matthew Harris, 71A

CPT Michael Ingram and CPT Matthew Harris work alongside SPC Laurie Miller during activities in support of Operation Nobel Eagle.

Health Services



COL James Greenwood

As the largest and most diverse of the four titled sections of the Medical Service Corps, the Pharmacy, Supply and Administration career field represent some eleven Areas of Concentration (AOC) and serve in key po-

sitions throughout TDA and MTOE organizations of the Army Medical Department and the Department of Defense.

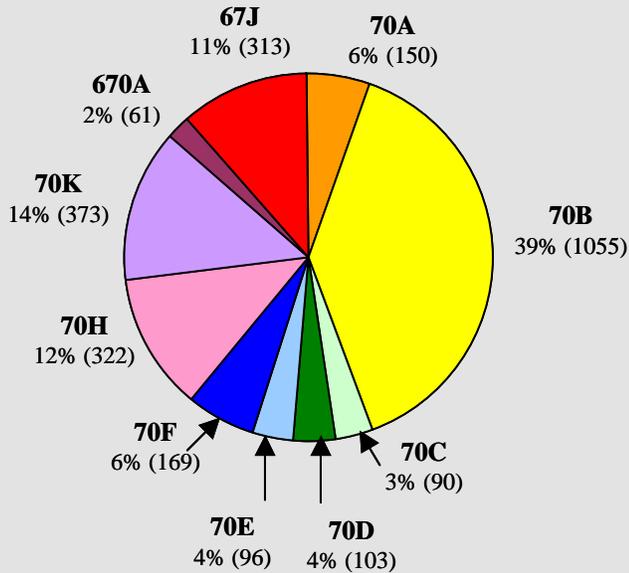
As this second annual report reflects, we continue to witness many successes across all Health Service AOCs. Grounded with the solid troop leading skills within the 67A MFA remain crucial to the efficient and effective management of the health care mission across the full spectrum of our Army. As you will see, the consultants have done a tremendous job of highlighting specific AOC issues, successes and contributions.

Our focus needs to continue on taking care of our officers. More involvement by our senior MSC's in mentoring the junior officers is not just desired by our junior officers, but nec-

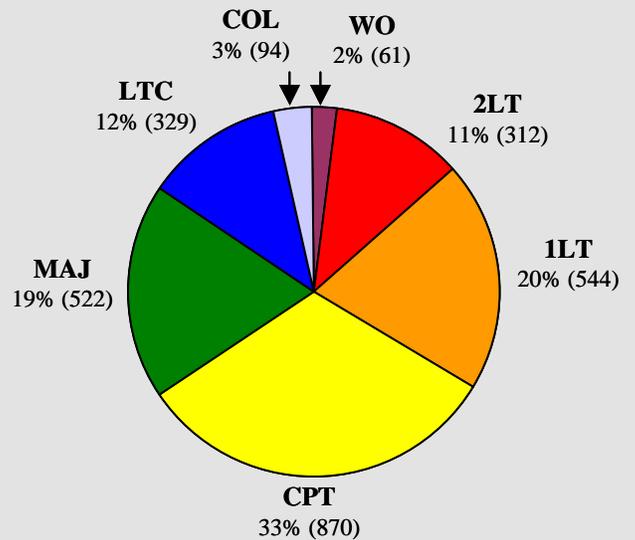
essary for their growth, development and retention. Offering a wide range of post-graduate education and training opportunities and sufficient developmental positions throughout the AMEDD is paramount. Our credentials are our soldiers and our officers, but our professional associations and affiliations also add credibility and lead to personal and professional success.

It continues to be a great time to be in our Army and serving our country. Our Corps has relevance and value, demonstrated in multiple ways everyday. With the Global War on terrorism, increased emphasis on security, and an overall increase in OP-TEMPO, the coming year will bring its share of challenges, but it will also bring tremendous opportunities.

Health Services Officers 2732 Active Duty Officer



- 70A- Health Care Administration
- 70B- Health Services Administration
- 70C- Health Services Comptroller
- 70D- Health Services Systems Management
- 70E- Patient Administration
- 70F- Health Services Human Resources
- 70H- Plans, Ops, Intel, Security & Training
- 70K- Health Services Materiel
- 670A- Health Service Maintenance Technician
- 67J- Aeromedical Evacuation



- Warrant Officer
- Second Lieutenant
- First Lieutenant
- Captain
- Major
- Lieutenant Colonel
- Colonel

70A Health Care Administration

COL Jimmy Sanders Consultant



Since last year's annual report, we have continued initiatives to improve communications, training, and the efficiency of our healthcare administrators. Taking advantage of technology, we recently launched the Deputy Commander for Administration Community of Practice (COP). COP will provide us a unique opportunity to foster communication and collaboration among DCAs. If used as designed, this web-based tool has the potential to fundamentally improve the initial preparation and transition of new DCAs while also providing the more seasoned DCAs a readily accessible portal through which DCAs can share lessons learned and facilitate mentoring relationships.

70A Success Stories

Over the past year, we have witnessed many successes for officers in the healthcare administration career field. Our efforts to refine the DCA selection and slating process through the use of a criteria-based DCA Advisory Board has assured a considerably more systematic approach to the DCA assignment process. The process proved to be particularly useful this past year, as we had to respond to many changes from the initial slating. It also has afforded us the best opportunity to match the right officer with the right skills sent to the right MTF. It is becoming increasingly more ap-

parent that we must remind our early-career 70A officers of the importance of early career planning. They must be encouraged to take advantage of developmental assignments that are critical for DCA selection.

Baylor Graduate Program

The U.S. Army-Baylor Graduate Program has enjoyed an enormously successful year in most aspects of the program. As the primary degree-producing program for 70As, we have a particular need to promote and facilitate the needs of the program. After suffering a decline in attendance in recent years, attendance is up this year with 52 of 54 seats filled for the class of 2002-2004. Although overall attendance is positive, this year's class continues a disturbing trend for 70As. The program is not meeting requirement for 70As. With only four 70As in this class, and with an average of five in recent classes, we are enrolling less than half the number we need to sustain a robust inventory. This is one of the career field's greatest challenges. We especially need the support and encouragement of field grade officers to seek out junior officers who desire to be tracked in the 70A AOC. Prospective 70A officers should be counseled and then directed to consult with the Baylor Program Administrator. Senior leaders are our best advocates to promulgate that message.

Two years ago, the Baylor Program began a recruiting effort with two goals—to attract the DoD's best officers and to improve diversity. The class of 2002-2004 reflects tremendous

progress with both goals. Nineteen percent of the officers in this class are minorities and 21 percent are female. The greatest challenge for the program now is to help us develop strategies to increase the number of 70A officers coming out of the program. Meanwhile, the program remains a leader in developing and reinforcing new leadership competencies for junior officers in all AOCs.

Looking to the Future

Excelling in healthcare administration, particularly at the senior level, requires leadership, creativity, strategic-thinking, and an untiring commitment to excellence in planning and performance. Our officers demonstrate all of those characteristics while successfully responding to the needs of the Army Medical Department. With the recent congressionally mandated changes to provide military beneficiaries greater choices, coupled with the strong focus on the business aspects of the military healthcare delivery system, the 70A officer remains at the forefront of providing leadership and direction throughout the military healthcare enterprise. The opportunity to provide visionary leadership, including command at the MTF level, has never been better for the 70A officer. The 70A officer has always been recognized as critical to the success of any AMEDD organization, and the future looks bright as the AMEDD looks to its leaders to improve business operations, which is a hallmark of the 70A officer.

U. S. Army-Baylor University Graduate Program

The U.S. Army-Baylor Class of 2002 conducted their resident's seminar in Washington D.C. from 6-10 May 2002. The purpose of the seminar is to provide residents with an expanded understanding of the organization, missions, functions, and initiatives of the Military Health System (MHS).

Residents met with leaders at Health Affairs to discuss issues rang-

ing from Force Health Protection to customer satisfaction initiatives and benchmarking against civilian standards for healthcare quality. A meeting highlighted the Health Affairs visit with Assistant Secretary of Defense for Health Affairs, Dr. William Winkewerder.

At Tricare Management Activity (TMA), residents were briefed on numerous projects for the MHS



including the next generation of TRICARE contracts, DOD/VA sharing, and a review of new TRICARE benefits. They also received demonstrations of the latest information technology systems and software being tested and

implemented through the ATIC. Their visit concluded with a meeting with the Executive Director of TMA, Mr. Thomas Carrato.

The photo on the previous page was taken during their tour of the Pentagon. Army Medical Service Corps

officers in the picture include (from left) CPT James Deak, CPT Tim Hoiden, CPT David Johnson, CPT Eric Poulsen, MAJ Kevin Mulalley, MAJ Ellen Daly, MAJ Lee Schiller, MAJ Rich Hoyt, and CPT(P) Tim O'Haver.

70C Health Services Comptroller

LTC(P) Daryl Spencer
Consultant



The Health Services Comptrollers (70C) continue to play a critical role in successful accomplishment of the AMEDD mission. Once again the critical skills and value that resource managers bring to the table was recognized in the board selection process as 2002 finds yet another Comptroller assuming command of a medical treatment facility (MTF) and another chosen to serve as chief of staff of a medical center. Coupled with three Deputy Commander for Administration selections and others appointed to serve as Chiefs of Clinical Services, it is apparent that the Health Services Comptrollers are firmly establishing themselves as the cornerstones of the AMEDD business management processes.

Challenges and Opportunities

The 70C Health Services Comptroller field continues to adopt and apply innovative business practices to prepare itself to meet future challenges, not the least of which is re-

cruitment and retention of qualified officers in this critical AOC. In the spring of 2002, the first 70C intern training board was conducted. Resource managers from the Regional Medical Commands and Major Subordinate Commands served as panel members. The panel queried officers who had recently completed internships or were currently in internships on a variety of comptroller topics. The experience was designed to identify how well internships had been conducted and gain insight into how to make future internships better.

Beginning summer 2002, two students in the U.S. Army Baylor Healthcare Administration program, CPT Chris Rheney and CPT Forest Kim, began their participation in a new joint venture between the AMEDD, Baylor University and the University of Texas at San Antonio (UTSA). Upon completion of the one-year didactic training at Baylor, these two students will then attend UTSA and complete requirements for a Masters in Business Administration (MBA). One 70C has been pinpointed for the program for 2003 and officers from other Areas of Concentration (AOCs) will participate

as well. This is a great opportunity to infuse more business thinking into the AMEDD 's future and we applaud the efforts of the Baylor administration and faculty in getting this program off the ground. MAJ Robert Griffith was a long-term health education and training (LTHET) selection for PhD attendance at the University of Texas—San Antonio, and began his program fall of 2002.

Successes

From an individual perspective, there were many Comptrollers that distinguished themselves this year, but limited space prohibits addressing all of their contributions. However, some of the true stand-out performers include COL David Moonan who was selected as the Director of Program, Budget and Execution for the Office of Resource Management, Office of the Assistant Secretary of Defense, Health Affairs. This is the second consecutive nomination and successful selection of an Army Comptroller, within this critical tri-service resource management position. MAJ Richard Starrs was also nominated and selected as the medical analyst for the Chief of Staff of the Army, Program Analysis and Evalua-



MAJ James Hawkins, Chief of Resource Management, briefing the Hospital Commander, COL James McGaha.



LTC David Ardner and MAJ Rob Griffith, recipients of the National Meritorious Team Award from the American Society of Military Comptrollers.



MAJ David G. Richardson, ACSRM, 30th Medical Brigade.



COL Denise Anderson, Director, Program, Analysis and Evaluation (PA&E) Directorate, Office of The Surgeon General

tion Directorate. Finally, LTC David Ardner and MAJ Robert Griffith distinguished themselves as recipients of the National Meritorious Team Award in 2002, from the American Society of Military Comptrollers, competing against 46 Chapter winners, throughout CONUS and OCONUS.

Real Money

From a resource management standpoint, nothing spells success quite like full coffers. Comptrollers took the point for the AMEDD on finding new resources, nearly a half billion dollars (\$471 million), for AMEDD health services innovation in the new millennium.

The FY01 Emergency Supplemental Appropriation provided \$150 million to the three medical departments. The Army's portion of this included \$30 million for optimization or "Venture Capital", \$10 million for Advances in Medical Practice (AMP), and \$16 million for funding an Outcomes Management demonstration at Walter Reed Army Medical Center. By first quarter FY 2002, Army had 19 venture capital projects approved, funded and in some phase of execution. This amounted to approximately \$23 million of the \$30 million in venture capital demonstration dollars provided by the Emergency Supplemental and was projected to produce savings or cost avoidance of \$46 million, after investment. This equated to a return of two dollars for every one dollar invested. These projects had an average break-even point of 23.4 months, which is over a year less than their prescribed break-even point of 36-months.

This very aggressive execution served as the catalyst for the Office of the Secretary of Defense (OSD) Comptroller and the TRICARE Management Activity (TMA) to reprogram \$30 million, per Service, per year from 2002 through 2009, from the Purchased Care account to the Direct Care account. This amounted to \$720 million in venture capital dollars made available to the direct care system, for the three services for providing investment opportunities in the present that will provide savings in the future. In addition to the reprogramming of \$240 million for each Service for venture capital investments, TMA also reprogrammed an additional \$10 million per Service, per year from FY 2002 through FY 2009 for AMP investments (total of \$80 million), as well as \$10 million per year (\$70 million total) to assist the three Services in improving access to care.

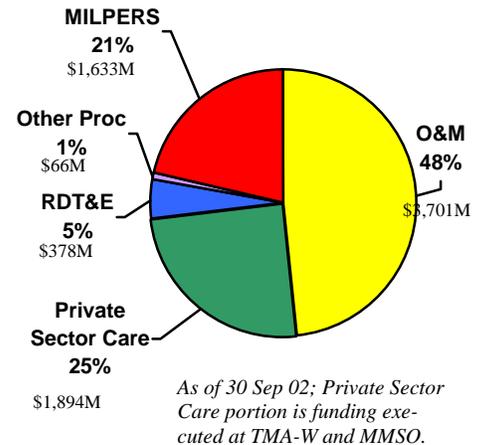
Minding the Store in 2002

So what else have you done for me lately? In FY02, MTF comptrollers across the command postured MEDCOM for success in the years to come. 2002 year-end success stories include:

- Critical Equipment funded at 175% of target
- Pharmacy funded at 103% of target
- \$10 M in IM/IT infrastructure plus-up
- \$16.3 in SRM optimization plus-up
- \$8.2M in hemastatic dressing plus-up
- \$9M NBC/Biosurety Defense

- \$5M for Revolution in Logistics
- \$4.7M CHCS II plus-up
- \$4.6M for Site R clinic renovation
- \$3.8M Maternal-Infant Improvements
- \$6.9M Bio Level 3 Labs
- \$2M Depleted uranium studies
- \$1.3M Joint Task Force Bravo clinic
- \$1.2M Provider survey
- \$0.5M FECA Case Management demonstration
- \$3.6M MTF LAN upgrade-10 sites
- \$3M WRMC ICDB demo (Exam room PCs)

The importance and the role of the Health Services Comptroller will no doubt expand in the future as we continue to be resource-constrained. New programs such as the Medicare Eligible Retiree Healthcare Fund and the implementation of the TRICARE Next Generation (T-NEX) contracts will provide ample opportunities for 70C's 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.



70D Health Services Systems Management

COL Barclay Butler
Consultant



In spite of retrenchments in the economy and the stock market, the attack on America, the dot-com bust, and other events that impacted the public and private sectors, Infor-

mation Management remains a growth industry. The 70D Health Services Systems Management Officers, our IMOs, have had an outstanding year dealing with the resulting challenges in the AMEDD. One of our major challenges in dealing with this turmoil is growing a community of officers with the technical and organizational skill sets and sufficient rank to lead the

AMEDD through the hype of various technologies.

Past Year's Successes

We have been very successful in that effort this year. One officer was selected for promotion to Colonel, four were selected for promotion to Lieutenant Colonel, and five to Major, all with promotion selection rates at or exceeding the DOPMA goals and our

peers in other AOCs.

We did very well in obtaining starts for our offices in graduate school and advanced training. We currently have seven officers participating in Long Term Health Education and Training—six at the Masters level and one at the doctorate level. Three officers are attending the Baylor program. Three other officers completed their graduate programs and are putting their enhanced skills and knowledge to work serving the rest of the AMEDD. We also began a new Training With Industry (TWI) program this year, putting one officer to work at Microsoft headquarters in Redmond, WA. We are working to enhance educational opportunities and quality through partnering between the Army Baylor program and the University of Texas—San Antonio to give selected officers an education that combines health care administration and information systems management. We had one of our officers selected for and is currently attending resident Command & General Staff College.

AOC Career Path

To help our AOC to be even more competitive, we have completed a career plan that describes the assignments and education one must complete to be competitive for promotion and for future assignments up to and including the AMEDD CIO. This career development plan adds requirements for executive skills training in the CIO Program of the National Defense University. It adds emphasis to TOE assignments to help develop technical skills and leadership characteristics. We are also encouraging young officers to seek out assignments that give them opportunity to gain official certification at the various Acquisition levels. The combined effect of these

programs is to develop a more rounded 70D who can make positive contributions to the AMEDD in the front office as well as in the computer room. The career path is located on the Medical Service Corps website at <http://medicalservicecorps.amedd.army.mil>, located under "Career Management."

New 70D Opportunities

A new opportunity that I wish to encourage all officers to pursue is professional certification. We have long waited for the civilian sector to develop a meaningful certification for healthcare information management professionals. Certification benefits the individual by encouraging individual growth, elevating professional stature and expanding career opportunities. It benefits the AMEDD by establishing a national standard of excellence and designating professionals who meet that standard. After lengthy development, the Healthcare Information and Management Systems Society (HIMSS) began offering a professional certification testing process this year. Six officers successfully passed the examination and earned the Certified Professional in Healthcare Information and Management Systems (CPHIMS) designation.

During the year, we also said farewell to several fine officers who have made outstanding contributions during their careers. I would like to thank our previous Consultant, COL Terry Shanahan, and wish him well in his retirement.

The Army and the MHS continue to recognize the crucial role played by our officers. A 70D officer, LTC(P) Chuck Hume, was selected as the Deputy Director of Information Management, Technology and Reengineering at Health Affairs, as well as being selected for promotion. Other officers

continue to fill key program management roles at Health Affairs. We have successfully worked with the Army Knowledge Management (AKM) initiatives to create the office of a Medical Regional CIO, which will open additional assignment opportunities to the 70D community.

Future

The IMOs throughout the AMEDD have been at the forefront of technology insertion. Significant MHS investments in centrally developed systems are finally approaching the payoff as CHCS II, DMLSS, and other products have met milestones and begun final testing or deployment.

We have responded to the challenge of the war on terrorism with officers serving in Afghanistan, with increased emphasis on security, and with an overall increased OPTEMPO. We are also playing significant roles in the changes that are coming as part of Army Transformation, the Army Knowledge Management program, the organization of the Army Network Enterprise Technology Command (NETCOM), and the Medical Regional CIO. The Medical RCIO will integrate and coordinate all network issues between the MEDCOM, the NETCOM, and the geographical Regional CIOs of the Army. The MEDCOM is acting as a pilot for the Army-wide migration to Active Directory and the Windows 2000/Exchange 2000 operating environment.

All these accomplishments reflect the great confidence that Army, MHS, and AMEDD leadership has in our ability to contribute. We are small, but our impact on the AMEDD is immense. Information is the great-untapped resource of the future and we will be at the forefront of developing better ways to access and use it to ac-



70E Patient Administration

COL Larry Clark Consultant



Patient Administration in today's Army Medical Department (AMEDD) is a challenging, yet rewarding career in a dynamic field that continues to adjust to meet the changing needs of our evolving Military Health System (MHS). The changing role of health care delivery in the 21st century is a challenge to Army Patient Administrators. Patient Administrators need to be both efficient and effective while enhancing quality, ensuring access and being an advocate for our patients. In addition, they must facilitate measures that deliver care at the best possible costs. To be successful today, Patient Administrators must continue to sharpen their skills in the areas of readiness, patient administration operations, information management/information technology, and managed care. They must anticipate and respond to the changing needs of the customer through innovation and re-engineering.

During fiscal year 2002 there were several changes within the Patient Administration senior leadership. COL Frank Berlingis, Patient Administration Consultant, retired effective 1 August 2002. Effective 11 April 2002, I was appointed as the Surgeon General Consultant for Patient Administration. I was reassigned from the Patient Administration Staff Officer, Office of The Surgeon General (OTSG) to the Director of Patient Administration Systems and Biostatistics Activity (PASBA) replacing COL James Halvorson. COL Halvorson was reassigned as the Chief, Patient Administration Division (PAD), U.S. Army Medical Command. COL Carlos Arroyo was reassigned from the Director, PAD, Walter Reed Army Medical Center (WRAMC) to the Patient Administration Staff Officer, OTSG.

COL Burton Briggs was reassigned from the Chief, Patient Administration Branch, Army Medical Department Center and School (AMEDDC&S) to the Director, PAD, WRAMC. LTC James Starcher was reassigned from the Deputy Director, PASBA to the Chief, Patient Administration Branch, AMEDDC&S.

Successes

Patient Administrators continued their significant 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 to readiness by providing trained Medical Regulating Officers to TOE units. They also provide valuable training to Reserve Component units prior to their deployment. Fulfillment of the readiness requirements remains a critical Patient Administration function.

Patient Administrators are responsible for the patient entry into the Patient Accounting and Reporting Realtime Time System (PARRTS). By improving the functionality of PARRTS, Patient Administrators are better able to account for and track patients from any contingency operation.

Through their support of the Data Quality Management Control Program Patient Administrators continued to play an important role in the area of data quality.

Under the Uniformed Business Office, which includes Third Party Collection, Medical Services Account and the Medical Affirmative Claim programs, Patient Administrators have been instrumental in providing additional sources of revenue for the medical treatment facility.

Patient Administration has taken on the responsibility for implementation of the privacy requirements under the Health Insurance Portability and Accountability Act (HIPAA).

Two officers graduated from the

MAJ Deborah Wesloh, 70E



Masters Degree Program in Health Care Informatics offered at the University of Pittsburgh program, two officers started their second year and two officers started their first year. In addition, there were two officers selected for the Masters Degree Program in Health Care Administration from the Baylor Program and one officer selected for the Training with Industry Program with the 3M Corporation.

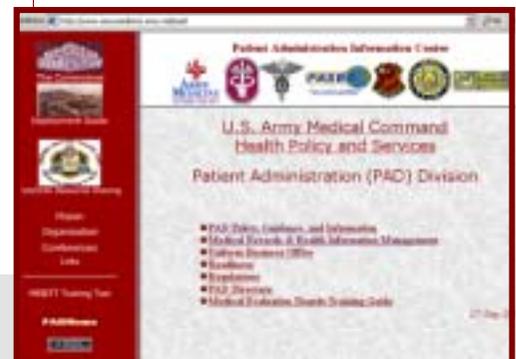
Challenges

Patient Administration faces several challenges. The Patient Administration senior leadership and the Personnel 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 and we will continue to review ways to increase the number of 70Es under the Objective Force Model. 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 70Es.

As we march further into the 21st century, Patient Administration will face new challenges in a changing world and will continue to be the Cornerstone of Concerned Health Care.

Reference Website:

<http://www.armymedicine.army.mil/pad>



70F Health Services Human Resources

COL Larry Campbell Consultant



The Health Services Human Resource Management discipline is strong across the Army. HR Managers in all components are involved in support of Operation Enduring Freedom, solving and preventing the problems specific to Army Medical Department personnel. Among the major successes of the past year have been gains in manning the medical force, improvements to pay, and increased training opportunities. Promotion and assignment opportunities remain high for those officers who set themselves high standards. Several individual officer and civilian Human Resource Managers distinguished themselves over the last year in a variety of ways, and units have shared their best practices.

PHS initiative

Working under special authorities contained in the National Defense Authorization Act for 2001, AMEDD Human Resource Managers have arranged for a demonstration project in which 50 to 60 physicians, dentists, nurse anesthetists, operating room nurses, pharmacists, physician assistants, and clinical laboratory officers, all members of the Inactive Reserve Corps of the Public Health Service, will back-fill short-term requirements in Army medical treatment facilities. This inter-agency project supports the integration of the federal health care system and relieves pressure on Army

units during periods of contingency operations. The staffing of this initiative has also underscored the important role of Reserve Component personnel in our day-to-day operations. Thanks go to our Reserve Component Human Resource Managers at OTSG for their efforts in developing the Memorandum of Agreement and seeing this demonstration project through.

Professional Filler System in support of

Operation Enduring Freedom

Army Health Services Human Resource Managers, in conjunction with commanders and operations personnel at all levels, have again demonstrated the need for and functionality of the AMEDD Professional Filler System (PROFIS). Since the start of Operation Enduring Freedom (OEF), the MEDCOM and other medical units have been able to meet over 96% of the PROFIS requirements and their resulting MEDCOM backfill. Field units have received their fillers, and many fillers have been backfilled, although shortages in the Reserve Component have been felt in the Active Component as well. OEF has featured short-term deployments for individual fillers and has been unit-dependent in its execution, but it has worked. The leaders of the Great Plains and Southeast Regional Medical Commands have reason to be proud of their Regions' contributions. OEF has also brought forth a large number of volunteer augmentees. The motto "Twice the Citizen" has been demonstrated time and again by our Reserve Component leaders.

JCAHO Standards

The Human Resources standards published by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) have evolved so that they now demand skilled preparation and vigilant maintenance for hospitals to remain credentialed. Since it is no longer satisfactory for Human Resource managers to be passive about HR compliance, knowledge of how to meet and exceed these standards is absolutely critical for success in a fixed facility. Army Human Resource Managers need to pursue the education necessary to remain abreast of those standards and keep up with the industry's best practices as integrated with Army policy.

JCAHO readiness is one of the core functions of the Medical Service Corps, and the AMEDD's administrators and the personnel community need to be right in there. MAJ Dino Murphy, assigned at Keller ACH, West Point, is a leading AMEDD authority in this area and has been very active in teaching others these skills at conferences, seminars, and hospitals worldwide. In 2002 he wrote and taught the new doctrine for the Human Resource Management Course at the AMEDD Center and School and at the Worldwide Human Resource Managers Course. MAJ Murphy's work is instrumental in building a corps of junior officers that understand the HR implications of JCAHO and who will lead the AMEDD in the future.

HS HR Management Course

Enrollment in the HS HR Management Course at the Academy of Health



CPT Bob Ashburn, 70F re-enlists SGT Sean Brown at Walter Reed Army Medical Center



Health Service Human Resource Managers at the August 2002 Europe Regional Medical Command Medical Service Corps Symposium



*CPT Amy Rustan, 70F
MAJ Brad Rustan 67J*

Sciences remains strong. June 2002 saw 23 Active Component and 10 Reserve Component officers graduate, including six captains and two majors. Many thanks are due to Major Greg Hudson for his continuing efforts to ensure the highest quality education experience in the course. This course is now conducted in two weeks of intense, hands-on training in the information systems crucial to our work and the health service requirements unique to the AMEDD. In addition to the inclusion of MAJ Murphy's JCAHO training, we have also increased the time devoted to information systems. This once-a-year course remains a crucial building block in building and maintaining a trained 70F community.

Deployed Medical Task Forces

During 2002, the branch immaterial positions of Executive Officer for the two deployed Medical Task Forces in the Balkans were both filled by Health Service Human Resource Managers. Major James Andrews was the XO for Task Force Medical Falcon in Kosovo and Major Mathew Huffman was the XO for Task Force Medical Eagle in Bosnia. Both officers provided superb leadership in those high-threat environments during their six month deployments.

LTHET

70Fs continue to excel in Long Term Health Education and Training (LTHET) selections and completions. Major Cheryl Goggins has completed her internship at the AMEDD Personnel Proponency Directorate (APPD) and is now at the Southeast Regional Medical Command putting her experience to work. Captain Michael Dake started his internship at OTSG, and he will be back in the field next year to apply what he learns. These internships continue to be available through the MSC LTHET (Non-Degree) application process. Their purpose is to provide the developmental experiences necessary to function as a member of the Army Staff or MACOM staff later

in the officer's career. Other LTHET opportunities exist as well. CPT James Cahill is enrolled in the Army-Baylor program, CPT Andrew Corrow is finishing his Masters in Business Administration in Human Resource Management, and CPT Myranda Vereen is starting her year of Training with Industry as CPT Amy Black returns to an operational assignment after her year of TWI.

Best Practices

In Germany, the Human Resource Managers participate in a Quarterly Personnel Workshop where they gather to exchange best practices and techniques to improve the data quality of customers' personnel records. The day-long meetings are hosted by a different unit each quarter and provide the 70Fs an opportunity to network with their peers and visit each others work environments. This exchange of information and networking is a good example of how the 71F community should work together.

Assignments

Each assignment as an officer progresses through his or her career should build on the assignments that came before and prepare for the assignments that come after. Complete your assignment preference sheets and compete for command when the opportunity arises.

Retirements

Tremendous thanks go to the following individuals, upon their retirements, for their contributions to the Army, the AMEDD, our Corps and our discipline. Their dedicated service stands before all of us as examples.

- COL Robert Myers, Director of the AMEDD Personnel Proponency Directorate.
- COL John Kitsopoulos, Chief of the Military Person-



CSM James Aplin, LTC James Mundy, COL Larry Campbell, and LTC Ronald Hamilton upon the occasion of LTC Mundy's departure from Health Services Branch, EPMD, PERSCOM. LTC Hamilton replaced him.

nel Division, USAMEDCOM

- LTC Patricia Boatner, Deputy Chief of Staff for Personnel, 18th MEDCOM
- LTC Lawrence Johnson, Chief, Department of Health, Education and Training, AMEDD Center and School.
- Ms. Dian Jamison, Chief of the Civilian Personnel Division, USAMEDCOM and Chief of the AMEDD Civilian Corps.

Conclusion

Although we have had a good year as a professional community, more is left to do. We must continue to ensure that we grow as individuals and as Health Services Human Resource Managers. I encourage everyone to pursue professional affiliation and training, networking with each other across units, and sharing information among our military and civilian personnel in RC and AC units. We remain steadfast in our belief in a stronger, more-unified, computer-literate and dedicated Human Resources force.

Web Presence:

The 70F- Human Resources Knowledge Collaboration Center, part of the Medical Service Corps Community of the Medical Community in the AKO Collaboration Center

Name	Title	Unit	Start/End Dates
James Mundy	LTC	Health Services Branch	01/01/02 - 01/01/03
Larry Campbell	COL	Health Services Branch	01/01/02 - 01/01/03
James Aplin	CSM	Health Services Branch	01/01/02 - 01/01/03
Ronald Hamilton	LTC	Health Services Branch	01/01/02 - 01/01/03

70H Plans, Operations, Intelligence, Security & Training

COL Frederick Gerber Consultant



Plans, Operations, Intelligence, Training and Security Update 2002: Operators, hardworking men and women who epitomize the Operators SPPICED mantra (Synchronize, Plan, Prioritize, Integrate, Coordinate, Execute and Document History). Busy doesn't begin to describe the work tempo in the past 14 months. A Global War on Terrorism (GWOT), a war some senior leaders believe will last 15 years. The terrorist attacks on America in September 2001 redefined, re-shaped, reprogrammed and reprioritized almost everything we do in the Army. PERS/OPS/WORKTEMPO has never been higher. We're at Partial Mobilization, one step below a WWII style Full Mobilization. We mobilized 34,400 Army Reserve component soldiers (you see them at every US airport—Operation Noble Eagle -ONE), we're at war in central Asia, Pacific, South America (Operation Enduring Freedom-OEF) peacekeeping in SFOR.KFOR...supporting 11 separate named contingencies across the globe. At the heart of every one of these operations is an associated Campaign Plan, CONOP, OPLAN, OPORD, MOBORD, EXORD, DEPORD... prepared and SPPICED by an operator...and most especially medical operators in every Unified and Specified Command, MACOM and Headquarters.

Medically, each of these current and future exciting operations revolves around medical 70H Operations Officers. We call them Med Operators,

"3s", (S/G/C/J-3), Ops O's, etc. We've carefully developed and positioned Med Operators across a wide, strategic panoply of current and future operations. Let me share with you some examples of our opportunities and successes.

Office of Emergency Response (OER)

We had the vision four years ago to begin training Operators with OER (formerly the Office of Emergency Preparedness). Operators who deploy ISO every national disaster and emergency response incident. Our Med Operators (Mike Smith, Ron Walker, Stephan Kaiser, Pam Evans), have actually written, planned, rehearsed and executed National level contingency plans for the OER staff, never previously exposed to concepts of SPPICED, OPLAN/ORDS. Young CPTs and MAJs gaining national level experience and recognition. With the visibility and priority given to all things dealing with Homeland Defense, Med Operators have taken the Service lead in developing unique skill sets, background and experience to ensure successful outcomes.

Federal Bureau Of Investigation

As with the OER Training With Industry (TWI), we also positioned a Med Operator with the FBI to liaison critical national terrorist and emergency medical responses. Officers such as Eric Sones are gaining strategic insight into how a national agency runs ops centers, how they develop intelligence, how to plan local, state and regional response plans, etc. When you hear about the new four-color national color code for warning Americans of the terrorist threat...remember a Med



Operator was actually instrumental in developing and implementing this initiative.

Central Intelligence Agency

Another TWI initiative, we placed a Med Operator (Tom Paul) with the CIA to provide medical liaison and intelligence. In this relationship, working with top-level national counterterrorism work groups, Med Operators gain strategic insights and provide med ops insights into high-level intelligence operations. Unfortunately, this program was curtailed in 2002 based on the reduced applicant pool.

Senior Military Aides

A superb Med Operator with peerless credentials in Division level Health Services Support (HSS), Strategic Health Policy, Joint Staff, HQDA and DOD, we have a young LTC Guy Strawder serving as the Military Aide to the Assistant Secretary of Defense for Health Affairs. He was selected above all Service peers, based on his Med Ops background and experience.

Joint Staff

COL Charles Davis serves as the senior military medical officer on our highest military staff. We're extremely proud to have him representing military operations on the Joint Staff.

Hospital Commander & DCA

Med Ops officers serving as DCAs and Hospital Commanders.



COL Margie Rivera, 70H, was the Madigan Army Medical Center Chief of Staff and was selected to command the Fort Leavenworth MEDDAC. She is an example of an officer who has lead the way for 70Hs who obviously have SPPICED talents to offer within the MTF Community of our AMEDD.

Joint, Multinational HQ Positions

It became clear three years ago that military, political and economic landscapes were changing. International, multinational, United Nations, coalition, joint operations were shaping battlefields of the future. Medical Operators seized the opportunity to man Joint, Multinational medical planning positions in Italy, Turkey and Greece. CPTs Pasek, Termain, and Casey lived in exciting places, did exciting things in exotic places these past 18 months. All outstanding Med Ops officers.

History

Your MSC Historian is none other than a Med Ops officer. MAJ Bob Glisson serves you in the Office of the Surgeon General. He recently completed close to 100 interviews of those involved in the 9-11 Pentagon terrorist bombing. He's attended, participated and shaped almost every AAR conducted in wake of OEF. Bob exemplifies the Med Ops officer who executes the "D" in our SPPICED acronym...he captures and documents what he sees on operational horizons. Bob continues to serve all of you in documenting MSC history.

LTHET

Stands for Long Term Health Education and Training and refers to a long-standing AMEDD program that provides AMEDD officers with opportunities to earn Masters and PhDs in disciplines relevant to our AOC. Med Operators have yearly opportunities to apply for LTHET programs in History, Strategic Health Planning, Interna-

tional Medical Ops, ORSA, Strategic Intelligence, Baylor and Health Care Administration. Med Ops officers who applied for 2003 LTHET starts had a 96% selection rate and represented over 26% of the overall officers selected for LTHET programs. We did fantastic. Proud of you all.

NORTHCOM

The first medical officer to serve in the newly created NORTHCOM was a Med Ops officer, MAJ Tom Berry. He recently completed a year at HQDA and was selected to serve in the newest of our Joint Commands. NORTHCOM will play a significant role in Homeland Security.

Special Operations

Special operations is enjoying a surging revival throughout The Army. Clearly it was largely a SOF, SF shaped battlefield in Uzbekistan and Afghanistan prior to the entry of conventional forces. Those pictures of SF soldiers with beards, mingling with warlords, riding horses into battle, going native...haven't been seen since the Vietnam war. Our Med Ops officers were in the middle of planning the medical support for Black Ops, conventional SOF and guerrilla support operations. COL Heintz and LTC Nelon at USSOCOM, and LTC McVeigh from DA Current Ops continue to work in these endeavors. Also, MAJ Mike Sassano is a ranger qualified 70H serving in Ranger Regiment. He plans the medical support for the most elite soldiers in the world.

Medical Operations Officer and NCO Course

COL Dick Agee at the AMEDD Center and School developed and supported implementation of the first three Med Ops officer courses. Third and final validation course executes Nov 02. Thereafter the course will become a requirement for 70H AOC certification. It will soon be the only way to

achieve the AOC. You old hands will be grand fathered...the course is for the youngsters coming into our field.

Key Med Ops events in 2003 to look forward to. Plan to attend. The 2003 AMSUS conference, in San Antonio, Texas, is an annual event. You'll see your Tri-Service Med Ops peers at this meeting, international officers from many countries and get the chance to mingle with our other MSC branches. We've had a 2-day MSC breakout for the past four years, mini-Sperandios with lots of Med Ops focus workshops. The Sperandio Med Ops conference will be integrated with the annual AUSA Medical Symposium held in San Antonio, TX. Hope you'll all attend 2-6 Jun 03, SATX. Huge conference this year, triple the vendors we had in 2001 and another chance to learn from our other AMEDD branches and disciplines.

Summary

2002...another exceptional year for 70H Med Ops officers. Evidenced and proven, by your visibility and involvement in every facet of Army global medical operations. Life for 70Hs continues to be exciting, innovative, cutting edge, high-demand, and driven by multiple operational scenarios. I'm extremely proud of everyone of you, for everything you do and everything you're going to do. Remember to work hard, take care of your troops, lead the way in everything you do... but balance your life, love your spouse and children, pray and be truthful, honorable and keep your commitments.



70K Health Services Material

**COL Jonathon
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. 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. Specific medical logistics command opportunities exist at the Lieutenant Colonel level in our Medical Logistics (MEDLOG) Battalions and at the Colonel level at the US Army Medical Materiel Agency (USAMMA), the US 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 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 (MLPIP) at USAMMA; a two-year Procurement Internship in contracting through the US 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.

We are piloting a Kilo Residency, as part of the Baylor Program, where selected officers complete MLPIP and a six-month "70A" rotation in medical facilities in the National Capital Region, instead of the standard year long Baylor residency.



*CPT Mark Rhodes
172nd MedLog Bn(-), Bagram*

Highlights of the past year

The events of September 11th challenged our country, Army, and AMEDD in very dramatic ways. From every level, Army medical logisticians have been instrumental in responding to the events that launched Operations Noble Eagle and Enduring Freedom.

The Logistics Division at the West Point MEDDAC provided critical medical maintenance support to the Center for Disease Control (CDC) in its delivery of patient ventilators to New York City the night of September 12. Medical Supply Accounts (IMSAs) supporting Power Projection Platforms such as Forts Hood, Bragg, Stewart and Campbell provided essential medical supply and maintenance support to deploying units.

Elements of medical logistics battalions from both the Active and US Army Reserve Components have been providing medical logistics support throughout South West Asia, beginning with the early deployment of a Forward Distribution Team (FDT) from the 32nd Medical Logistics Battalion (FWD). Today, FDTs are operated in SWA by the 172nd MedLog Bn (Ogden, UT) and the 388th MedLog Bn (Hayes, KS). In addition, the 424th MedLog Bn (Pedricktown, NJ) provided critical augmentation to USAMMCE from February through November, helping to support the dramatic increase in medical logistics demands

upon our European distribution center. USAMMCE itself has continued to provide superb support to tri-service customers throughout the EUCOM and CENTCOM regions. Customer assistance teams led by medical logisticians have made several assistance visits into Uzbekistan, Afghanistan, Kuwait, and Qatar in addition to focused visits to transshipment nodes to expedite the movement of Class VIII supplies. USAMMCE's support to deployed customers has demonstrated once again the importance of experienced medical logisticians who understand the medical logistics systems and business processes, and know how to effectively engage the Air Force and Army distribution systems

Medical logisticians have made many other significant contributions to the success of the Army Medical Department (AMEDD) as it supports both a globally engaged Army and continues along its azimuth for Army Transformation. USAMMA has fielded the medical equipment and Equipment Sets to stand-up the first two Stryker Brigades, while providing "Just in Time" modernization of medical forces deploying to OEF and upgrading prepositioned unit assemblages in SWA, afloat, and in the Pacific. The 16th MedLog Bn, like USAMMCE, has provided superb theater level support to all military Services in its region as well as major exercises that assure American readiness to defend the Korean Peninsula. These Army medical logistics centers of excellence have led the DOD in the application of distribution based logistics and provided an invaluable training ground for junior medical logisticians who have been



*LTC Chris Harrington and 1LT Erin McLaughlin
418th Medical Logistics Company
(CASS-M server is in left)*

fortunate enough to serve with them.

A chapter of our history closed with the retirement of the colors of the 147th Medical Logistics Battalion (Rear) in June 2001. Its legacy will continue, however, through the successful transformation of its retiring organization to stand up the 418th and 591st Medical Logistics Companies and the 440th Blood Detachment, among the first medical logistics units to stand up under the Medical Reengineering Initiative (MRI). As a final tribute to this great unit, it was awarded the 2001/2002 Army Deployment Excellence Award in the TOE small unit category by the Chief of Staff of the Army.

A new chapter in medical logistic history opened in May with the “go live” of USAMMA’s Revolution in Logistics (URL), an SAP-based Enterprise Resource Planning (ERP) implementation that is one of the first successful ERP implementations in the DOD. Developed in partnership with DSCP, the URL has made possible revolutionary changes in the production and management of Medical Equipment Sets and will bring medical logisticians once again to the forefront of effective DOD-industry partnerships.

The 6th Medical Logistics Management Center (MLMC) has also undertaken historic changes to the way operational medical forces are supported. The 6th MLMC was the first medical logistics unit to stand up under the MRI in 2000. It now has been provided the automation capability to enable it to serve as the single Army electronic portal for ‘Reach Logistics’. Today, all Class VIII requisitions from FDTs in SWA are routed through the 6th MLMC on their way to USAM-MCE or other source of supply. And, a forward team of the 6th MLMC has been deployed to Kuwait in support of

the Combined Forces Land Component Commander (CFLCC), fielding automation, helping to establish MedLog connectivity, and assisting CFLCC and Theater Support Command in the management of medical logistics operations.

Operational medical logistics capabilities have been advanced with the fielding of the Combat Automation Support System – Medical (CASS-M) server to all medical logistics units, providing a powerful and dependable platform for operating TAMMIS. Current version of TAMMIS now includes the TAMMIS Customer Assistance Module (TCAM), a powerful web-enabled remote order entry capability that allows any customer to do business electronically with a TAMMIS supply account. Operational Test & Evaluation (OT&E) of the Defense Medical Logistics Standard Support (DMLSS) system was completed in November 2002, and worldwide fielding will begin in early 2003 to all non-deployable medical logistics activities. Future versions of DMLSS will include a ‘TCAM’ –like capability.

Challenges

Our work continues. The global war on terrorism will continue to challenge us and our ability to support our deployed forces. We must be ready for whatever direction our country goes in dismantling the worldwide terror network, and continue to lead medical transformation by adopting new business practices, streamlining processes, and adapting to our ever-challenging operational environments. We are underway with a corporate eBusiness initiative to create an end-to-end totally electronic medical supply chain for the AMEDD. Initial efforts will focus on data synchronization as a key for the Army to implement consistent product data on medical/surgical items in all of our automated systems, DoD medical/



Arrival of medical supplies, 339th CSH, Bagram

surgical contracts, and with our commercial trading partners.

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 for both deployment and sustainment requirements. 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. USAMMA’s Revolution in Logistics (URL) 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 close with a simple 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.



Post Professional Short Course

Health Care Logistics Management PPSCP

Over 500 officer, warrant, enlisted, and civilian medical logisticians converged on Philadelphia this year for the 2002 Professional Post-Graduate Short Course in Health Care Logistics Management, focused on the theme of The Road Ahead. The conference provided an excellent forum for educating and training our career field on emerging medical logistics initiatives, modern business practices, and technology advancements. It also provided a great opportunity for soldiers at all levels to receive valuable mentorship, and insights into career development and professional opportunities in the medical logistics career field.

The conference's tone and direction was set on multiple levels the first

day - strategically by GEN John M. Keane (Vice Chief of Staff of the Army), medically by LTG James B. Peake (The Surgeon General), and logistically by BG Richard L. Ursone (Assistant Surgeon General for Force Sustainment). Attendees were challenged to consider and understand their role in shaping tomorrow's Medical Department and Army.

Follow on plenary sessions on transformation and the objective force outlined the Army's direction; and focused logistical presentations from the Joint Staff, Army's G4, Combined Arms Support Command, and the Defense Supply Center Philadelphia described how the logistics community was going to support the Army of the future. 63 breakout sessions covering operational medical logistics, logistics automation, contracting, and facilities

management detailed The Road Ahead for the medical logistics community.



COLs Gina Deutsch (L) and Jettaka Signaigo, HHS Fellows, with Assistant Secretary Claude Allen at the 2002 Medical Logistics Postgraduate Short Course

70K9I Health Facilities Planning

COL John Becker 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 typically related to the disciplines of architecture or engineering. To receive the 9I ASI, an officer must have 1 year of experience in Health Facilities Planning, plus a Masters Degree in health facilities planning, architecture, engineering, construction, logistics management, 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 ana-

lyze and resolve significant and complex acquisition and planning issues.

Health Facility Planners provide deployable Facility Life Cycle management expertise in a multitude of areas. Representative examples include facility acquisition, planning, engineering, equipment planning, sustainment, transition, installation management, and DPW operations. Assignments are available in both TO&E and TDA units, including the Office of the Surgeon General (OTSG) and U.S. Army Medical Command (MEDCOM).

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 \$282 million in major facilities construction, \$210 million in design/development, and \$110 million in repair and maintenance projects. During the past year, Health Facility Planners have participated in four SMART team

deployments to El Salvador, Kosovo, Nepal, and Kuwait, providing team leadership and facilities expertise to nation building. A noteworthy accomplishment was the construction of an unprecedented modular medical facility to support the International Coalition at Camp Bondsteel, Kosovo. The U.S. Army Health Facility Planning Agency (HFPA) recently celebrated its 25th Anniversary, and in May, Lieutenant Colonel (P) Rick Bond became the 9th Commander since the creation of the Agency. Colonel Thomas Kurmel, the former Commander, was recently assigned to the TRICARE Management Activity (TMA) as the Director, Facilities Life Cycle Management. He is the first military officer to be assigned to this newly created position, which is responsible for providing leadership and oversight of the tri-service health facilities program. COL Kurmel's education and experience within the AMEDD as a Health Facility Planner resulted in his selection for

this prestigious position.

In addition to providing invaluable support to the AMEDD Mission, Health Facility Planners are being recognized for their talent and accomplishments through selection for key assignments, promotions, and selection for long term education. Lieutenant Colonels Rick Bond and Carmen Rinehart were recently selected for promotion to Colonel, a great step forward that will ensure continuity at the Senior Leadership levels for the 70K9I career field. Majors Guy Kiyokawa and Chris Castle were recently selected for promotion to Lieutenant Colonel. Major (P) Kiyokawa is finishing a tour as the Aide-De-Camp to The Surgeon General, while Major (P) Castle just finished a tour as the Aide-De-Camp for General Zanini, Commanding General, 8th Army, in Korea. Major Kent Koger also recently finished a tour as the Executive Assistant to the Assistant Surgeon General For Force Sustainment, BG (P) Webb. The fact that three 70K9I officers served in these challenging and highly visible roles during the same time frame speaks to the outstanding quality of the officers in the 70K9I career field.

Captain (P) Dave Gibson is currently attending resident Command and General Staff College, another kudo for the career field. Captains Jon Sylvie, Mike Brennan, and Tom Baker were recently selected for promotion to Major, and First Lieutenants George Coan and Dan Leary were recently selected for promotion to Captain. Congratulations to all of these officers, who are living proof of the great talent and potential our career field enjoys.

Unique Positions

This AOC is unique in that there is no civilian job that will allow a young officer to have the level of responsibility the Army provides them through experiences such as Bosnia, Kosovo,

Haiti, disaster relief, and large project design and construction management. Currently a Major runs each of the Health Facility Project Offices in Korea, Germany, Alaska, 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, broke ground and continues forward as a \$215 million project over 6 years. Planning is also underway for a \$10 million new energy plant for the Walter Reed Army Medical Center.

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 than 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 Jon Kissane, the Commander, HFPA, Lieutenant Colonel (P) Rick Bond, and the Health Facility Planning consultant, Colonel John Becker, 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 re-

lated positions. Over seventy percent (70%) of our officers have commanded companies and many have typically served in positions well above their grade. As a result, Health Facility Planners do extremely well on promotion boards. Efforts are underway to improve recruitment/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 may contact the Health Facility Planning Consultant or the Commander, HFPA.

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 compared to the private sector, and the unprecedented educational opportunities at both the Master's and Doctorate level in a variety of related disciplines (e.g. architecture, engineering, construction management, acquisition, etc). 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 5 officers currently in LTHET, which include a PhD program (1), Masters Program (3), and TWI (1).

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 \$9 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.



670A Health Services Maintenance Technician

CW4 David Fuss Consultant



Health Services Maintenance Technicians manage the maintenance requirements for both fixed and field medical facilities. They are professionally developed through a variety of assignments and training opportunities and are the only specialty trained maintenance warrant officer in the AMEDD. The Maintenance Technician participates in the process of procuring medical equipment and serves as a technical consultant to the hospital staff for maintenance and procurement matters, providing technical expert advice and service to ensure safe, quality patient care. Additionally, they train hospital staff in the proper care and operator maintenance of medical equipment, while supervising the technical and tactical performance of a myriad of enlisted maintainer MOSs.

To maintain this field of skilled, competent, and caring professionals, we annually solicit superb 91As in NCO grades E-5 (P) or above to apply for Warrant Officer. Once selected, individuals must successfully complete the Warrant Officer Candidate School at Fort Rucker. Upon successful completion of the 670A specialty course (WOBC) at the Army Medical Department Center and School, they are assigned to one of the Army's TOE or TDA Medical Treatment Facilities (MTF) or to one of the Medical Logistics Battalions. Maintenance Officers are also offered the opportunity to obtain a bachelors degree or complete a degree that the warrant officers began on their own.

Warrant Officer Advance Course

An AMEDD Warrant Officer Ad-

vance Course has been designed and should be fielding its first class in October 2002. This course will provide advanced warrant officer training along with AMEDD specific instruction to our 670As and the Veterinary Services Technician Warrant Officers. Previously, these warrant officers attended the AMEDD Officer Advance Course, which was not specialty specific.

Past Year's Successes

Today Health Services Maintenance Technicians are deployed around the globe in support of the Army's fixed Medical Treatment Facilities, to Combat Support Hospitals, and to Medical Task Forces supporting of OOTW missions. Other notable actions include the four-month deployment of a maintenance warrant from HFWA as Project Manager and Health Facility Planner for construction of 38,000 Square foot modular hospital on Camp Bond Steel in Kosovo. The maintenance warrant officer and 91As team from USAMCEE participated in support of the contingencies TASK FORCE MED FALCON and TASK FORCE MED EAGLE.

The Health Services Maintenance Technician will play a major role in the fielding of the Medical Reengineering initiative medical organizations this year and in the following years to allow for safe and functional medical equipment for our health care providers. All of these issues, while significant, can be difficult to quantify in justifying increased compensation for warrant officers to help with personnel retention.

Associations

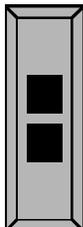
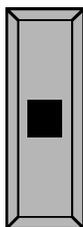
Warrant Officers continue to build their professionalism through associations and membership to professional organizations such as the Association for the Advancement of Medical In-



strumentation, Society of Biomedical Equipment Technicians, American Society of Healthcare Engineers, Biomedical Engineering Society, and the International Certification Commission for Clinical Engineering and Biomedical Technology. All of these associations and memberships lead to health-care and professional growth for the Health Services Maintenance Technician.

Challenges for the Future

The shortage of Health Services Maintenance Technicians persists, and the outlook for 2003 is not improving. High turnover resulting from unanticipated retirements, long term civilian schooling, continuous migration to other specialties, and training dropouts are often the intangible overlooked costs. I anticipate a call for nine accessions this year to fill our critical vacancies.



67J Aeromedical Evacuation

COL Scott Heintz Consultant



The year of 2002 was eventful for Aeromedical Evacuation community. Our officers were successful on many challenging fronts. The contributions of our officers across the depth and breath of MSC and the AMEDD are paramount to AMEDD and Army Transformation. Our officers have also earned collective and individual recognition.

Leader Development

Beyond initial 67J assignments made with the intent of honing aviation, leadership and management skills of aeromedical aviators, our officers serve in secondary MSC areas of concentration (AOC). As such, we have mid-grade and senior aviators serving as chiefs of staffs, deputy commanders for administration (DCAs), operations officers, comptrollers, logisticians and human resource managers. It is imperative that 67Js experience and then select secondary an AOC 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 or O5A positions. Regardless of individual preferences, aeromedical evacuation aviators must not only broaden their aviation skill sets, they must also become experts in another MSC AOC to achieve professional expectations.

Aeromedical Evacuation officers serve as aeromedical evacuation aviators specially trained in a variety of key subject areas focused on medical aviation. Upon graduation from flight school and the 2CF7 Medical Evacuation Doctrine Course, newly qualified aeromedical evacuation pilots are assigned aircraft on aeromedical evacuation missions while supervising in-flight treatment to sustain human life and relieve suffering. They are as-

signed to those entry-level flight positions within our evacuation units that will provide them with the base critical skill set they will need throughout their careers as aeromedical evacuation officers. The emphasis in these initial assignments is placed on the development of both their aviation skills and an exposure to leadership opportunities. They tactically employ medical aircraft, personnel, and equipment in support of land combat operations in varying tactical, terrain, and climatic environments using a variety of flying techniques and equipment.

Aviation Transformation Initiative (ATI)

The most significant initiative of interest to our community is the Army Aviation Transformation Initiative (ATI). The Army's ATI has undergone numerous revisions over the past two years. However, the objective of the ATI remains twofold: divest the Army of legacy airframes (UH-1, AH-1 and OH58) and modernize the Army National Guard. The most recent plan, which was approved through the 1-Star General Officer Steering Committee, maintains the requirement of 15 aircraft for air ambulance companies while reducing the actual number of aircraft resourced. The Army's final decision on this latest version should be made in August 2002.

The 15-aircraft requirement, validated in every Total Army Analysis process to date, is critical to our ability to effectively clear the battlefield. The air ambulance companies in Korea will continue to be resourced at 15 aircraft as will the split-based 68th Air Ambulance Company in Hawaii and Alaska. The 421st Evacuation Battalion in Germany will be resourced in a 3x10 configuration or 3 companies at 10 ships each. The FORSCOM distribution plan recommend the following resourcing and unit configuration for CONUS Active Component air ambulance companies: the 507th at FT Hood and the 57th at FT Bragg will be resourced at 13 each. The 498th at FT Benning, 571st at FT Carson, 82nd at FT Riley, 54th at FT Lewis and 50th at FT Campbell will each have 12 air-

craft. The TDA MEDEVAC units at FT's Rucker, Polk and Irwin will be resourced with six (6) UH60s Blackhawks for mission support at these installations. The TDA MEDEVAC units in Honduras and FT Drum will be resourced with four and USAARL at FT Rucker will retain one.

While there are obvious negative aspects associated with the loss of airframes a comparative analysis with our aviation branch counterparts reveals some attained success. First there is no loss in TOE requirements. The requirement for our air ambulance companies remains 15 aircraft. Additionally, the active aviation force structure "lost" 25 company-level flags through migration to the National Guard or deactivation, the active air ambulance structure did not lose a single unit. This translates to undisturbed career and command opportunities/67J billets for our Aeromedical evacuation officers. There will be a multitude of challenges associated with the reduction in airframes available to execute an ever-increasing OPTEMPO but inevitably, the outstanding young officers who populate our career field will rise to the challenge as they have on every occasion where innovation and adaptation were required.

Conclusion

Our officers have fared well this year in LTHET starts, CGSC, SSC and command. These successes are a result of the professionalism our officers demonstrate daily in support of installations, NTC, JRTC, operational exercises and deployments into threat theaters of operations.

Award of Excellence



CPT Dave Zimmerman
Health Services Category

CPT Zimmerman is an aviator and commander of the 546th Area Support Medical Company. In 2000, he was flight platoon leader of the 507th Medical Company and orchestrated redeployment of four aircraft and personnel from Saudi Arabia in support of Operation Southern Watch. Zimmerman became 36th Evacuation Battalion air operations officer and developed an air procedures guide that can be credited with safe operation of both rotary-wing and fixed-wing aircraft in the constricted operating space of Camp Bullis, Texas.



CPT Michael Terry
Health Sciences Category

CPT Terry is an environmental science officer currently assigned to the Center for Health Promotion and Preventive Medicine as the aide-de-camp. While serving at CHPPM-North, Terry supported surveillance programs ensuring the health of deployed forces in Europe. He served on the U.S. Army Europe Environmental Survey Team and on a multi-technical team providing joint medical surveillance technical assistance visits to 18th Airborne Corps preventative medicine units.



CW2 John Burgess
Health Services Maintenance Technician Category

While serving at MEDDAC-Fort Riley, Kansas, Burgess prepared a "get well" plan for the 2001 Joint Commission for Accreditation of Healthcare Organizations survey. The medical maintenance branch led the hospital with a score of 100 percent. He has coordinated the procurement of over \$2.7 million worth of new equipment and reutilized over \$2.3 million worth of used equipment. His initiatives saved the facility more than \$150,000 per year in annual costs.



CPT Richard Weichel
Army Reserve Category

CPT Weichel is assigned to the 396th Combat Support Hospital. He has planned annual training and streamlined logistics. By initiating a relationship with the Reserve Command Surgeon's Office, Weichel was able to tap into the resources of the IMSA supply system to prepare the 396th CSH for any full-scale deployment. His efforts enabled the unit to compete for the Army Chief of Staff Supply Excellence in all aspects of logistics management.



CPT Kevin Kruse
National Guard Category

As company commander for the Headquarters Support Company of the 109th Medical Battalion, CPT Kruse has demonstrated outstanding leadership. As a result of Kruse's initiatives, his company distinguished itself during Annual Training and provided support for the regional Expert Field Medical Badge training and testing. Kruse's improvements for the training program significantly enhanced readiness for not only his company but the entire command.

Junior Officer Week



The Chief, Medical Service Corps Award of Excellence (AOE) and Junior Officer Week (JOW) programs provide personal recognition to outstanding junior Medical Service Corps (MSC) officers who have made significant contributions to the Army Medical Department (AMEDD) mission and performed in an exceptionally outstanding manner. A board of senior MSC officers is convened to select the AOE recipients and JOW participants. In order for a junior MSC officer to participate in JOW, the individual must be nominated for the AOE.

Award Of Excellence (AOE)

Since 1982, the Chief, Medical Service Corps has presented the Award of Excellence to an active duty junior officer in each of five categories:

- 1) Health Services (MFA: 70-series and AOC 67J)
- 2) Health Sciences (MFA: 71, 72, 73-series and AOCs 67E, 67F, 67G)
- 3) Health Services Maintenance Technician (MOS 670A)
- 4) Army National Guard
- 5) U. S. Army Reserves

Junior Officer Week (JOW)

Since 1985, the Office of the Chief, Medical Service Corps has invited a select group of deserving junior officers to participate in the JOW activities, held in the National Capitol Region. The purpose of the JOW week activities is to recognize outstanding junior MSC officers and give them the opportunity to meet and discuss issues with the senior leadership of the Medical Service Corps, the Army Medical Department and the Department of Defense. In addition, overviews and tours are provided of several key organizations including the Office of the Surgeon General, Office

of the Assistant Secretary of Defense (Health Affairs) and MSC branch, Personnel Command (PERSCOM). Other tours include: Pentagon, Arlington Cemetery, Old Guard, staff ride to a Antietam National Battlefield, and the Washington D.C. national monuments. This year, JOW was held from 6-11 April 2002. 24 officers were selected from all over the world for participation in this week-long event. Next years Junior Officer Week will be held 5-10 April 2003.

Selection Board and Eligibility Requirements

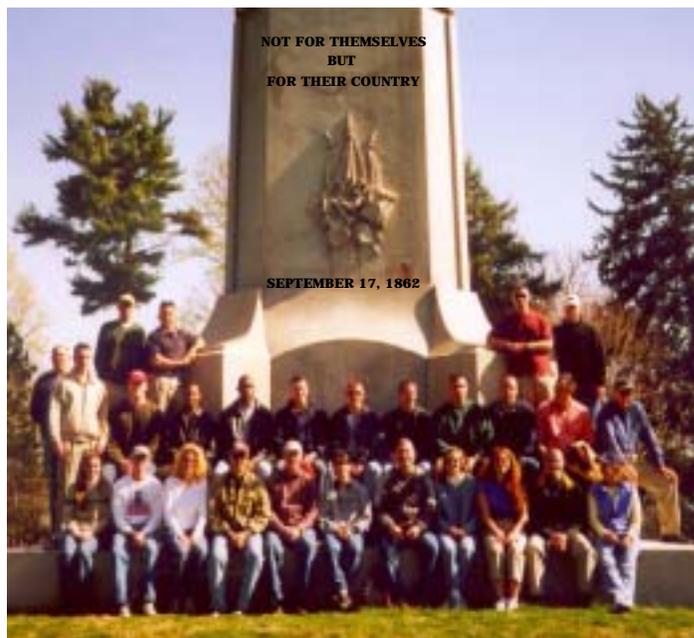
The Chief, Medical Service Corps convenes a board of senior MSC officers to select the Award of Excellence recipients and the Junior Officer Week participants. Individuals in the supervisory chain may nominate eligible MSC officers for the award of excellence and participation in junior officer week. Eligible officers are: 2LT-CPT (not previously considered for promotion to MAJ) and WO1-CW2 (not previously considered for promotion to CW3). There are no limits to the number of officers a unit or installation can nominate. Request that "local boards/selections" not occur. Nominations must be forwarded through the chain of command and will be in memorandum format.

Award of Excellence Luncheon

Over 150 Retirees, Active Duty,

Reserve, and National Guard officers and family members were in attendance at the annual Award of Excellence luncheon held at the Fort Myer's Officer Club on 9 April 2002 to recognize our junior officers. BG Ursone recognized CPT Dave Zimmerman, CPT Michael Terry, CPT Richard Weichel, CPT Kevin Kruse, and CW2 John Burgess, who distinguished themselves and were selected from over 125 nominations to receive the AOE. These 5 junior officers were presented with the MSC medallion and a Certificate of Achievement.

BG Ursone also recognized the 24 officers selected for participation in JOW. These officers represented a broad variety of MSC specialties, both TOE and TDA facilities, from active duty and reserve components. The officers received a framed Certificate of Achievement and a Chief, Medical Service Corps star coin.



U. S. Army-Baylor University Graduate Program

Today our graduates from the Army-Baylor program are the leaders of the Army healthcare system as commanders, deputy commanders for administration and recognized experts within their MSC area of concentration (AOC) as logisticians, operators, comptrollers, IM/IT, aviators and patient administrators. Historically, the U.S. Army-Baylor program was oriented towards preparing selected Medical Service Corps officers to become Healthcare Administrators AOC-70A. The call for today and tomorrow is to educate and then leader develop senior officers with the “skill sets”, not merely for an AOC, but for the demands of the Military Health System (MHS). Therefore, Baylor is in the throes of transitioning from solely a producer AOC 70A.

Beginning this year, academic year (AY) 2003, Baylor is examining new offerings to better prepare our officers for the demands of the military healthcare system (MHS). The intent is to introduce and reinforce healthcare management and practices and couple this study with graduate or specialty work within an individuals’ AOC.

Logistics (70K): Beginning in July 2002, Army-Baylor will partner with the U.S. Army Medical Materiel Agency (USAMMA) to accelerate the professional development of our medical logisticians. Foregoing the traditional one-year residency, one of the AY 2002 70K students will attend the Medical Logistics Management Internship Program, and then proceed to a condensed six-month residency in the National Capitol Region. USAMMA, the Health Facilities Planning Agency and Walter Reed Army Medical Center will jointly sponsor the residency. The student’s graduate management project will be designed with sufficient scope to satisfy both Baylor and MLMIP requirements. We project the utilization

tour for this officer to be at either Office of the Surgeon General (OTSG) DCSLOG or Health Facilities Planning Agency (HFPA). If successful, this program may be expanded to three students per year. For some future students, the shortened residency may be at a Medical Treatment Facility, where the follow-on assignment would be as the Chief of Logistics or Chief of Materiel Branch.

Resource Management (70C) and Information Management (70D): Four 70C officers are selected each year to attend civilian Masters in Business Administration (MBA) programs. Those programs vary in quality, lack a government focus and generally ignore the health care sector. Also in AY 2003, two or three resource management officers will attend Army-Baylor prior to completing a year long MBA at the University of Texas, San Antonio. Resource managers developed through this cooperative, dual Masters in Healthcare Administration (MHA)/MBA program will be much better prepared for their demanding role in our MTFs and regions. A similar program has been initiated for two to three 70Ds per year. These officers will also earn a dual MHA/MBA, but the MBA will feature a concentration in information systems.

These initiatives coupled with a relevant and demanding curriculum will develop officers to master the complexities of both the federal-military and private healthcare sectors. The private sector can flourish and succeed without the MHS; however, with a TRICARE benefit that is redefined and more generous with the Congressional mandates in each new National Defense Authorization Act we must understand and be skilled providers of health services to an ever diverse beneficiary population.

The future is bright for Army-



Baylor and its graduates. The opportunities for MTF command and senior influential healthcare policymakers have never been greater. The Army-Baylor program is a portal to both personal and professional success. As such, its focus and curriculum has adapted to changes in Army medicine with the introduction of TRICARE and the healthcare industry - a multi-billion dollar sector of our economy - by some accounts 1/7 of the U.S. economy. And within the Army, healthcare is a \$7 billion enterprise. It is the graduates of our U.S. Army-Baylor program who oversee and influence this enterprise.

The U.S. Army-Baylor University Program in Health Administration Program has long been recognized nationally for the quality of its students, faculty and curriculum. It is a premier MHA program for our Federal or MHS and has graduated more than 2,400 officers to serve in multiple leadership positions in the Medical Service Corps and the Army Medical Department. In its 2001 review by the Accrediting Commission on Education for Health Services Administration the U.S. Army - Baylor Program was awarded a seven-year accreditation. As such, this confers upon our U.S. Army - Baylor Program the recognition of being in the top ten (10) percent of the nation’s MHA programs.

A program as distinguished as Army-Baylor does not establish and retain its well deserved reputation for over 50 years by being complacent.



MSC Contributions

LTC (P) John Grabenstein, 67E

LTC (P) Grabenstein, Deputy Director of Clinical Operations: With little advance notice, LTC (P) Grabenstein directed 10 teams that generated a 360-page DoD Interim Smallpox Response Plan in six weeks. This document was subsequently adopted by the Deputy Secretary of Defense for Health Affairs and served as principal conduit of information between AVIP, the National Research Council (NRC), and the Institute of Medicine. The result was an extremely favorable report regarding the safety and effectiveness of the anthrax vaccine, with compliments to DoD's research efforts. LTC (P) Grabenstein's contributions were explicitly acknowledged in the final published report. Additionally, on 11 September 2001, he assumed the role of Medical NBC officer, arranging access to electronic ambulatory records to allow surveillance for biological attacks at all military installations around the world (Project ESSENCE). In December 2001, he provided support to the US Capital Physician and the US Postal Service to guide individual decision making for post-attack anthrax vaccinations. LTC (P) Grabenstein provided administrative and scientific expertise to the independent civilian Anthrax Vaccine Expert Committee, as it reviewed the cause-and-effect relationships of 1,867 adverse event reports submitted on the anthrax vaccine. He also briefed the NATO Biomedical Defense Advisory Committee on biodefense against anthrax and smallpox, and he chaired immunization advocacy committees for the American Pharmaceutical Association and the American Society of Health-System Pharmacists. LTC (P) Grabenstein was named to *Who's Who in America for 2002*. He is the vice chairman of United States Pharmacopoeia's Vaccines, Virology & Immunology Expert Committee, and thus a member of USP's Council of Experts.



CPT Ken Wells, 67F

CPT Wells was the Distinguished Honor Graduate for his Officer Basic Course class, which concluded in May 2002. CPT Wells is a Direct Accession from Montana and started the Optometry Residency program at BAMC on 1 July.

CPT Matthew Gorski, 70C

CPT Gorski was assigned to Fort Sill as the Chief, Business Analysis Division and executed the MEDDACs \$64M budget with uncanny insight into the minute details of year-end finalization, finishing the year funding the Pharmacy Budget. He supported the increased FTE requirement and remained within budget guidance. CPT Gorski incorporated the Balanced Score Card in the FY 02 Budget process with a solid vision and wise business acumen. He carefully analyzed and identified those areas paramount to achievement of the command's goals.



1LT Maurice Hill

1LT Hill's serves as the Troop Commander for the 1207th United States Army Hospital and is responsible for the accountability, health and welfare of over 360 soldiers that are assigned to the unit. His soldiers have responded well to his leadership, resulting in a 98% weight control compliance program and a 95% retention management program that has been critical in the unit having 130% strength. LT Hill balances his military duties with being a Battalion Fire Chief for the City of Atlanta, with over 18 years of service. He manages a department supervising well over 30 fire men. As a Fire Chief, he has received numerous awards for his outstanding community involvement and volunteer efforts in the city of Atlanta.



CPT Jeanne Geyer, 71A

CPT Geyer is a trained molecular biologist and microbiologist and was actively recruited to facilitate the Division of Experimental Therapeutics' drug discovery efforts at the Walter Reed Army Institute of Research (WRAIR). CPT Geyer immersed herself into supporting the department's drug discovery mission. Presently, she is at work defining the proteins that mediate cell cycle control in *Plasmodium falciparum* and is defining the molecular mechanisms by which the parasite becomes resistant to new drugs. Her work has led to the development of two recombinant protein high throughput drug assays for protein kinases by which malaria parasite may become resistant to new drugs. In addition to her scientific duties, she enthusiastically serves as the institute manager for the 2001 Combined Federal campaign that encompasses over 600 soldiers and civilians and represents 10% of the installations annual CFC contribution.



1LT Kelly Flood, 70B

1LT Flood serves as the Command's principle advisor on matters pertaining to contingency and mobilization plans and their implementation in support of Fort Stewart, the 3d Infantry Division (Mechanized), and the Coastal Georgia Region. As primary manager for the PROFIS program, she coordinated and updated the PROFIS tracking database, resulting in the recouping of \$200,000 dollars in readiness funds. She initiated a newsletter to increase communication and soldier responsiveness for 160 PROFIS personnel. 1LT Flood planned and execution of a successful force protection exercise, which validated the hospital's ability to respond to MASCAL events.



MSC Contributions

1LT Tina Kopilchack, 72D

1LT Kopilchack serves as the Chief of Environmental Health at DeWitt Health Care Network, Ft Belvoir. She personally developed and, for two years, has coordinated the installation West Nile Virus Surveillance Program. This includes mapping the entire installation for mosquito surveillance trap sites, ensuring that mosquito control efforts are organized across the installation, and overseeing an extensive train-the-trainer program for 100 percent of Preventive Medicine staff, the installation entomology section, and the mayors of all the housing areas. 1LT Kopilchack's user-friendly SOPs for mosquito sampling and packaging facilitate their use by personnel at many skill levels. Because of this, the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) has recognized this WNV program as among the finest in the Army, and cites it to other installations as a model to emulate. On several occasions 1LT Kopilchack's airtight surveillance identified alarming increases in mosquito populations in low-lying housing areas.

1LT James C. Maker, 70B

1LT James C. Maker serves as the Medical Platoon Leader for 2d Battalion, 504th Parachute Infantry Regiment, 82d Airborne Division. He has designed, resourced, implemented, and supervised an intensive and exhaustive medical skills training program covering all areas of medical care. His dedication to training and development of technical proficiency are evident by the knowledge and skill of the medical platoon. Of the 29 assigned medics, 27 are EMT qualified and an additional 12 are BTLS qualified. He has 11 EFMB qualified medics in his platoon, the highest number of any medical platoon in the 82d Airborne Division. 1LT Maker is technically and tactically proficient. During the most recent Field Training Exercise, 1LT



Maker's medical platoon evacuated 37 notional casualties and 45 real world casualties. His ability to understand, plan, and execute casualty evacuations ensures that casualties are quickly and efficiently evacuated to the proper health care facility. In addition, during support of numerous airborne operations and live fire exercises his medical platoon has evacuated hundreds of real world casualties.

CPT Christopher Peterson, 70H

CPT Christopher Peterson served as a Team Commander in Health Care Recruiting and introduced innovative ideas for improved performance and cultivated positive relationships with essential contacts outside the recruiting BN. CPT Peterson's experience, background and his ability to impart this wisdom to his subordinates proved to be invaluable as his team continually performed in excess of 100% of their volume mission. This large teams success played a significant role in the 5th AMEDD Detachment earning the coveted recognition of becoming the top AMEDD recruiting Detachment both years that CPT Peterson was assigned to the Detachment. CPT Peterson is currently serving as the Assistant to the BDE Surgeon and has been instrumental in establishing in the Army's first Interim Brigade Combat Team (IBCT), Brigade Surgeon's Section. His ability to leverage prior operational and practical experience has allowed this vision to become a reality. CPT Peterson again was able to utilize his experience and technical knowledge to mold evolving Army Doctrine that will serve as a guide to future AMEDD professionals in the Army of the future.

CPT Callie Molloy, 67F

As the Assistant Chief of Optometry at Martin Army Community Hospital, Ft. Benning, GA, CPT Molloy provided pre- and post-surgical care to soldiers of the 75th Ranger Regiment undergoing photo-refractive keratotomy (PRK) as part of a Special Operations Command study. She also participated in the development of eye-related distance learning modules and an optome-

try specific flight sight surgeon program within the School of Flight Surgeons Course. While stationed at Camp Casey, Korea with the 2nd Infantry Division, CPT Molloy was selected as a member of the Eighth United States Army team that competed in the Army 10 Miler in Washington, DC.

CPT Christopher M. Todd, 70K

During his tenure as the Chief, Field Operations, United States Medical Materiel Agency, at Ft. Detrick, CPT Todd, designed an automated system to track milestones in the Integrated Logistics System fielding schedules. This system is compatible with existing software and allows for future system upgrades, ensuring future viability and application of the system. CPT Todd's creativity and foresight will ensure all requirements in the fielding process are met while providing the best available equipment to medical personnel on the battlefield.



MAJ John Spain, 67E

Walter Reed Army Medical Center provided joint services progress on the 1-CHCS pharmacy efforts for the National Capital Area, and Pharmacy support to the Pentagon during September 11. The award for Clinical Pharmacist of the Year for 2001 went to MAJ John Spain who was assigned to WRAMC at that time.



1LT Irving Fannell, 70B

1LT Fannell is the Commander of Headquarters and Headquarters Company, 3D MEDCOM and was able to record zero related incidents on unit members involving property and resource allocation. 1LT Fannell coordinated the transportation, training, briefings and staff meetings which ensured the soldiers were receiving the best possible training.



**2LT Caroline Kim, 70B (Left)
CPT Chris Moore, 70H (Right)**

2LT Caroline Kim served with the 560th Ground Ambulance Company, 52nd Medical Battalion in South Korea this past year. As XO and HQ platoon leader in the most forward deployed ground evacuation company in the Army along the most heavily defended border in world, she directly supported the 2ID with a fleet of 24 M997 front line ambulances with a 95% operational readiness rate and additional equipment valued in excess of \$3.7 million. She was also responsible for 125 assigned personnel, including 40 Korean Service Corps ambulance drivers, and 6 Korean augmentees. 2LT Kim aided the company through 18th MEDCOM's Award for Maintenance Excellence inspections where the MEDCOM commander applauded the unit for commendable performance.



CPT Allen Bryant, 70K

CPT Bryant is assigned to the 32nd MEDLOG Battalion. He was the OIC of the Forward Distribution Team that provided MEDLOG support to units deployed in Afghanistan.



CPT George Kallstrom, 71A

Former Surgeon General LTG (Ret) Ronald R. Blanck administers the oath of commissioning to 1LT (USAR)/CPT (AD) George Kallstrom, 71A, on the Army's 226th Birthday, 14 June 2002, at the Texas Osteopathic Medicine Conference in Austin, Texas. George was selected as a Microbiologist and will enter the AMEDD Officer Basic Course in September as CPT Kallstrom.



CPTs Pierre Edmonson and Kevin Ridderhoff, 67E, review deployment CL VIII requests at Blanchfield Army Community Hospital, USA MEDDAC, Fort Campbell, KY.



MAJ Debra McNamara, 67F

MAJ Debra McNamara in Kosovo Optometry Civilian Assistance Program



1LT Courtenay Whitman, 70B

As a Medical Platoon Leader in the 504th Parachute Infantry Regiment, 82nd Airborne Division, 1LT Courtenay J. Whitman developed and implemented non-standard CASEVAC procedures utilizing the M-998 HMMWV for the ATLS on the drop zone, the M-Gator in search and attack and MOUT operations, and aid and litter teams comprised of non-mission essential personnel such as cooks and mechanics, task organized with medics to assist rifle companies in CASEVAC. During an EXEVAL the Observer/Controllers specifically recognized the "Team CASEVAC" concept as unique and innovative. The technique was so successful that the brigade commander asked 1LT Whitman to demonstrate the technique at a brigade OPD. The other battalions in the brigade have adopted 1LT Whitman's revolutionary technique.



MEDLOG OIC, 32nd MEDLOG Bn, 1LT Vanessa Bonner, 70B, (far right) of Fort Bragg, NC, pals around with CPT Lisa Gerard, TFMF S6, and UK LTs Nell Brewis and Gayle Ferry (right to left). (Attached to 86 CSH in Kosovo)

Medical Allied Sciences



COL Robert Gifford

Providing biomedical leadership for the United States Army, the Medical Service Corps' 284 Laboratory Science Officers in 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, dis-

ease, 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 skill, 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 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.

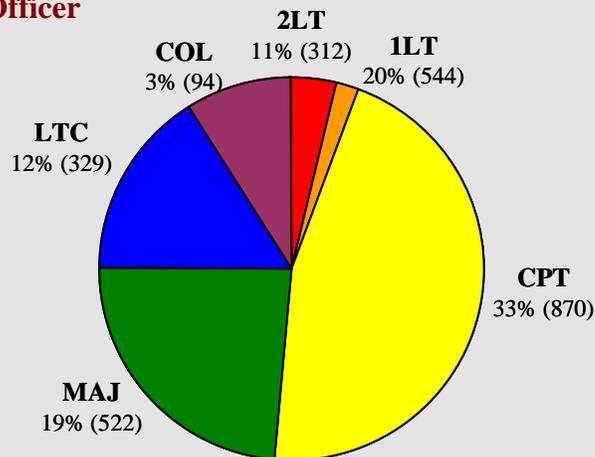
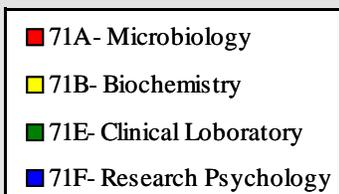
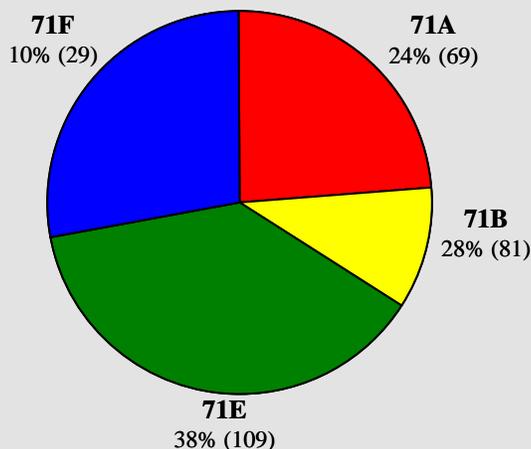
Today, all four AOC's are strong, in terms of both the quality of the officers currently serving and the ability to continue to recruit outstanding people to join our ranks. Maintaining this level of quality, and ensuring adequate force structure, will be critical as we face a future that is both exciting and challenging. Twenty-first Century warfare will place even greater demands on laboratory scientists than

previous wars. In the wake of the attacks of 11 September 2001, the whole nation is now 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 2002, with the officers in all four AOC's of MFA 67B having been called upon for a variety of special missions. This has 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 the threat.

Professional Organizations

Laboratory Science Officers belong to a wide variety of national and international professional associations representing their various disciplines, and maintain close contact with their civilian colleagues through these organizations and by publishing in professional journals. In addition, many belong to the Society of Armed Forces Medical Laboratory Scientists (SAFMLS), which meets annually. SAFMLS maintains a web site at www.safmls.org.

Laboratory Science Officers 288 Active Duty Officer



71A Microbiology, Parasitology, Immunology

COL David Kraft Consultant

In the aftermath of the attacks of 11 September 2002 and the anthrax mailings shortly thereafter, AMEDD microbiologists have been heavily involved in preparing for and engaging the bioterrorism threat, and have seen a great expansion in demand for their services by the Army.

Working as a team with their colleagues in other biomedical science disciplines, notably the 71E clinical laboratory officers, Army microbiologists were instrumental in developing and implementing the plan for Army and Department of Defense participation in the Laboratory Response Network (LRN), a public health initiative managed by the Centers for Disease Control. The LRN is a nationwide network for early identification of biological agents, using a tiered system of laboratories to ensure that only qualified laboratories identify or rule-in agents, and that information is disseminated through appropriate public health and law enforcement channels. Military participation in the LRN had been planned well before the nation met the challenges of Fall 2001.

In the wake of the criminal use of *Bacillus anthracis* in October 2001, Army microbiologists played a major role in analyzing both clinical and environmental specimens for potential *B. anthracis* exposure or contamination. Army microbiologists from the United States Army Medical Research Institute for Infectious Diseases (USAMRIID) were sent to assist in the investigation of the initial outbreak of inhalation anthrax in West Palm Beach, Florida. Upon the release of spores into the Senate offices of the Hart Building in Washington, DC, USAMRIID became the primary testing site for environmental samples collected during the investigation. As many as



twelve microbiologists from the Walter Reed Army Institute of Research (WRAIR) were deployed to USAMRIID to assist in the testing. Patient samples were processed in the microbiology laboratories at Walter Reed Army Medical Center. An Army microbiologist led the laboratory response at the Army Operations Center Crisis Action Team in the Biological and Chemical Joint Operations Cell (BCJOC) as part of Operation Noble Eagle in order to protect Pentagon and DoD National Capital Region workforce from heightened terrorist threats. The BCJOC has matured from an *ad hoc* organization to a TDA unit with an ongoing mission.

In the summer of 2002, a microbiology team was deployed to Afghanistan with the MMS 403 microbiology augmentation kit. This team fell in on the 339th Combat Support Hospital and provided clinical microbiology diagnostics to health care providers in the theater of operations. This was the first fielding of this kit and lessons learned from the ongoing support have validated its presence on the battlefield. Capabilities include diagnostic bacteriological identification and susceptibility testing, rapid diagnostics, and rule out capabilities for biowarfare agents. Personnel selected from the 520th Theater Army Medical Laboratory (TAML) deployed, established and trained the laboratory capability before re-deployment to their more traditional role and mission of biowarfare / biothreat diagnostic testing support. Microbiologists assigned to the TAML also supported the biothreat contingency to the winter Olympiad in Salt Lake City, UT.

These new roles for microbiologists can be expected to continue indefinitely, and this poses several challenges. The most critical is force structure. In addition to the assignments listed above, Army microbiologists have been identified for several other task forces and special missions. New BSL-3 laboratories, constructed and procured by the Health Facilities Planning Agency, are being placed both CONUS and OCONUS for contingency testing capability. Assign-

ments to these laboratories will allow company grade mi-



crobiologists the opportunity to perform in heretofore clinical positions with research level techniques validating new technology and partnering with the CDC through the LRN. This all comes at the expense of the current clinical and research/development missions, and those missions are too vital to the warfighting capacity of the Army to be allowed to suffer. As with the other laboratory science disciplines, we are seeing that our current force is too small and we are one-deep too many places. Clearly we need to expand the number of uniformed microbiologists, but the task of documenting exactly how many more we need and where will take time. The issue is compounded by the fact that some of the taskings have been for field grade officers, and it will take years to expand the numbers at those levels.

As for all AMEDD scientists, professional competence and development is vital for AOC 71A. The MS degree is required as a minimum for entry-level clinical or applied research positions as section heads. The Chief of the microbiology lab in the Medical Centers requires a PhD and ideally should be preceded by a two year clinical fellowship and board certification using the American Board of Medical Microbiology (ABMM) process described below. A doctoral degree is a requirement for all research and development positions from principal investigator to Department Chiefs, Division Directors, Research or Product Managers or Institute Directors





(Commanders). For career progression in either clinical or research disciplines, all scientists should have doctoral training to be competitive with their peers. Those 71As that do not have doctoral degrees should consider applying for Long Term Health Education and Training to earn Ph.D.'s. The requirements and application process for LTHET are announced annually in a DA message. Seven laboratory officers are currently studying for Ph.D.s through LTHET. Another officer, who already holds the Ph.D., has been selected for Training With Industry with the Food and Drug Administration (FDA) to liaison bringing research protocols through product development and FDA approval for use.

To support patient care, the AMEDD's long-term goal is to have at least one ABMM eligible / certified microbiologist at each MEDCEN. The ABMM accreditation tests the expertise of microbiologists wishing to direct and manage clinical or public health microbiology laboratories.

ABMM certified individuals (Diplomate) are deemed capable to direct diagnostic microbiology laboratories in lieu of a pathologist and such certification is recognized under the Clinical Laboratory Improvement Act (CLIA) '88 final rule. Doctoral level scientists who meet defined educational, training, and work experience requirements are eligible to sit for certification. Recently, three officers have completed clinical fellowships offered through LTHET and are eligible for the Part I written and Part II oral examinations. These exams rigorously challenge candidates regarding both their knowledge of diagnostic microbiology and their ability to respond to clinical and theoretical problems encountered by a laboratory director. One microbiologist was selected this year for fellowship at the University of Utah. Certification by the American Board of Medical Microbiology represents the highest credential available to practicing medical microbiologists. Three active duty officers currently hold the diplomate status associated with this credential.

The challenges for this year will focus on patient care through teaching

and diagnostic laboratory support to our MEDCENs, state of the art research and development at our institutes of research, and developing the new biothreat laboratories. We will also continue to provide seasoned and acquisition savvy microbiologists in key administrative positions to advise the DOD Health Affairs leadership. And we will take advantage of opportunities to command, building upon the selection of the first microbiologist to command USAMRIID. Finally, we will strive to staff each of these missions with the current inventory of personnel and pursue the appropriate administrative avenues to provide the scientific personnel required for the new manning documents in support of our nation's war against bioterrorism.

COL Wilbur Milhous served as the 71A Consultant from 19 February 1999 to 01 October 2002 and retired in October after 30 years of honorable service.



71B Biochemistry and Physiology

COL Aaron Jacobs Consultant



The 80 biochemists and physiologists in AOC 71B provide the Army with scientific expertise and leadership. Most 71B's hold a doctoral degree in biochemistry, physiology, or a closely related discipline, and all have at least a master's degree. The current standard for accession into the AOC is a Ph.D. They are assigned to research and development laboratories, hospitals, Forensic Toxicology Drug Testing Laboratories (FTDTL), CHPPM, and the TOE Theater Area Medical Laboratory (TAML). The areas of expertise they bring to these assignments include defense against chemical and biological warfare weap-

ons, research into drugs and vaccines, protection against environmental threats, nutrition, forensic drug testing, medical intelligence collection and assessment, teaching, and hospital-based clinical and basic research.

Maintaining adequate numbers in an era of expanding missions combined with military downsizing is a challenge for AOC 71B. The projected fielding of Area Medical Laboratories to assume the TAML mission will require an increase in the number of 71B's, and the FTDTL's need more uniformed biochemists. It is not clear where the authorizations or the actual bodies for the extra 71B's can come from. The Army has been highly successful in attracting talented scientists to this AOC, with all accessions for the last three years already holding their Ph.D. degrees before entering the Ser-

vice. However, the excellent marketability of our officers in the civilian sector makes retention a constant issue.

Like many other AOC's, 71B also has to cope with problems of mentoring and career development in a downsized Army. Downsizing has left some organizations that used to have two or three 71B's only "one-deep," which means that the remaining incumbent needs at least a doctoral level of expertise to function, and mentoring opportunities are very limited. Developmental assignments that previously prepared officers for some higher level positions have been lost, raising further questions of how younger officers will get the experience they need to prepare for those positions.

71E Clinical Laboratory

COL Noel Webster Consultant



Clinical laboratory officers are stationed around the world doing a variety of different jobs and continue to make significant contributions. As certified Medical Technologists, they are experts in the technical clinical laboratory field. There are currently 110 clinical laboratory scientists. This last year we had eight of our officers deployed to theaters of operation. One officer is an Inspector General. Five young officers are Company Commanders. One officer now commands the 440th Blood Detachment, now deployed to Operation Enduring Freedom. We have lab officers deployed to research labs in Kenya and Thailand. The majority of the Clinical Laboratory Science Officers are laboratory managers at MEDDACs and MEDCENS. Twenty-two 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, both in the field and in the hospital.

The majority of clinical laboratory officers are direct accessions. These officers must have a Bachelor's 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 of experience as a Medical Technologist. We gained eight (8) new scientists through the direct accession process last year. Another Medical Technologist graduated from 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 may apply to attend the Clinical Laboratory Officers Course. This one-year course is at Walter Reed Army Medical Center. 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.

A new Medical Technologist is usually assigned as a lab officer in a blood platoon/detachment or at a Medical Center Department of Pathology. Young officers at the MEDCENS usually are PROFIS to a combat support hospital so that they, too, experience field assignments. 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, larger labs to manage, staff positions, and commands. They may also apply for Long Term Health Education and

Training to include Master's degrees in Medical Technology, MS in Health Science (Blood Bank Fellowship), Masters in Health Administration (Baylor Course), and a variety of programs at the PhD level to include Medical Technology, Pathology, Immunology/Immunohematology, Clinical Microbiology, and Clinical Chemistry. Some of these degrees may lead to changing to the 71A or 71B specialties. We average 5-8 Officers in school at any one time.

The Tri-Service Blood Bank Fellowship at Walter Reed Army Medical Center has had an illustrious history. It was formed in 1958 in order to enhance our wartime mission capabilities to provide blood products throughout the world, provide peacetime 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 Manager, 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 from far forward in the battlefield to all our



71Es receiving training on a new field chemistry analyzer.



CPT Corley and CPT Craig receiving training on a Chemistry Analyzer at the Clinical Laboratory Officer Course, Walter Reed Army Medical Center.



CPT Gates receiving the Junior Blood Bank Fellowship Award at the Society of Armed Forces Medical Laboratory Officer Conference.



MAJ Reiber working with the Kabul Military Hospital staff.

beneficiaries at home. This last year's performance was challenging and rewarding. Our future is challenging but also new and exciting.

Past Year's Performance

The events of 11 September 2001 placed heavy demands on our labs. For the first time, labs were asked to provide testing to rule out anthrax on environmental specimens. Fortunately, prior planning and having our labs as partners in the Centers for Disease Control and Prevention's Laboratory Response Network (LRN) allowed many of our sites to activate their labs for this important mission. Policy was written to standardize what type of specimens would be allowed in clinical laboratories. Working in conjunction with State Public Health Labs, some specimens were sent to them for further testing. Our labs are to be congratulated. Everyone has spent many hours to make the LRN system work, but the system needs to expand its capabilities. Planning did begin for increasing our capabilities to not only rule out bio-threat agents far forward, but to also culture and positively identify at a regional level. Working with the Health Facility Planning Agency, OTSG has already funded for the construction of two new Bio-safety level-3 (BSL-3) labs and there are plans for five (5) 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.

For the first time the Walter Reed Army Institute of Research (WRAIR) assigned a Clinical Laboratory Officer to the research lab in Thailand. This is the second position of its type with the research lab in Kenya being the first. There is no doubt these officers make a difference and bring back a wealth of experience.

A centralized contract was provided in October 2001 to bring new technology in providing females with detection of cervical cancer. 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. The program has been showing promising results. It is reducing the number of unacceptable slides, thus improving quality of care for the female patient.

In addition to the Liquid-based cytology, a second test for identifying the Human Papilloma Virus was also contracted. Six of our MEDCENs were provided equipment to perform this test. The same specimen that was used for the liquid base cytology test is now used for this test, thus minimizing 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 two years, the Fort Hood, Fort Knox and Tripler Army Medical Center Blood Donor Centers having been using a protocol with Chiron and Gen-Probe to perform single donor NAT testing. These three facilities were the only labs performing single donor testing in the United States. Other civilian labs were pooling testing but the Army decided single donor testing was the safest method possible. Because of the efforts of the Army, Chiron received a license from the Food 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 our labs continue to excel on College of American Pathologist (CAP) inspections, Joint Commission on Accreditation of Healthcare Organization 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, quality improvement in order to ensure these labs continue to improve on assuring our laboratory testing is the best.

The Future

This year, many lab officers have been on a Tri-lab committee to provide a laboratory interface capability for our CHCS lab system. 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 are. 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 results reporting.

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 Bio-Safety Level 3 (BSL-3) labs constructed and operational. New advances in testing will increase our capabilities to identify agents quicker.

Molecular testing is advancing rapidly. The capability to detect small amounts of bacteria and virus by amplification of RNA and DNA will change the way we do testing. It will be faster and more reliable. The human genome project will foster new technology for clinical laboratories to include methods to detect disease risk as well as detect specific markers for diseases. We need to be ready to accept these new challenges, ensuring these technologies speed early detection and care, as well as allow families to make key decisions on their future lives based on evidence of possible genetic risk factors. No doubt new policy will be needed with this advancement in testing.

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

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.

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) 71F's on active duty. Most of them serve in the Medical Research and Materiel Command.

All 71F's 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 sub-discipline such as neuroscience, while others are more general in nature.

Highlights of the Past Year

71F's 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 71F's perform is diverse and includes both laboratory and field applications. For example, 71F's 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. 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"

71F's 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.

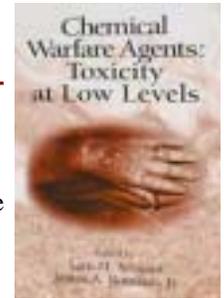
At more senior levels, 71F's have served as commander and deputy of scientific/technical organizations, deputies at major subordinate commands, and as Assistant Corps Chief, MS. These officers brought the benefit of their successful research experiences and assignments to their leadership positions and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

Post-Graduate Professional Short Course Program(PPSCP)

Among the significant activities for the year was the conduct of a two day Postgraduate Professional Short Course (PPSC) at Aberdeen Proving Ground, MD, the site of the US Army Medical Research Institute of Chemical Defense. Further information on this course can be found on page 51.

Challenges

At present, the Army has no problem attracting highly qualified candidates as 71F's. We easily fill our small recruiting needs with direct recruits 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 FY2003. Because our numbers are so small, we are approaching a critical mass problem. In this past year many organizations have made requests for reviews of 71F's, 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 US Army tackles diverse challenges relying on optimal performance of soldiers, there will be requirements for 71F's.



MAJ Sandra Escolas testing the Lateral Vision Field Tester used on an Aerial Refueling Flight Simulator in a divided attention task sleep deprivation study.



LTC Carl Castro conducts a stress education class with 1st Infantry Division soldiers at Camp Thunder, Kosovo as part of a debriefing research study conducted by the WRAIR.



LTC Ross Pastel presenting during a Medical Management of Chemical and Biological Casualties Satellite Broadcast last year.



CPT Melba Stetz collecting data from soldiers to assess the impact of the activation after September 11, 2001 on the well-being of the soldiers and their families.

Post Professional Short Course Program (PPSCP)



**Society of Armed Forces
Medical Laboratory Scientists
(SAFMLS) Annual Meeting**
18-21 March 2002
Spokane, Washington

SAFMLS is a tri-service organization of laboratory science professionals that meets annually in order to present updates and workshops on scientific, technical, administrative, and regulatory issues that affect military laboratory science. Society President LTC A. Chris Whelen, MS presided over

the 2002 meeting in Spokane, WA. The theme of the meeting was Transformation and key speakers at the Opening Ceremonies included BG Farmer of MAMC, RADM West of the Naval Reserves, and Army LTC Robert Borowski, MS of Office of the Secretary of Defense (OSD). A general session on the Laboratory Response Network included videotaped messages from the three service Surgeon Generals and a host of distinguished speakers that featured Dr. Kellogg from Centers for Disease Control and Prevention (CDC) and Dr. Hadfield from the Armed Forces Institute of Pathology (AFIP). There were 363 officer, enlisted, and civilian participants attending the sessions, which provided continuing education credit. One hundred and six registered vendors hosted 86 exhibit booths. The Army captured awards for Best Clinical Poster (SGT Michael Coombes),

Outstanding Enlisted Member (MSG Russell Gonzales), Outstanding Junior Blood Banker (1LT Robert Gates, MS), and Outstanding Clinical Scientist (CPT Charla Gaddy, MS). The 2003 meeting is scheduled for 21-25 March in Reno, NV.



CPT Charla Gaddy, Assistant Chief of Microbiology, BMMC, was awarded the "Outstanding Clinical Scientist" award for 2002. CPT Gaddy won on the basis of her extremely active role in anthrax surveillance at Fort Sam Houston, her assignment to the Special Troops Platoon during September through October 2001, and her clinical, research and educations expertise displayed throughout the year.



Research Psychology PPSC
Aberdeen Proving Grounds
19-21 May 2002

This year, a two-day PPSC was held at Aberdeen Proving Ground. Sessions included a welcome to the lab, an overview of its research and a tour of its facilities. The tour emphasized the significant contributions made by all 71 series MSC officers to the problem of medical chemical defense, not just the contributions of 71Fs.

The Short Course touched on some of the important research areas ex-

plored by 71Fs. The first session, which included papers by MAJ Paul Bliese, CPT Melba Stetz, and CPT Dennis McGurk, covered topics such as "Occupational Stress in Army Units", "Post-September 11 Experiences and Stresses in Mobilized Reserve Units", and "Diversity and Intra-group Conflict". These outstanding studies were followed by a collection of papers exploring cognitive and psychophysical factors in military performance, as well as leadership development and cultural values. CPT Gina Adams, CPT(P) Sandra Escolas, and CPT Timothy Alison-Aipa presented papers. During this component MAJ James Ness reported on an overview of the USAMRU-E program on deployment cycle effects on psychological screening of soldiers. A third session explored neurobehavioral toxicology and electrophysiological approaches to the study of Army medical problems of head trauma as well as the brain injury produced by nerve chemical warfare

agents.

Dr. Tomas Guilarte of Johns Hopkins University presented the keynote address. His talk cast a forward look at the emerging links between behavioral toxicology and molecular biology. The last session contained career management information. Comprehensive and first-rate briefings were presented by representatives of PERSCOM, viz., LTC Jasper Watkins and MAJ Paul Goymerac. COLs Gifford and Romano provided perspectives from their previous involvement with selection boards. COL Dave Burns presented the MSC Update Brief and brought greetings from the Corps Chief, BG Ursone. In addition to good representation from the active component, Reserve and National Guard officers also contributed. Finally, the PPSC witnessed the swearing in of our newest 71F, CPT S. Michelle DeFord. COL Romano and COL Bob Gifford, Assistant Corps Chief conducted the swearing in.

Army Research and Development Achievement Award

Medical Service Corps officers from the Walter Reed Army Institute of Research (WRAIR) have won the 2001 Army Research and Development Award for their efforts that made possible the July 2000 FDA approval of the antimalarial drug Malarone™. Malarone™ is a combination of atovaquone and proguanil hydrochloride that is active against all stages of malaria, is highly effective in the treatment of uncomplicated multi-drug resistant falciparum malaria, and is a chemosuppressive agent. The availability of Malarone™ markedly improves global military medical readiness.

This achievement in drug discovery and development spans 21 years of preclinical and clinical efforts of the WRAIR and Glaxo Wellcome (now Glaxo SmithKline). Colonel (then Major) Wilbur K. Milhous brought to WRAIR the early assay methods development and drug interaction protocols that he worked on while training at Glaxo Wellcome and the University of North Carolina. Using this technology, he continued pre-clinical efficacy testing and lead optimization of the eventual candidate drug, atovaquone, and demonstrated the synergic interactions between proguanil and atovaquone.



COL Wilbur (Wil) Milhous is a Department of Defense (DoD) Research Coordinator within the Military Infectious Disease Research Program. As Director of Experimental Therapeutics, WRAIR, he directs basic and applied research, patient diagnosis and clinical trials in a multidisciplinary research program to develop new therapies for the prevention and treatment of malaria and tropical emerging

diseases. Dr. Milhous has expertise in integrating and coordinating research and development including management of technology, process, budget, personnel and interface with the Food and Drug Administration (FDA) and collaborating agencies. He served as Deputy Director during 1995-1996. In 1992, COL Milhous commanded WRAIR's overseas research activity in Brazil (USAMRU-Brazil) and began investigating malaria epidemics in gold miners in Peixoto de Azevedo, Mato Grosso, in the lower Amazon basin. COL Milhous and his laboratory staff conducted surveillance, developed a field site, and constructed a 28-bed hospital. Malaria-infected patients (154) were treated with the combination drug and hospitalized for 28 days; 100% were cured. He directed clinical trials with new drugs for malaria and leishmaniasis and performed surveillance for dengue, leptospirosis, hepatitis E and hantavirus in the Amazon basin. Prior to his work in Brazil, he was Department Chairman at the WRAIR and served in a variety of research capacities with increasing responsibilities in research management and technology transfer since his arrival in 1983. Dr. Milhous is the principal investigator or Co-PI of multiple research grant awards from the World Health Organization and Medicines for Malaria Venture (MMV), and the National Institutes of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health. He has been active in grants, study sections and peer review for international funding agencies and serves as a DoD representative to the NIAID for establishing strategic alliances between the private and public sector. He serves as the Medical Microbiology Consultant to the Surgeon General of the Army. Dr. Milhous is a member of the board of directors of the Malaria Foundation International and serves as a consultant or advisory board member to the WHO, the Multilateral Initiative on Malaria, the FDA, the American Type Culture Collection, and the US Pharmacopoeia, and is also a co-founder of the United States Interagency Working Group for

Chemoprophylaxis. Dr. Milhous' research awards include the Bailey K. Ashford Medal for Distinguished Work in Tropical Medicine from the American Society of Tropical Medicine, the Gorgas Medal for Distinguished Work in Preventive Medicine from the Association of Military Surgeons of the US, the USA Research and Development Achievement Award, the DoD Small Business Innovative Research Award and the Greenberg Award for Excellence in Doctoral Research. He is a Diplomate of the American Board of Medical Microbiology and Fellow of the American Academy of Microbiology where he has served in a variety of capacities including the Examinations and Standards Committee. Dr. Milhous has an adjunct appointment in the Department of Preventive Medicine and Biometrics at Uniformed Services University of the Health Sciences, and serves as a National Research Council advisor. He obtained his doctoral training from the University of North Carolina and has devoted much of his scientific career to research and development for prevention and treatment of tropical infectious diseases. After ROTC and graduate school at Clemson University, his initial assignments were at military hospitals in Louisiana and North Carolina where he served as a registered specialist in public health and medical laboratory microbiology and was active in infection control, vaccine research protocols and community public health. Dr. Milhous has published approximately 100 manuscripts and book chapters, and has 10 patent applications.



LTC Dennis E. Kyle supported clinical trials at the WRAIR overseas research facility in Bangkok,

Special Recognition

Thailand. In the treatment of acute uncomplicated *P. falciparum* malaria, atovaquone was consistently effective in clearing the initial parasitemia, but unacceptable rates of relapse precluded its further development as a stand-alone drug. LTC Kyle determined the drug's susceptibility in vitro and its pat-

tern of drug resistance. Parasites demonstrating this pattern of drug resistance were incorporated into the WRAIR global collection and have been instrumental in testing subsequent drugs. In addition, LTC Kyle proved that the mechanism of resistance to atovaquone is a point mutation in the

cytochrome system resulting in a single changed amino acid. LTC Kyle verified atovaquone's synergy with proguanil. LTC Kyle is currently assigned to the Australian Army's Malaria Institute in Brisbane, Australia.

Special Recognition

Parker B. Ellis Aviation Award

The best Aviation Combat Service Support Battalion in the U.S. Army is the only medical evacuation battalion in United States Forces Korea and Eighth Army. The 52nd Medical Evacuation Battalion, 18th Medical Command, Yongsan, Korea is the 2001 winner of the LTG Ellis D. Parker Aviation Unit Award in the Combat Service support category.

The organization is part of 18th Medical Command and is comprised of four companies and one Detachment. Soldiers of the 52nd Medical Battalion are stationed at Camp Page, Camp Humphreys, and Yongsan with field site locations at Camp Walker and Camp Casey. The battalion's mission is to provide air and ground medical evacuation support and services in support of Eighth Army and United States Forces Korea operations. The 52nd Medical Evacuation Battalion provides day-to-day, real world medical evacuation support everywhere on the Korean Peninsula. Aircraft and crews, located at the four separate locations, provide responsive aeromedical evacuation coverage for every range, maneuver area, live-fire gunnery, and training exercise conducted by U.S. forces in the Republic of Korea. During FY 01, the command evacuated more than 346 U.S. soldiers by air and 2,703 soldiers by ground. In addition to transporting patients, the ambulances and aircraft of

52nd BN CDR LTC Donald R. West and BN CSM Luis E. Etienne receive the LTG Ellis D. Parker award at Fort Rucker for the Battalion's selection as the best CSS aviation unit in the U.S. Army in FY01



the 52nd Medical Evacuation Battalion often deliver critically needed medical supplies or blood to units in need. This method of delivery is used when time is critical or other means of transport is not available. The battalion ties its wartime mission to the armistice mission and is able to sustain a high level of readiness in constant vigil of any hostile actions.

The LTG Ellis D. Parker award recognizes excellence in aviation units based on achievements in the areas of leadership, safety, training and maintenance. The award is a Department of the Army award given annually since 1993. Major General John Curran, Commanding General of the United States Army Aviation Center, Fort Rucker, Alabama presented the prestigious award to Lieutenant Colonel Donald R. West and Command Sergeant

Major Luis A. Etienne during the 2002 Aviation Senior Leaders Training Conference 9 February 2002.

Units Army-wide compete annually for the Parker award in four categories, Combat, Combat Support, Combat Service Support and TDA (table of distribution and allowances). The battalion nomination packets highlight unit accomplishments in leadership, safety, training and maintenance.

Other category winners announced during the luncheon The 1st Battalion, 82nd Aviation Regiment, Fort Bragg, North Carolina was designated as the top Combat Aviation Battalion. The 3rd Battalion, 158th Aviation Regiment, 12th Aviation Brigade, Giebelstadt, Germany was selected as the top battalion in the Combat Support category. The 12th Aviation Battalion, Fort Belvoir, Virginia earned the top TDA (table of distribution and allowances) unit award.

LTG(R) 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, then 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.



MSC History Reunites in Clearwater Beach, Florida



Thanks to the efforts of COL(R) George Hammond and COL(R) Ernie Sylvester our retired MSCs enjoyed the camaraderie, bonding and fellowship influenced by years of selfless service, our common heritage and values. Approximately 100 officers, whose service dates from the early 1940s to those who have joined the retired rolls as recently as 2001, attended. Their service includes WWII, Korea, Viet Nam, the Cold War, and Operation Desert Shield/Operation Desert Storm.

On September 11th, living history reassembled in Clearwater Beach, Florida in the form of a reunion of retired Medical Service Corps officers. Undeterred by immoderate weather brought forth by Tropical Storm Hannah, nearly a hundred officers, accompanied by their spouses, gathered to relive old times, enjoy the attractions offered by this resort city, and stay abreast of current events in both the AMEDD and the Corps.

The evening began with a solemn opening reception, recalling the tragic events that took place one year to the day. A well-stocked buffet fortified the guests as they flitted from table to table, exchanging stories and catching up on the goings-on of various fami-

lies and friends. A large bulletin board contained the letters of many who were unable to join their colleagues for the festivities, a poignant reminder that Father Time catches up to all of us and that life is indeed finite.

The formal activities began with a rousing welcome by the mayor of Clearwater, Mayor Brian Aungst, and continued with a detailed AMEDD update delivered by the current Corps Chief, BG Richard Ursone. COL David Burns, the Deputy Corps Chief, followed with a Corps update, and COL (R) Frank Novier followed with an update on the events undertaken by the AMEDD Regiment. Retirement issues, particularly involving TRI-CARE and the Veteran's Administration (VA), were presented by LTC (R) Jimmy Norris, representing the VA, and discussed throughout the afternoon. COL(R) James Liable and Mr. Steve Maxner of Texas Tech University, the heads of the Vietnam Project, gave the final presentation of the day. This ambitious program seeks to obtain a thorough history of the Vietnam conflict as seen through the eyes of those who participated. Flyers and pamphlets describing the program were available to the attendees, whose experiences in the AMEDD go back to

World War II.

The remainder of the reunion was filled with activities such as golf outings, dinner and dancing excursions, and fishing trips. A memorial service was also held to recognize those who have passed away since their last gathering two years before. The finale was a sumptuous banquet at the Hilton Hotel. General Ursone delivered a stirring address as the featured speaker. Once the colors were retired, the attendees slowly dwindled away, preparing for another opportunity to get together again.

It is events such as this that serve as a vivid reminder of our MSC history. These officers so unassuming and humble who when challenged excelled. The opportunities we enjoy today are the fruits of their labor. One generation to the next, passing the torch our profession, having made a better life for us, their successors.



MSC Contributions

CPT Rodger Giraud, 70H

CPT Rodger Giraud served as the Support Operations Maintenance Officer and the Medical Company Commander in the 201st Forward Support Battalion in Germany. While deployed to Kosovo, he kept Task Force Falcon's fleet at a high state of readiness in support of peacekeeping operations. CPT Giraud assumed command of the medical company at Camp Monteith, Kosovo and successfully redeployed the company with no losses or injuries. He reintegrated and transitioned the company for its wartime mission providing Combat Health Support to two Combat Maneuver Training Center rotations over the past year. CPT Giraud has been recognized by the Observer/Controllers as being instrumental in synchronizing Level I and II Combat Health Support across the Brigade Combat Team, resulting in a minimal died of wounds rate.



CPT Robert A. Geddie, 67J

CPT Geddie, 45th Medical Company (Air Ambulance) has proven himself to be a tremendous asset and team player to the 2nd Brigade Combat Team (2BCT), 1st Infantry Division (Mechanized) by providing direct support Aero-medical evacuation (MEDEVAC).



CPT Geddie played an integral part of the CASEVAC planning and execution for the 2BCT CMTC rotation 01-04. He helped validate the MASCAL SOP for the 2BCT and C/299th FSB providing MEDEVAC for three separate MASCAL operations for each battalion task forces during the rotation. His efforts, often flying in poor weather conditions set the tone for future operations. As a direct result of his efforts the 2BCT was postured for success for CMTC 01-06.

CPT Geddie's diligence paid off during CMTC 01-06 where his team

established a CMTC record for MEDEVAC missions flown and the number of casualties evacuated by air for a single battle. He and his team were key players and directly responsible for helping the Forward Support Medical Company attain a died of wounds rate of 2% from the battalion aid stations to the FSMC for the entire rotation.

CPT Jeffrey Zottola, 70C

CPT Jeffrey Zottola is Chief, Resource Management Division at USAMED-DAC-Heidelberg. He was the first military officer in Europe to become a Certified Defense Financial Manager. He developed and implemented an automated budget tracking system to ensure USAMH and other supported activities could monitor obligations by new Budget Activity Groups. He also leads the MEDDAC's business team in their development of the new MED-DAC Balanced Scorecard.

CPT Mike Seise, 67E

CPT Mike Seise, Fort Hood Texas, deployed with the 31st CSH from Fort Hood. CPT Seise and his pharmacy team were among the first members of the unit to provide "tailgate medicine" until the hospital was operational, and he was intimately involved in the creation of the formulary used in the field.



CPT Jason Moyer, 67F

CPT Moyer organized the first Annual Hike for Spinal Muscular Atrophy with proceeds going to the Families of Spinal Muscular Atrophy, South Jersey Chapter. The Moyer's raised \$6,200 to contribute to the national chapter for researching a cure for Spinal Muscular Atrophy. Eighteen hikers began the 33-mile, two-day trek. The first day they hiked 13 miles then set up a bivouac. The second day



five people, including Jason and his wife, Jessica, finished the second twenty miles. He promises to let people know earlier next year allowing them to participate if they want. The Moyer family has recently moved to Fort Drum, NY where Jason will serve with the 10th Mountain Division.

CPT Willie E. Davis, 70H

CPT Davis demonstrated superior leadership skills and was selected to be the B Company Commander, Landstuhl Regional Medical Center. His managerial skills and leadership style complimented the efforts of his 210 soldier medical company composed of primarily the administrative staffing of the medical center. He was responsible for the accountability and material readiness of over \$12 million in organizational FMO, IPBO and real property. He supervised and maintained a \$6 million enlisted barracks facility, housing 75 soldiers. CPT Davis was responsible for the \$150,000.00 upgrade to the barracks, which included a separate weight room for the soldiers.



2LT Rochelle Gardner, 70B

2LT Rochelle Gardner is commanding B Company, 187th Medical Battalion as a Second Lieutenant. During her first assignment as a tactical officer for A Co, 187th Med Battalion, she demonstrated outstanding leadership, managerial abilities, and problem-solving skills, leading to her selection by the Center Brigade Commander for company command. As commander, 2LT Gardner has improved barracks condition and assisted with the development of the Battalions Family Readiness Group (FRG). With her ability to influence and mentor, and through a strong drug education program, the number of positive urinalysis results has dropped to zero.



MSC Contributions

COL Nancy Vause, 72C



COL Nancy Vause established the first Human Research and Engineering Directorate Field Office at AMEDD, and presently serves as its Chief. The AMEDD-ARL Field Office links ARL scientific expertise with assets of the Army Medical Department, integrating the latest technology into new and existing AMEDD acquisition programs.

COL Vause's past contributions in the areas of auditory, acoustic and communication research have resulted in several improved operational capabilities for the warfighter:

- Establishment of a \$2.5M virtual tactical environment simulation facility for investigating critical soldier issues for the Objective Force Warrior.

- Development of a more audible detection signal in the Handheld Standoff Mine Detector, that is resistant to interference from background noise and more audible for those operators with hearing loss.

- Development of the landmine "expert techniques" training CD used by the Mine-Countermeasure Program Manager.

- Improvements in design of the Landwarrior and the Scorpion Objective Force Warrior helmets, enhancing the soldier's communication ability, increasing field of view, and improving localization to sound.

Under COL Vause's direction, the HRED-AMEDD Field Office has influenced design of the Chemical Biological Protective Shelter (reduced noise), Future Combat System (medical variant design and added 3D audio to comms), Medical Communications for Combat Casualty Care (investigated interface with Army system), Medic's Molle pack (redesign of load carry), and the landmine blast protective boots.

2LT Stephen Greer, 70B

2LT Greer is the Medical Platoon Leader in the 325th Airborne Infantry Regiment, 82nd Airborne Division.

During the challenging Home station External Evaluation (EXEVAL), 2LT Greer flawlessly coordinated all airborne medical, logistical and training support that was crucial to the success of the battalion. 2LT Greer demonstrated his abilities as a trainer by leading his platoon through a demanding platoon EXEVAL resulting in a "Trained" rating on all evaluated task. 2LT Greer overhauled aggressively enforced the Medical Platoon's Operational Readiness Survey (ORS) Preparation SOP resulting in 100% Operational Readiness Rating in all administrative areas during this battalion's recent ORS.

CPT Benjamin Blackwell, 67J



CPT Blackwell, while assigned to the 159th Medical Company (Air Ambulance), was responsible for aviation and ground maintenance for one of the most deployed aeromedical evacuation companies in the Army. He maintained \$ 80 million worth of equipment in garrison and during unit deployments to Kosovo, Tunisia, Nigeria, Hungary, Italy, Slovenia, and England. He personally deployed as the Maintenance Platoon Leader and Detachment Commander to Nigeria and Hungary. He also served as a Maintenance Test Pilot and mission Pilot-in-Command, flying over 500 hours and 20 lifesaving missions.

MAJ Carol Rymer, 67F



MAJ Rymer was selected the Armed Forces Junior Officer Optometrist of the Year, receiving her award at the Armed Forces Optometric Society Annual Luncheon on 20 February 2002. MAJ Rymer is currently the Residency Director at Brook Army Medical Center, and has served in the 4th Infantry, Fort Carson, CO, Carlisle Barracks, PA, and she completed the MBA/

Residency Program at NSUCO in Tahlequah, OK graduating first in her class.

CPT James Peak, 72D



CPT James Peak, Chief of the Field Preventive Medicine Division, CHPPM-West (Fort Lewis), trained approximately 40 US Navy personnel on the Army's Deployment Occupational and Environmental Health Surveillance (DOEHS) program. The audience encompassed a wide spectrum of specialists, from lab technicians and epidemiologists to industrial hygienists and engineers of shore-based as well as forward-deployable units. The training consisted of classroom and hands-on instruction with advanced air, water, and soil sampling equipment. This training and exchange of information between the Army and Navy preventive medicine communities will ultimately improve the tri-service support relationships between the AMEDD and the other Services.



CPT Leslie Warren-Davis, 67E and CPT Andrew Vitt, 67E

CPT Warren-Davis and CPT Vitt deployed to Honduras to Joint Task Force Bravo (JTF Bravo). The Pharmacy operations specific to JTF-Bravo support included the traditional Pharmacy operational issues as well as humanitarian patient medication support. Both officers provided superior leadership in relating to budgetary challenges and ensuring adequate automation and computer support as well as implementing appropriate inpatient standards of care such as aseptic technique and intravenous laminar flow.



2LT Erica Watson, 70B

A Rhodes and Truman Scholar, Second Lieutenant Erica Watson was ranked first academically over all her classmates at West Point, where she received the Superintendent's Award. Lieutenant Watson was named one of the 2001 Glamour Magazine Top Ten College Women. A two-time Varsity Letter winner for the Army tennis team, she also completed Airborne training. At West Point, she worked hard to create a mentorship program that was designed to bring together cadets and local high school and elementary school students. Lieutenant Watson was also deeply involved in a ministry group for junior high students through the Military Community Youth Ministry program and worked with the Special Olympics and as a tutor. She is very excited to be part of the Medical Service Corps and hopes to make a difference. Lieutenant Watson will attend the Officer Basic Course after Oxford before assuming a Platoon Leader Position at Ft. Hood.



CPT Eric McClung, 70D

CPT McClung demonstrated his ability to quickly identify, assess, and develop solutions/improvements for issues affecting the hospital in his capacity as the Chief of the Information Management Division at the U.S. Army Aeromedical Center. This is highlighted by several current performance improvement initiatives he has brought to light to include modernizing the computer network infrastructure (that is currently five years behind current technology standards), developing the hospital's internal information network (Intranet) to share information much in the same format as the Army Knowledge Online web site, developing a hospital wide database to track personnel issues (to include readiness data, evaluations, awards, etc.) and establishing an Information Guidance Committee to collaborate Information Management issues among the hospital departments. CPT McClung's division recently received "zero" deficiencies in the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Information Management functional area of the hospital's JCAHO survey helping the hospital achieve a 96 grid score on its October 2001 JCAHO survey.



Charlie Company, 307th FSB (ABN), 82d Airborne Division leadership at JRTC- (left to right) 1LT Courtenay Whitman, 1SG Mark Wilson, CPT Brian Bender, 2LT Richard May



MAJ Patrick Garman, 67E

MAJ Garman established a pharmaceutical care clinic within the Department of Ambulatory care at the 121st General Hospital, Seoul, Korea. Patients are referred to the clinic for credentialed pharmacists to provide assessment, monitoring, and dosage adjustments for patients taking drugs used to treat high cholesterol, diabetes, and blood coagulation problems. MAJ Garman's implementation of this program resulted in a service to patients of the 121st General Hospital, which is often only found at Medical Centers.



CW2 Robyn Cherry, 670A

The Assistant Chief of Staff for Logistics and Acquisition NARMC, recognized CW2 Cherry's expertise in the area of Medical Equipment Management and assigned him as a member for the NARMC Organizational Assessment Program. He was responsible for assessing the current status and assisting in implementing improvements for all MTFs in the North Atlantic.

Preventive Medicine Science



COL Robert Thompson,
Assistant Corps Chief

The Preventive Medicine Sciences (67C) career field is composed of five Areas of Concentration (AOCs). These five AOCs (72A-Nuclear Medicine Science, 72B-Entomology, 72C-Audiology, 72D-Environmental Science, and 72E-Sanitary Engineering) support the AMEDD's Preventive Medicine program by actively focusing on the needs of the soldier. Officers in the 67C career field plan, direct, administer, manage, and participate in activities relating to various facets of nuclear medicine science, entomology, audiology, environmental science sanitary engineering, and .

Duties are job specific, but include command staff assignments, and technical assignments, involving evaluation of risks relating to health, morale, and environment of personnel for which DA is responsible, and/ or any activity that will improve the health and well-being of the soldier. Duties are performed in TOE/ TDA organizations, both CONUS and OCONUS.

During the past year the Preventive Medicine Science community has made tremendous 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, and training to defend our homeland. The successes and contributions of the Preventive Medicine Sciences career field are briefly addressed in each of the consultant updates.

There is no better time to be an integral part of our Army, an Army that remains on point for our nation, as it has for over 227 years. We must enthusiastically embrace the opportunities before us and continue to lead the way in supporting the Army's Vision of Transformation, Readiness, and People.

Professional Organizations

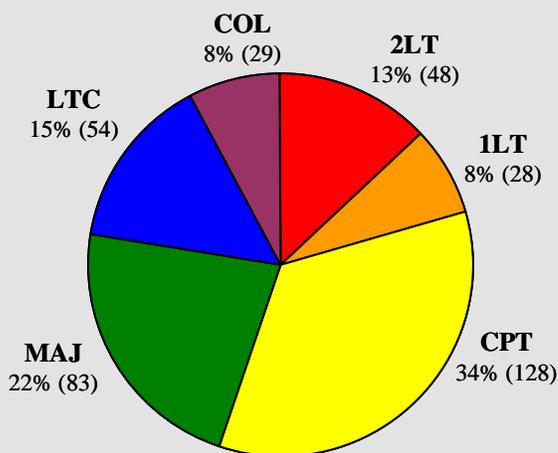
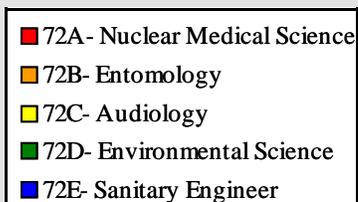
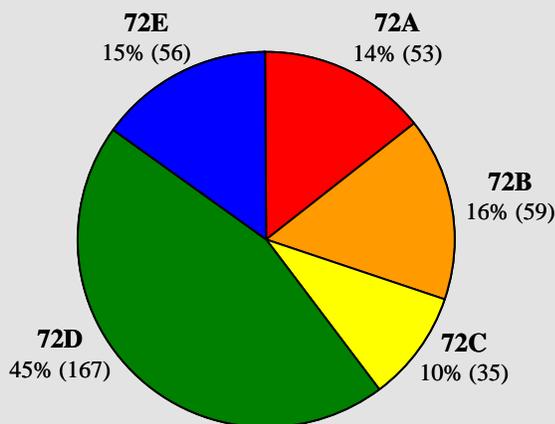
- American Public Health Association
- Health Physics Society
- Entomology Society of America
- American Academy of Audiology
- National Environmental Health Association
- Water Environment Federation
- American Academy of Environmental Engineers

Reference Websites

- 72A- www.hps1.org/aahp
- 72A- www.apha.org
- 72B- <http://chppm-www.apgea.army.mil/ae/default.asp>
- 72C- www.MilitaryAudiology.Org
- 72D/E- <http://www.geocities.com/pentagon/2701>

Preventive Medicine Sciences Officers

370 Active Duty Officers



72A Nuclear Medical Science

COL Robert Eng Consultant



Long before the 9/11 attacks on America, Nuclear Medical Science Officers (72A's) provided a unique skill set for medical Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) issues. Within an hour of the Pentagon strike, a 72A from the Army's Radiological Advisory Medical Team (RAMT) was on site and had assisted a couple clinicians in quickly ruling out the possibility of NBC contamination on patients. Since the attacks, the demand for 72A CBRNE expertise has grown beyond the capabilities of the officer pool. This demand is a direct reflection on the high quality of the officers representing the AMEDD in the CBRNE field and the nature of the threat.

Deployments/CBRNE/ Homeland Security

Recently, a 72A was assigned to the Pentagon Force Protection Agency to address the full spectrum of threats to the Pentagon Facilities with emphasis on the radiological threat. The officer developed and executed the plans for installation of radiation detection systems in the Pentagon. As part of the team, he has to develop a balanced strategy of prevention, preparedness, detection, response, crisis management and consequence management.

A mobile training team including 72A's provided much needed (and appreciated) CBRNE training to New York City first responders as the city

improved its capability to respond to terrorism. The success of the training was reflected in national media reports.

Two 72A's were deployed into Uzbekistan, Afghanistan, and Pakistan in support of Operation Enduring Freedom and conducted radiological environmental surveys to include soil, air, structural, and radiofrequency surveys. The surveys were key to ensuring the safety of U.S. forces deploying into the area.

72A's at the Army Medical Department Center and School developed a pocket guide entitled "Medical Biological Chemical Defense Materiel" as a ready reference for soldiers on chemical-biological counter measures, including ciprofloxacin, doxycycline, and nerve agent antidote. The pocket guide was issued to deploying forces. Additionally, 72As participated in the development and fielding of the AMEDD CBRNE Training Strategy which enhanced individual and unit level training for medical personnel in the wake of the 9/11 attacks.

72A's provided significant assistance in developing FM 4-02-283 (Treatment of Nuclear and Radiological Casualties), MEDCOM Regulation 40-42 (MEDCOM Radiation Safety Program), National Council of Radiation Protection 138 (Management of Terrorist Events Involving Radioactive Material), and the draft DoD Policy on the Use of Potassium Iodide to protect the thyroid of service members and their families from radioactive iodine exposures released from a nuclear power reactor incident.

A 72A captain recognized a train-

ing deficiency and established the Radiological Operational Training Course for National Guard Civil Support Teams (CST). The first class was conducted at the Armed Forces Radiobiology Research Institute (AFRRI) in FY02. The class was such a success that the National Guard Bureau wants it formalized and institutionalized for all their CST's.

72A officers conducted NBC training in Estonia and radiation/environmental surveys in the Republic of Georgia and Italy. It was part of an effort to engage and assist nations to deal with difficult issues.

A 72A officer is currently chairing the DoD Weapons of Mass Destruction Human Response Panel. This panel of national experts has already defined new nuclear casualty criteria and vetted algorithms for radiation casualty prediction for standardized use in the DoD modeling community. The panel is now pursuing the topics of blast, flash burn, chemical agent and biological agent modeling criteria for scientific validity and standardization.

72A officers created the detailed casualty estimates of a 1 and 10 kiloton surface nuclear detonation in the Washington, D.C. area for the Office of Emergency Preparedness, Health and Human Services, for consequence management planning. A 72A presented these estimates to the National Pharmacy Stockpile group, Center for Disease Control, for development of a drug formulary to treat radiation injuries.

A 72A officer hosted a high level Indian military-to-military delegation



Field Survey



MAJ Craig Moss, Walter Reed, monitoring a contaminated waste shipment



Radiological decommissioning survey of waste water holdup tanks



1LT Aaron Ford conducting a radiological assessment



1LT Aaron Ford and SGT Gary Hall review the radioanalysis data from routine surveys conducted at Walter Reed Army Medical Center

visit to the Armed Forces Radiobiology Research Institute to receive briefings on medical countermeasures against radiation injuries, medical radiological training, and emergency medical response team. This officer briefed, engaged the delegation on matters of medical radiological/nuclear readiness, and made recommendations on future U.S.-India interactions in the after action report. This outreach to India is under the auspices of the State Department (Ambassador Francis Taylor, Ambassador at Large for Counterterrorism) and Mr. Douglas Feith, the Under Secretary of Defense for Policy.

Support of Depleted Uranium Issues

Last year, 72A's successfully negotiated operational Depleted Uranium (DU) doctrine for NATO forces. 72A's are also continuing evaluation of research data to provide definitive risk estimates for DU exposure of friendly forces in combat. Work on embedded DU fragment physiology and effects is being monitored and experimental research on DU particulate characterizations and risk estimates following DU strikes on armored vehi-

cles is nearing completion.
Support of Clinical Operations
 This year there were no major violations noted by the Nuclear Regulatory Commission (NRC) for any of the AMEDD NRC Medical Licensees. 72A's provided NRC license oversight for use of use of radioactive materials used in diagnostic and therapeutic treatment of patients and human use research at 9 MEDCENs and 7 MED-DACs. 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 JCAHO requirements relating to radiation protection were met. There may be an additional requirement for a 72A officer at Fort Campbell for the establishment of a Nuclear Medicine facility.

There are very few military health/medical physicists who are qualified to perform mammography surveys. Yet, several Army 72A's provide clinical mammography physics support both CONUS and OCONUS at a significant contract cost avoidance for DoD. In the U.S. European Command 72A officers performed mammography surveys for the Army and Air Force on eight systems in four countries.

Active Recruiting Efforts

72A's are actively recruiting qualified university graduates, officers in other AOCs, and qualified NCO's (91SN4) for this AOC. Accessions are continuing at a healthy pace but do not make up for the significant losses at the mid and upper grade 72A's. In the past 12 months there have been five retirements at the 03 to 06 level and



LTC John Mercier, Leader for the Army's Radiological Advisory Medical Team (RAMT), conducting nuclear weapon hazard assessment using modeling software.

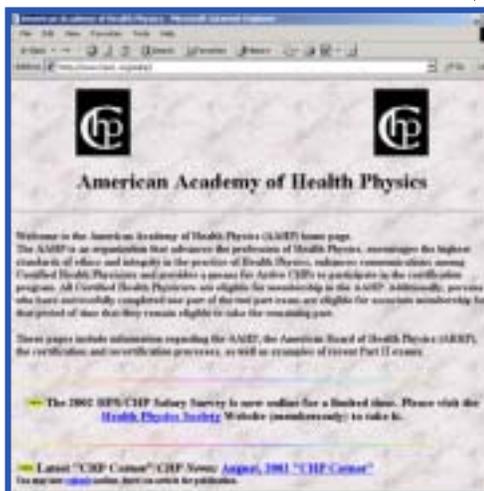
three more departures are expected in the near future.

LTHET as a Recruiting and Retention Tool

LTHET is an opportunity for officers to earn their Master's Degree in health physics or appropriate radiological sciences to qualify for the 72A AOC. It is also an opportunity to earn a Ph.D. for assignments requiring higher technical skills at USANCA, USUHS, West Point, AFRRRI, and large medical centers and for depleted uranium special projects. Many of the authorizations and special assignments require a Ph.D. to prove technical competency and credibility in deployments with United Nations teams, briefings to NATO, and interactions with the Office of Science Technology and Policy. This is a great recruiting and retention tool and an opportunity for educational advancement.

Past Years Successes

- ##Increased CBRNE readiness
- ##Deployment in support of Operation Enduring Freedom
- ##Support of Clinical Operations Support of Depleted Uranium Issues



Reference Websites:

<http://www.hps1.org/aahp>
www.apha.org



72B Entomology

COL Stephen Berté Consultant



Army entomology has had a busy and successful year. Many events and changes have occurred, and we continue to meet new challenges and grow as a profession. Of particular note was the passing of the consultant's baton from COL Dan Strickman to me. COL Strickman served our officers with complete dedication and professionalism and always had the best interests of Army Entomology clearly in his sights. Although we will miss him at the helm of our AOC, we'll still have his experienced shoulders to lean on.

Recruiting

We recruited all five new Active Component entomologists required this year and have a couple of possibilities in progress for FY03. Two reservists have been recruited and at least one more candidate is considering joining our ranks. Our recruiting efforts have been helped by the great cooperation and support we get from USAREC. We have also enhanced the informational materials we send to prospective recruits. These efforts, and the support of the Armed Forces Pest Management Board (AFPMB) in hosting the first in what will be a recurring social for prospective military entomologists at the annual Entomological Society of America (ESA) meetings, have already paid dividends in our recruiting efforts. LTC Nelson Powers organized a Military Entomology symposium at the ESA meetings this past year that proved to be an outstanding venue for showing off our program to prospective military entomologists. The symposium was well attended, several leads were developed and one finalized as a direct result of activities at the ESA meetings. The great success of the symposium has lead to plans under way by the AFPMB and LTC Debboun to repeat the event with a new slate of speakers at the 2002 ESA conference. Finally, several officers have traveled to uni-

versities to present the Army Entomology story to undergraduate and graduate students in entomology programs. This effort will continue and expand in future years due to great USAREC support. Officers in Long Term Health Education Training (LTHET) programs will also be pressed into service during their training to provide recruiting briefings in their departments of study. We have further enhancements planned for the Army Entomology web site and will continue to investigate new initiatives to support our recruiting mission.

Operation Enduring Freedom

Military entomologists began deploying in support of Operation Enduring Freedom (OEF) in October of 2001. CPT Jason Squitier was the first entomologist/preventive medicine officer to deploy with a medical detachment. COL Dan Strickman followed the day after Thanksgiving when he deployed as a PROFIS officer and served as the Theater Entomologist for OEF. COL Strickman's outstanding technical leadership resulted in his doing a superb job of building a comprehensive and effective entomology program to support the warfighters. CPT Richard McNemee's deployment later in the year, with another detachment, completed the initial entomology support contingent. As the mission continues, others have begun to replace these officers as they return home. LTC George Korch replaced COL Strickman and deployed another detachment. LTC Steve Horosko has also been deployed in support of OEF. Although OEF is foremost in our minds and on the news these days, entomologists also participate in other deployments such as those to the Balkans.

Bronze Star

Of particular interest and pride to the Entomology community is the fact that COL Dan Strickman received the Bronze Star for his performance as the initial Theater Medical Entomologist supporting OEF. His superb knowledge of medical entomology, his abil-



Entomologists conducting mosquito vector surveillance

ity to lean forward in the entomological fox hole and anticipate problems followed by his excellent solutions to those problems all resulted in the solutions that met the needs of the deployed force. He also had the operational vision to make consistently effective recommendations on use of preventive medicine forces in Theater. All COL Strickman's outstanding technical and managerial abilities enabled him to do an outstanding job that culminated in an award he so richly deserved.

Products For Soldiers

Entomology research is producing great things for our deployable forces. Entomologists at the Walter Reed Army Institute of Research (WRAIR) have fielded a rapid diagnostic tool that is used to determine if mosquitoes are infected with malaria. The device is a dipstick that gives a result in 15 minutes and differentiates between *Plasmodium falciparum* and *P. vivax* infections. This tool is simple to use and can provide information that enhances the efficiency of surveillance operations by giving a quick heads up at the point of collection when malaria pathogens are present in potential vector species.

Another exciting item being fielded this year is a new camouflage face paint that incorporates the insect repellent DEET into it. This ensures soldiers are protected when they've applied camo to exposed skin without a separate, messy application of repellent. The new items consist of two camouflage compacts (one with and one without DEET) with distinctly colored cases. These products were developed by the WRAIR in coordination with industry and with extensive user acceptance studies by combat



units. The new compacts have five colors (green, sand, brown, black, white), a large mirror,

and have had NSNs assigned to them.

Supporting The Force

Entomologists in the USACHPPM continue an aggressive program of conducting Technical Assistance Visits (TAVs) to help TO&E detachments ensure their technical skills are at their peak for deployments. The TAVs are provided to both Active and Reserve Component units and have been well received by all who have experienced them.

CHPPM entomologists at Fort Meade, MD have lead the way in conducting a comprehensive West Nile Virus (WNV) surveillance program for bases in the Northeast U.S. They have the expertise and in-house capability to conduct the surveillance and laboratory work to determine if pools of collected mosquitoes from various installations are infected with the WNV. As the WNV spreads across the U.S. (it is currently as far west as Colorado), the other CHPPM subordinate commands may well find themselves following CHPPM-N's lead and benefiting from the practices and procedures put in place by the folks at Fort Meade.

Entomology has returned to the MEDDAC/MEDCEN world this year. Four new slots have been filled and all entomologists report their plates are quite full with installation support missions. The MEDCEN positions are particularly effective locations for entomologists as officers at those locations are able to more easily reach out and touch other installations within the Regional Medical Command they support.

LTHET

This year saw three officers enter new LTHET opportunities. CPT Collier is pursuing an MS degree at Louisiana State University, CPT Jason Richardson will be working on a Ph.D.

degree at Colorado State University, and CPT Mark Potter will be entering into the one year long Training With Industry (TWI) program at the CDC in Atlanta, GA. The TWI opportunity grew out of the initiative of COL Bob Wirtz, USAR, who is a former Walter Reed Army Institute of Research civilian entomologist now working at the CDC. This TWI experience is now providing technical training to our fourth 72B and promises to be an outstanding opportunity for junior and mid-grade officers in the AOC. All LTHET officers have been assigned preceptors who are monitoring and assisting them during their training.

Leadership Opportunities

Army entomologists demonstrated their ability to compete for DA board selected commands by garnering two of three LTC CHPPM commands (LTCs Logan and Ryan) and placing four more officers on an alternate list of 12 officers. When LTC Ryan opted to decline his command due to his planned retirement, LTC Robert was called from the alternate list to fill his slot. At the O6 level, two entomologists made the alternate AMEDD command list and one of them was also an alternate on the AMEDD Acquisition command list. These results are clear indicators that a career in entomology provides ample opportunity to get a sufficient diversity of assignments within the career field to be competitive for these senior commands.

Intra-AOC Communication

LTC Tom Logan worked within the CHPPM to provide a web page for Army Entomology. The site (<http://chppm-www.apgea.army.mil/ae/>) has information for potential recruits and also provides a gateway for people to contact the consultant. Several leads on new recruits have sprung from initial contacts made in this way. We have also developed the Medical Entomology Job Book which lists all Primary Manning Authorization Document (PMAD) entomology positions and provides hyperlinks from each to job titles and duty descriptions from officers serving



Entomological vector control using back pack sprayer.

in those positions. This tool is being used by our Junior Officers to get better visibility of the career path they want to follow and will serve as a recruiting tool when a variation of it is posted to our web site. The Army Medical Entomology Newsletter is being published on a quarterly basis to help disseminate information to the field. Initial issues contained a senior entomology leader's column available to senior entomologists to provide career insights to the rest of the AOC. A Junior Officer column is being added to provide them an opportunity to communicate their views and concerns and to share information. COL Paul Andrews, a Reservist and scientist with the Environmental Protection Agency in the mid-West, is assisting with Reserve Component issues. He will also be assisting in efforts to get all entomologists better visibility of the total entomology force.

Conclusion

Medical Entomologists continue to provide a wealth of outstanding, well-rounded officers who serve on the AMEDD Preventive Medicine Team that supports warfighters. The AOC attracts outstanding scientists and officers who excel in their careers and eventually transition to equally successful careers as civilian entomologists and leaders. Army Entomology is, and continues to be, a great place to serve our Nation.

Reference Website:

<http://chppm-www.apgea.army.mil/ae/default.asp>



72C Audiology

COL David Chandler
Consultant



Throughout 2002, Army Audiology maintained its mission to protect and sustain the force through Preventive Medicine, Medical Service, Research and Development. The 72C AOC has focused our mission accomplishment in view of the MS Corps Chief's top 4 priorities - Relevance and Core Competency, Communication and Visibility, Leader Development, and Productivity.

Relevance and Core Competency

The relevance and core competencies of the 72C are demonstrated by all that we do as audiologists, Preventive Medicine and MSC officers. As audiologists, the 72C has led the profession's transition to the doctoral degree as its entry-level degree. Three Army audiologists completed their clinical doctorate of audiology (Au.D.) degree in 2002, through distance-learning programs at accredited universities. Another five officers are working towards completion of the Au.D. Additionally, the Audiology Residency Training Program was established at the Army Audiology and Speech Center, Walter Reed Army Medical Center. This program is the first in the DoD and is designed for new audiology students that require a clinical training year following three years of academic coursework. Two applicants are selected annually for this residency program and upon successful completion will incur a three-year active duty service obligation.

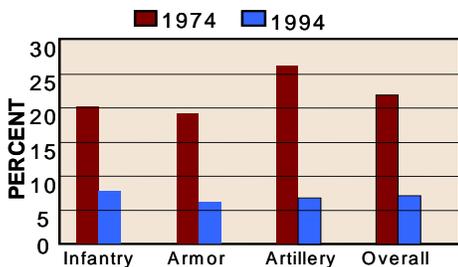


Table 1. Prevalence of significant (H-3 Profile) noise-induced hearing loss among Combat Arms Soldiers (1974 vs. today).

As preventive medicine officers, the 72C has been at the forefront of medical surveillance and soldier readiness. Despite the fact that noise-induced hearing loss remains one of the Army's primary DNBI, the Hearing Conservation Program has been highly successful and one of few medical programs to produce objective outcome measures. Over the past 25 years, the percentage of combat arms soldiers with significant noise-induced hearing loss has been reduced from about 23% to less than 7%. (See Table 1.) Since 1986, the Army has had the greatest percentage of reduction in Veteran's Administration (VA) disability claims for service-connected hearing loss, despite having the greatest number of active duty personnel of all military services. (See Table 2.)

The key to this success has been 72C oversight of ongoing services such as: soldier readiness processing support, hearing health education briefings, unit inspections, fitting hearing protection, and oversight of hearing exams for military units, recruits at basic training, and cadets at ROTC Summer Camp.

Finally, the 72C continues to be a leader among the Medical Service Corps. A number of 72C officers are serving the AMEDD in senior leadership positions, including: Deputy Commander of the USA Medical Research and Materiel Command, Commander of the US Army Health Clinic in Kitzingen, Germany, Chief of the Army Research Laboratory-AMEDD Field Office, Director for Program Integration for

Service % of Change

Army	- 15.1%
Air Force	+ 21%
Navy	- 6.2%
Marines	+12%

Table 2. VA major disability claims for service-connected hearing loss (percent of change, 1986-99).



Assistant Secretary of Defense for Health Affairs, and Manager for the Tri-service Hearing Conservation Program Data Repository.

Leader Development

The 72C AOC has excelled among the MSC largely due to the high quality of our officers that are selected for service, and the career development path that is structured for those officers. Highlights during the past year include a 100% selection of 72C officers considered for promotion for grades O-3 through O-5. As part of the 72C's ongoing commitment to military education, officers are enrolled or completed training at the Army War College, Command and General Staff College, Principles of Military Preventive Medicine 6A-F5 Course, and Training-With-Industry at National Institute of Occupational Safety and Health.

The 72C AOC continued to develop training standards for the Automated Systems Approach to Training (ASAT) database, in accordance with TRADOC requirements. A Critical Task Selection Board is being utilized to define specialty essential tasks for 72C audiologists and 91WP2 ENT/Audiology technicians, and establish outcome measures that ensure training objectives are met. A final milestone of the past year was selection of the first 72C for TO&E command – 714th Medical Detachment (Preventive Medicine), at FT Bragg.

Productivity

The 72C continues to be among the AMEDD's most productive specialties in healthcare, preventive medicine and research. For FY01, Army audiology reported more than 79,000 clinical patient visits, and more than 214,000 hearing conservation patient visits. Deployment of the latest version of software for the Defense Occupational



Training soldiers as Hearing Conservation technicians to prevent noise-induced hearing loss.



CPT David McIlwaine making noise measurements in Kosovo



LTC Marc Stevens fitting hearing protection & conducting hearing conservation training at FT Stewart



LTC Lorraine Babeu conducting sound localization research at Human Engineering Lab.

and Environmental Health Registry System for Hearing Conservation (DOEHRS-HC) promises even greater efficiency and productivity. The latest DOEHRS-HC release allows electronic retrieval of records from the central data repository and provides more accurate data processing and analysis.

Our officers have championed Army research, obtaining \$2.5M to create a virtual tactical environment simulation facility enabling controlled investigations of critical soldier issues for the Objective Force Warrior. Auditory research by 72C's resulted in subsequent shell design modifications and communication enhancements in the Landwarrior and Scorpion Objective Force Warrior helmet. Another development - the auditory interface for the Handheld Standoff Mine Detector - created a signal that was resistant to background noise yet audible to operators with significant hearing loss. This resulted in improved performance



An auditory interface for the Handheld Standoff Mine Detector was developed which created a signal that was resistant to background noise and more audible to operators.

from 30% to 98% for detecting low metal antipersonnel landmines.

In order to foster collaboration and optimize resources between the Army Research Laboratory and the AMEDD, the Human Research and Engineering Directorate AMEDD Field Office was established by a 72C. Since the HRED-AMEDD Field Office opened, notable achievements include: noise reduction in development of the Chemical Biological Protective Shelter; adding 3D audio communication to the Future Combat System; medical communications for Combat Casualty Care (investigated interface with Army system); redesigned load carry for Medic's Molle pack; and secured \$770k for evaluation and development of landmine blast protective boots.

Communication and Visibility

Continued success of the Army Hearing Conservation Program, auditory research, and hearing healthcare depends on the continuing support of the Army's senior leaders. Some of the initiatives that are currently underway to maintain visibility for 72C missions include:

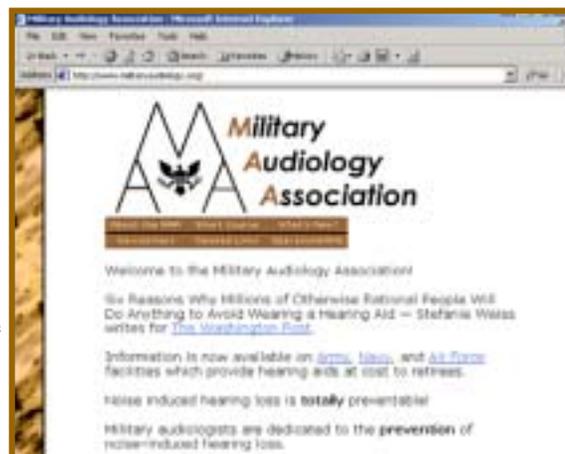
- € Letter of command emphasis for the Hearing Conservation Program from the Army Chief of Staff.
- € Coordinate with TRADOC to conduct hearing evaluations for trainees at all basic training sites, and establish hearing conservation health education at all relevant TRADOC schools.
- € Provide guidance to federal agencies on issues pertaining to hearing healthcare and audiology (e.g. new TRICARE standards for hearing aid benefit; input to pending legislation on service-connected hearing loss and veterans' benefits; input to Office

of Personnel Management for revision of job qualification standards for audiology).

€ Continue to help those with hearing loss and promote the profession of audiology by maintaining 72C officers in key national positions (e.g., Council on Accreditation for Occupational Hearing Conservation, DoD/VA Executive Audiology Council, DoD Hearing Conservation Working Group, Military Audiology Association, and the Audiology Awareness Campaign (AAC)).



MG Earl W. Mabry once noted, "To cure disease is glory. To prevent disease is victory." The 72C AOC is committed to this notion in protecting the Army's most precious resource - our soldiers - and continuing to provide hearing healthcare for their families. Our achievements of the past year and the challenges that we look forward to are evidence that the 72C remains a key member of the Medical Service Corps and proponent of the AMEDD.



Reference Website:
WWW.MilitaryAudiology.Org

72D Environmental Science/ 72E Sanitary Engineering

**COL
Robert Thompson
Consultant**



The Environmental Sciences and Engineering specialty actively demonstrated their relevancy to the Combatant Commands and the Army during the past year through numerous initiatives supporting current operations, jointness, and Army Transformation. Several of these initiatives are highlighted in this report.

Operation Enduring Freedom Support

The U. S. Army Center for Health Promotion and Preventive Medicine-Europe (USACHPPM), under the command of COL Commons, was the first element of an AMEDD unit to establish a footprint in Afghanistan. In October - November 2001, USACHPPM-Europe deployed seven personnel, to include four Medical Service Corps Officers, in support of Operation Enduring Freedom missions in Uzbekistan and Afghanistan. The purpose of this mission was to rapidly identify and recommend countermeasures for environmental contaminants that were posing a health threat to deployed forces in these locations. Deployed MSC personnel included COL Commons, LTC Dell'Orco, CPT Henegan, and CPT Chavez. SGT Nicholls and SPC Winston provided environmental technician support. The team collected over 200 air, water, soil, radiological, and bulk samples at two major forward operating bases. Laboratory personnel at USACHPPM Europe and HQ, USACHPPM rapidly and accurately



analyzed the samples. This permitted timely assessment of potential health risks, which allowed the tactical commander to quickly implement the recommended control measures.

From May-July 2002, USACHPPM Europe was directed by Combined Forces Land Component Command (CFLCC) and Combined Joint Task Force (CJTF)-180 to deploy personnel for environmental and occupational health surveillance at a number of deployment sites in Central Asia. This team was led by LTC Dell'Orco and included fellow MSC's CPT Powell and CPT Schmidt, as well as two civilian personnel, Mr. Hudson and Mr. Fischer. SSG Guerra, SPC Winston, SPC Bowman, and SPC Hill provided environmental technician support. MAJ Hildabrand provided risk communication support. This effort consisted of over 580 air, water, soil, hazardous waste, radiological, and industrial hygiene samples expertly analyzed for tens of thousands of environmental contaminants by the world-class USACHPPM labs in Europe and Aberdeen Proving Ground. Again, this effort allowed for rapid assessment of health risks and development of effective countermeasures.

Pentagon Restoration

USACHPPM-North, under the command of LTC Cummings, formed

the nucleus of a SMART-PM team that deployed within 24 hours in response to the 11 September 2001 attack on the Pentagon. The SMART-PM team consisted of more than 30 military and civilian personnel including the following 72 D/E Officers: LTC Cummings, MAJ Intepido, MAJ Salmay, MAJ Palalay, CPT(P) Timmes, CPT Flanagan, CPT Terry, CPT Larson, LT Smith, LT Bible, and LT Kopilchak. The SMART-PM team conducted an assessment of occupational health hazards for personnel occupying the Pentagon and personnel conducting guard, rescue, recovery and engineering operations.

The initial concern was fire and associated toxic fumes. After the fire was controlled and extinguished, additional concerns became evident. These concerns included: asbestos contamination from disturbance of asbestos containing material in the structure of the Pentagon; surface contamination from residues resulting from the fire; lingering air contamination; and potential compromise of the water system. Comprehensive air, wipe and drinking water sampling was performed to first determine the presence of hazards and the effectiveness of building cleaning procedures. The rapid response of the SMART-PM team allowed the Pentagon to be evaluated and characterized



Operation Enduring Freedom Support



for potential health risks from the tragic incident. Because of this response, personnel were allowed to return to their duties much more rapidly with the reassurance their workplace environment was safe. This allowed the Department of Defense to show resilience, strength and functionality at a time when these principles were essential to the welfare of the United States.

National Capitol Building Anthrax Response

HQ, USACHPPM deployed a SMART-PM team on 19 October 2001 to assist the Capitol Incident Management Team (CIMT) respond to the anthrax contamination in the Hart Senate Office Building. The SMART-PM team consisted of MAJ Intrepido, CPT Ansell, CPT Hayden, Mr. Cook, Mr. Braybrooke, Ms. Belfit, and Ms. Cowin. The CIMT mission was to establish the extent of contamination of the numerous buildings that comprise the Capitol Complex and to provide guidance for reoccupying the buildings. The SMART-PM team supported the CIMT by developing and implementing sampling strategies and protocols and sampling plans based upon potential contamination via mail pathways, high traffic areas, HVAC airflows, and special requests. The team also assisted with training and equipping sampling teams and the processing of thousands of samples for analysis at several supporting laboratories. In addition to its sampling related

duties, the SMART-PM team assisted the CIMT in development of remediation protocols as the mission transitioned from assessment to decontamination. MAJ Intrepido represented the Department of the Army when peer-reviewing the Hart Senate Office Building Remediation Plan and sat as voting member on the Capitol Hill Environmental Clearance Committee. The mission of the committee was to review and validate remediation efforts of all buildings identified with anthrax contamination and to vote on whether these buildings were safe to re-occupy.

Modernization

This year, deployable preventive medicine (PVNTMED) units are transforming from the Medical Force 2000 (MF2K) to the Medical Re-engineering Initiative (MRI) Tables of Organization and Equipment (TOE). With that transition comes a change of equipment and doctrine for the PVNTMED detachments as they merge into a single unit with expanded capabilities. Emerging programs, such as occupational and environmental health surveillance (OEHS) and homeland security (HLS), have also impacted deployable PVNTMED units; and have given PVNTMED a more pronounced role in operational risk management that encompasses a broader emphasis on casualty prevention and force health protection from chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) events.

COL Walters, LTC Stokes, and

MAJ Bosetti led several initiatives this year designed to modernize the current PVNTMED equipment to meet the current mission needs of the war-fighter. In addition, new PVNTMED equipment sets are being designed to keep pace with Army Transformation and prepare future deployable PVNTMED assets for the Objective Force. Some of these initiatives include: an environmental health surveillance set to conduct deployment environmental surveillance; a personal protective equipment set for pesticide application, HLS, and OEHS; a reagent set for the new Water Quality Analysis Set – Preventive Medicine (WQAS-PM); and, a Unit Field Sanitation Team Kit.

The PVNTMED combat developers are also reviewing current PVNTMED doctrine and taking a hard look at our capstone field manual (FM 4-02.17). Directorate of Combat and Doctrine Development (DCDD) is ensuring that it includes detailed information roles and responsibilities of the Unit Field Sanitation Team (to include an equipment listing), integrating OEHS into the PVNTMED mission, clearly defining the levels of PVNTMED support, updating doctrine to reflect the MRI changes, and ensuring continuity of PVNTMED doctrine in related field manuals.

Reference Website:

www.neha.org



Order of Military Medical Merit (O2M3)

The Order of Military Medical Merit 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 Army Medical Department 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 Army Medical Department 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 Administrator of the Order. The Advisory Council meets monthly to consider nominations. Each 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.

Further information on the nomination process can be found on the MSC website at <http://medicalservicecorps.amedd.army.mil>

Congratulations to the following Medical Service Corps officers that have been awarded the O2M3 during the fiscal year 2002.

COL Mary Ancker	LTC Peter Dancy Jr.	LTC Beverly Pritchett	MAJ Dieter Dupont
COL (Ret) Richard Davis	LTC Brian DiCiancia	LTC Christopher Roan	MAJ Jeffrey Foe
COL Keith Gallagher	LTC David Gilbertson	LTC Leon Robert	MAJ Lawrence Fulton
COL James Hawkins	LTC David Fulbright	LTC George Roark	MAJ Arnold Leeks
COL Warren Hayes	LTC Ronald Hamilton	LTC Jerald Rumph	MAJ Darlene McCurdy
COL Terry Klein	LTC Claude Hines Jr.	LTC Michael Russell	MAJ Gerard Martelly
COL Daniel MacIntyre	LTC Robert Housley	LTC Michael Ryan	MAJ Joseph Merlino
COL Kent Nabarrete	LTC John Hughes	LTC Edward Schowalter	MAJ Eric Milstrey
COL Roger Olsen	LTC Karen Kelley	LTC Dorothy Smith	MAJ Chip Pierce
COL Gennady Platoff	LTC Carol Labadie	LTC Alan Stone	MAJ Corliss Shields
COL Timothy Williamson	LTC William Layden	LTC Kim Strunz	MAJ Walter Stanish
LTC David Ardner	LTC Vaseal Lewis	LTC Robert Tenhet	MAJ Charles Strite
LTC Patricia Boatner	LTC David MacDonald	LTC Phillip Thornton	MAJ Thomas Sydes
LTC Mark Bruins	LTC Rodger Martin	LTC Mary Ann Warren	MAJ Cathy Troutman
LTC Patrick Byrne	LTC Val Martin	LTC James Whitcomb	MAJ Joseph Vancosky
LTC Marc Caouette	LTC Coleen Martinez	MAJ Damon Baine	MAJ Peter Webb
LTC Daniel Chapa	LTC Timothy Moore	MAJ Travis Bernritter	CW4 Kim Phan Tan Cieliesz
LTC Cornelison	LTC Michael Mullins	MAJ John Butler	CW2 Dale Novak
LTC Laurie Cummings	LTC Ulmont Nanton	MAJ Noel Cardenas	CW2 Johnson Rollins
LTC Alan Cushen	LTC Gregory Porter	MAJ Thomas Delk	

MSC Contributions

CPT Stephen Valentine, 73A

CPT Valentine's is a Social Worker assigned to the 528th Medical Detachment, Fort Bragg, North Carolina. After completing the AMEDD Officer Basic Course, CPT Valentine was awarded the Colonel George Lynch Leadership Award. He was then assigned to Fort Jackson, South Carolina in the Community Mental Health Service, Moncrief Army Community Hospital. The crux of the mental health mission at Moncrief is to provide care to the thousands of soldiers-in-training that pass through Fort Jackson every year. In addition to this busy mission, CPT Valentine also took on the task of serving on the faculty for the TRADOC pre-command course.

CPT Valentine's desire for continual professional development has driven him to complete the Air Assault and Basic Airborne courses, as well as the Aeromedical Psychology Training Course at the School of Aviation Medicine, Fort Rucker, Alabama. Notably, CPT Valentine is only the fourth Social Work Officer to attend and complete this course. Most recently CPT Valentine volunteered to serve as the acting commander for the medical company at Moncrief while the commander attended the Combined Arms and Services Staff School.



CPT Phillip Christy, 70K

CPT Christy has made key contributions in the logistical area as the Medical Research Materiel Command's (MRMC) Facility Planner by flawlessly managing the Command's \$20.3 million Real Property Management Account, and coordinating the funding and execution of an environmental assessment study for a \$9.8 million renewal project. His application of analytical skills resulted in a program for design and conceptual drawings for the renovation of 5,000



square feet of administrative space for the Congressional Directed Medical Research Program, and the design and identification of equipment requirements for a 820,000 cubic foot Class VIII warehouse in Doha, Qatar for the U.S. Army Medical Material Agency, a subordinate unit of MRMC

1LT Robert G. Gates, 71E

1LT Robert G. Gates has been a leader and a key member of the team responsible for the resumption of Nucleic Acid Amplification Testing (NAT) for external customers and Enzyme Immunoassay (EIA) testing at Camp Memorial Blood Center, Fort Knox, Kentucky. As the officer in charge of the Quality Assurance unit, his work was vital in ensuring that new or revised testing standard operating procedures were written, validated, trained, and implemented. Over 30 standing operating procedures were implemented in a period of two months. In addition, he lead a team that was responsible for the implementation of a lot release process. This process ensures that all steps involved during the collection, processing, and testing of blood units are reviewed for compliance with federal guidelines before units of blood are labeled and released into the inventory. As a direct result of EIA resumption and lot release implementation, the time to process units of blood before they are labeled and released, has been decreased from over 7 days to 48 hours. In addition, 1LT Gates has overseen the development and implementation of a new training program that ensures that new as well as current employees are fully qualified and competent to perform their duties. These efforts earned 1LT Gates the Junior Officer of the Year Award from the Alumni Association of the Tri-Service Blood Bank Fellowship. This award was presented to him in March 2002, during the Society of Armed Forces Medical Laboratory Scientists Annual Meeting in Spokane, Washington.



1LT Werner Barden, 70B

1LT Barden is a Medical Platoon Leader in the 1st Battalion, 504th Parachute Infantry Regiment. He is responsible for the coordination and execution of all Level I and II medical treatment for an airborne infantry taskforce. Under his leadership the soldier-medics in his platoon achieved an Expert Field Medical Badge pass rate of 45%, 27% higher than the Army standard. And, during a recent rotation at the National Training Center, 1LT Barden was recognized by the Brigade Combat Team (BCT) as having the best medical planning and lowest died of wounds rate for the entire 9-battalion BCT. Demonstrating his ability to perform equally well in the garrison environment, LT Barden's medical platoon tactical SOP was adopted as the Brigade standard.



MAJ Jennifer Styles, 67E

MAJ Styles, Chief of the Pharmacy Branch at the AMEDD Center and School continued her traditions of excellent and effective leadership as evidenced by such initiatives as coordinating and implementing the Training Task Selection Board (TTSB) for the Enlisted Pharmacy Specialist (91Q) training program. This effort revised and updated all aspects of the training tasks and skills for our 91Qs to ensure they are properly trained and prepared to perform their critical skills in a TDA or TOE environment.



CPT Leslie Walthall, 67E

CPT Leslie Walthall completed a deployment for a Medical Readiness Exercise to the Dominican Republic just prior to her entry onto active duty in later 2001. During the mission, she was attached to the 21st General Hospital a reserve unit out of St. Louis Missouri.

Our People



**CPT Michael Elliot, 70F,
Mrs. Kathy Manthei, Mrs. Phyllis Coy**

CPT Elliot's duty performance and attention to detail while serving as a USAREC Health Care Team Commander and Branch Chief, Medical Service Corps, HQ, USAREC have been outstanding. Because of his abundant leadership abilities and enthusiastic leadership style he was selected over his peers to serve as the Indianapolis Health Care Recruiting Team Commander. CPT Elliot led his health care recruiting team to achieve superior results placing the Indianapolis team at the top of the 3rd Army Medical Department (AMEDD) Detachment's five health care recruiting teams within a four-month period. He set, defined, and implemented recruiting prospecting and processing standards expected of unit personnel and motivated unit members to become accountable to each other as a team. CPT Elliot redefined each member's role on the health care recruiting team and provided a model for others to emulate. He challenged each team member to work together and assist in developing a cohesive unit that drew upon the strengths of each member while simultaneously improving upon individual weaknesses. His understanding of human nature and the ability to gain consensus among diverse groups resulted in an immediate paradigm shift in his unit that dramatically impacted recruiting results.



CPT Laura S. Edwards, 70K

CPT Edwards is assigned as Chief of Logistics Division for the U.S. Army Aeromedical Center (USAAMC) at Fort Rucker, Alabama. CPT Edwards is responsible for all logistical support to include the facility management of over 267,000 square feet, a \$765 thousand facility maintenance and repair budget, supervision of clinical engineering for over 4,000 pieces of medical equipment, managing a \$28.9 million property book, and supervising a \$672 thousand housekeeping contract.

Under CPT Edwards' supervision USAAMC has undergone numerous developments to enhance patient and staff quality of life to include implementing an Energy Savings Performance Contract for over \$2 million in capital improvements for the facility and succeeding in obtaining funding valued at approximately \$1.5 million to upgrade the hospital's fire alarm system, greatly contributing to the safety of patients and staff. CPT Edwards also serves as the Safety Officer and as a result of her efforts in the Environment of Care (EC) standards for the Joint Commission of Accreditation for Healthcare Organizations, the hospital received an overall grid score of 96 with no EC deficiencies during the October 2001 survey.



CPT Vanessa Puzzo,

CPT Puzzo, Adjutant, Blanchfield Army Community Hospital, USA MEDDAC, Fort Campbell, KY coordinating the details of a time sensitive action for the command.



CPT Kenneth Shields, 67J

CPT Ken Shields is a MEDEVAC pilot assigned to the Air Ambulance Detachment, United States Army Aeromedical Center(USAAMC) at Fort Rucker, Alabama. He is one of a select few in the Medical Service Corps who have been given the opportunity to attend the Fixed Wing Multi-Engine Qualification Course. He has since flown over sixty evacuation missions and logged over 245 hours in the C-12. The C-12 air evacuation platform has proven to be an opportunity of a lifetime for several MSC pilots.



**MAJ Matthew Mattner, 67J/70H
CPT Kyle Burrow, 67J**

MAJ Mathew Mattner (CDR) and CPT Kyle Burrow (OPS Officer) of 542nd (AA) with Medal of Honor Recipient and member of the MSC CW4 (ret) Michael J. Novosel during his visit to Korea in Jan 02.

Optometry, Pharmacy, Podiatry, Social Work, Clinical Psychology



COL George Adams III

The five MFAs listed above 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 Retention and Recruitment incentives to attract and retain quality officers to provide health care for beneficiaries. Wherever possible, success stories of individual officers have been included.

Reference Websites

73A- Social Work
www.armysocialwork.com

73B- Clinical Psychology
The Clinical Psychology web site is in development.

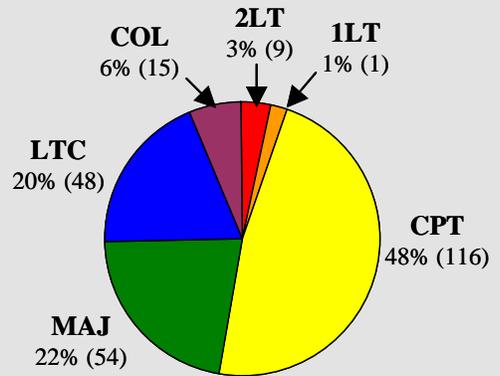
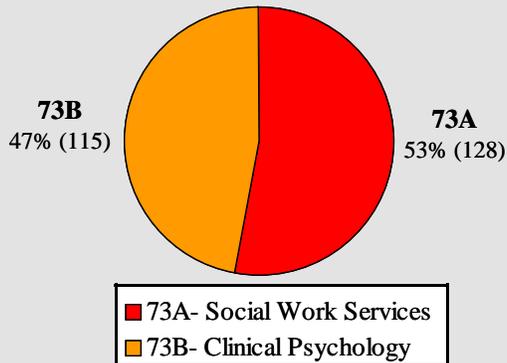
67E- Pharmacy
www.armypharmacy.org

67F- Optometry
http://chppm-www.apgea.army.mil/dcpm/vision/Army/

67G-Podiatry
www.abps.org and www.apma.org

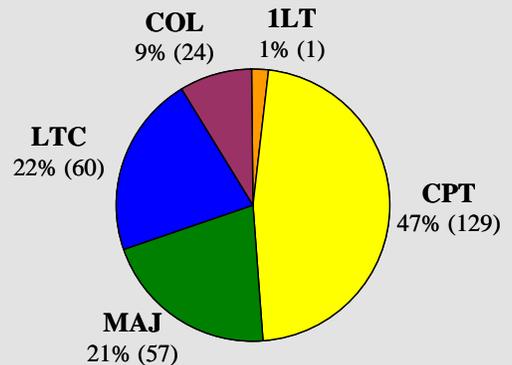
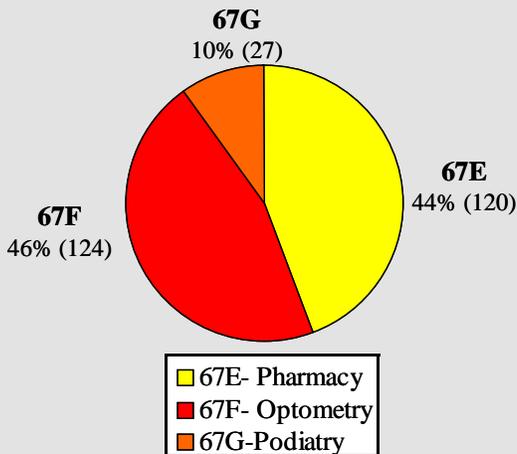
Social Work and Clinical Psychology

243 Active Duty Officer



Pharmacy, Optometry, & Podiatry

271 Active Duty Officer



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, units and commanders. 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 FY02 active duty, reserve and National Guard 73As were deployed to Afghanistan, Uzbekistan, Kuwait, Kosovo and Bosnia.

Successes

Four Social Work Officers were selected for Long Term Health Education and Training. CPT David Cabrera and CPT Shereen Hughes were selected to attend the two year Child and Family Fellowship at Walter Reed Army Medical Center. CPT Nathan Keller and CPT Graham Bicknell were selected to begin their doctoral studies. Three Social Work Officers were selected for LTC, six Social Work Officers were selected for Major, and three were selected for Captain. The results of the Colonel's Board are pending. CPT Terry Martinez at the AMEDDC&S was one of twenty MSC Officers selected to participate in the Junior Officer Week in Washington D.C.

This year marked the first year that Behavioral Health enjoyed a presence at



the Force Health Protection Conference. The event was such a success that the Army Social Work Short Course will be aligned to coincide with the Force Health Protection Conference in Albuquerque, NM in FY03.

BG Weightman signed the Automation Control Board Charter designed to leverage advances in technology in support of the Behavioral Health vision. There is a current initiative to integrate the Social Work, Psychology and Psychiatry Websites to reflect the efforts to re-engineer Behavioral Health.

There were 11 Social Work accessions this year. Approximately 20% of these accessions were previously enlisted Behavioral Health Specialists.

Social work played an important role in the implementation of the Tri-Care for Life initiative assisting with improved access, convenience and excellence in care to retired beneficiaries.

Army Social Work has collaborated with the Veteran's Administration (VA) developing a Joint Case Management Sub-Committee under the Continuity of Care product line.

Social Work is supporting the Primary Care Optimization Mission. The intent is to increase the integration of SWS to the Primary Care Adult Clinics through proactive case findings. Social Work collaborates with the Primary Care Managers and other providers to establish group interventions for high utilizers and provide ongoing social work case management for high-risk patients.

The Social Work Department at Tripler Army Medical Center was the only AMEDD MTF selected as one of four Army-wide sites to create a "Center of Excellence" for the Family Advocacy Program.

Challenges/Initiatives

Challenges for Social Work have existed in the availability to provide services to Army beneficiaries seeking marital services. This is a service not covered under Tri-Care. As a result, marriage and family counselors have been contracted to provide these much needed services at 12 OCONUS sites. The contract is underway to fund an additional 13 marriage and family counselors at 10 CONUS sites.

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.

Recruitment/Retention Incentives

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 AMC. Additionally, Army Social Work Officers with the highest credentials (Board Certified Diplomate) 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.



Reference Website:

<http://www.armysocialwork.com>

73B Clinical Psychology

COL Edward Crandell Consultant



Army Clinical Psychology has experienced a year of unprecedented challenges and changes in meeting the behavioral health needs of soldiers and their families. The missions of training and service delivery gained renewed impetus following the events of September 11, 2001. The force structure of Clinical Psychology continued to see additional growth as the demand for military clinical psychologists increased. Additional training opportunities occurred, and through the efforts of senior leaders in Army Clinical Psychology, an ongoing effort to reengineer the delivery of behavioral health has gained additional momentum.

Recruitment and retention of Army Clinical Psychology officers has remained at one hundred percent. Three additional officers were selected for the 2002 Army Clinical Psychology Internship Program (CPIP) bringing the total accessions to thirteen officers. Postdoctoral training continues to be a source of additional expertise with fellowships in neuropsychology, health

psychology, and child psychology at Tripler Army Medical Center; neuropsychology at Walter Reed Army Medical Center; and child psychology at Madigan Army Medical Center. Army Clinical Psychology force structure gained three additional authorizations.

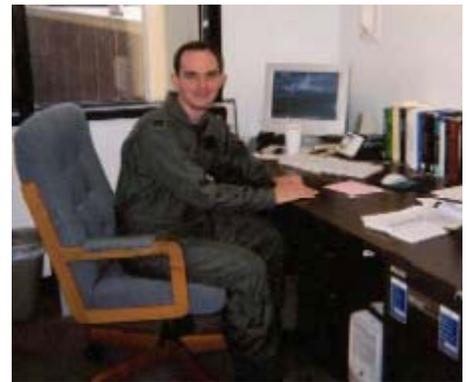
In the hours and days following the attack on the Pentagon, Army clinical psychologists and clinical psychology residents assigned to Walter Reed Army Medical Center, and other medical treatment facilities in the National Capitol Region (NCR), served on multidisciplinary teams providing behavioral health care on site at the Pentagon as well as numerous other sites in the NCR. Psychologists participated in the development of The Surgeon General's operational plan to continue to ensure that all Pentagon service members receive needed behavioral health care.

Psychologists assigned to numerous operational units have been deployed to Afghanistan in support of our soldiers fighting the War on Terrorism. Army Psychology's role in assessment and selection of special operations soldiers has gained a renewed sense of urgency and importance in this effort.

In order to improve the delivery of

behavioral health care in the Army Medical Department, clinical psychology officers served on the multidisciplinary Behavioral Health Reengineering Team. This initiative will result in enhanced automation of behavioral health information and improved access to care. Combat Stress Control doctrine continues to undergo significant changes with Army psychologists playing a leading role in the development and implementation of these changes.

Army Clinical Psychology continues to be a vital force for change as these officers serve as key members of the Medical Service Corps and Army Medical Department.



*CPT Robert Jackson, 73B
Aeromedical Clinical Psychologist,
Ft Rucker, Alamba*

AOC 67E

67E Pharmacy

COL Michael Heath Consultant



Army Pharmacy had yet another challenging, but equally rewarding year. Army Pharmacists were proactively involved in a wide variety of drug therapy responsibilities post September 11, 2001. Numerous Active and Reserve Component Army Pharmacists were deployed in support of Operation Enduring Freedom and other worldwide deploy-

ments. For the first time in five years, recruitment of new accession pharmacy officers exceeded the recruiting mission of 16, with 18 total new Pharmacy officers recruited and assessed during FY02. This was a direct result of the Health Profession Loan Repayment Program (HPLRP) and a new accession bonus of \$10,000, which will increase to \$30,000 during FY 03.

At the national level, Army Pharmacists played key roles toward ensuring the safe and appropriate use of medications by our soldiers and family members and effectively managing the

Army's \$500 million dollar, and DoD's \$2.5 + billion dollar, annual expenditures on pharmaceuticals. Colonel Bill Davies, Director of DoD

Pharmacy Programs, TRICARE Management Activity (TMA), Colonel Dan Remund, Director of the DoD Pharmacoeconomic Center (PEC) and Lieutenant Colonel Don Degroff, Director





of the Pharmacy Data Transaction Service (PDTs) customer service support center continued their proactive leadership roles relating to improvements to the existing TRICARE Pharmacy Benefit.

Reflections of September 11, 2001

The attack on our nation on September 11, 2001 will be with us forever, no matter where you were or what you were doing. As with our entire AMEDD Team, Army Pharmacists stepped to the forefront to provide exceptional leadership during this time of crisis. COL Mike Berndt, Chief, Department of Pharmacy and the Walter Reed Army Medical Center (WRAMC) pharmacy staff provided quick response and untiring support to the Pentagon immediately following the attack. The WRAMC pharmacy staff provided emergency and routine medications for the treatment of the casualties and ensured uninterrupted supply of medications for rescue workers and Pentagon beneficiaries.

Army Pharmacists were creative with their sense of responsibility in finding innovative ways to ensure uninterrupted pharmaceutical care and service continued for all soldiers and patients. In many cases, Army posts had limited pharmacy services on Tuesday; somewhat curtailed on Wednesday, but by Thursday a majority of installations were providing full pharmacy services. Our pharmacists provided extended hours of operation while also having to provide staff resources in support of many other additional duties. Army Pharmacists were very innovative in putting security first while still providing prescription and other pharmacy services for

all patients. This included examples of relocating prescription dispensing to the post visitor's center, or other buildings belonging to the post, and numerous other innovative ways to ensure patients received their medication.

During the anthrax incident, mail was significantly impacted and delivery time increased. However, for those patients using the National Mail Order Pharmacy, service was relatively uninterrupted. In some cases where service was briefly interrupted, patients turned to the MTF pharmacy when they ran out of medication. Army pharmacists provided a 7 to 10 day supply of medications for these patients, carrying them through until their mail order prescriptions arrived.

Junior Officer Council

MAJ Jorge Carrillo served as the President of the Army Pharmacy Junior Officer Council and LTC Marc Caouette continued to serve as the senior advisor to the JOC. The following were key initiatives of the Junior Officer Council during 2002: Implementation of the Peer-Rx Program where new Pharmacy officers are contacted while they are attending the Officer Basic Course to welcome and introduce them to Army Pharmacy and the JOC; publication of the 2001-2002 Army Pharmacy Junior Officer Guide on the Army Pharmacy Homepage; updated the JOC Homepage numerous times with articles and information pertaining to Pharmacy junior officers; assisted in conducting a DOD Pharmacy Leadership Study and sent preliminary results to all junior offi-

cers.

Deployments

CPT Kevin Ridderhoff, LTC Ray Murray, MAJ Laurel Fields, CPT Jeff Neigh, LTC Thomas Babb, CPT Barbara Highsmith, CPT Michael Seise, MAJ Gary Talsma, MAJ Keith Wagner and MAJ (P) Peter Bulatao are other Army Pharmacists who deployed to the Balkans and other areas of the globe during this past year.

Future

Army Pharmacy is an integral piece of the Army and DoD Health Care Team and with the care and services that our pharmacists provide will continue to be in high demand. Continued funding to support loan repayment, a new accession bonus and other appropriate recruiting and retention tools are imperative in order to achieve and maintain success in recruiting and retaining the highest quality Army Pharmacy officers. The Pharmacy Officer Special Pay is also extremely important to the future of Army Pharmacy. The Medical Service Corps and the AMEDD have done a tremendous job in promoting these well-deserved and important initiatives.

Reference Website:

http://www.armypharmacy.org/new_web/default.htm



67F Optometry

COL George Adams Consultant



Army Optometrists are the primary eye and vision care providers on the Army Health Care Team. The U.S. Army Medical Department has a continuing need for qualified active-duty Optometrists (Doctors of Optometry) to satisfy mission requirements worldwide. Most Army Optometry assignments are purely clinical in a hospital or field unit; however, Optometrists may be assigned in such areas as aeromedical vision science research, telemedicine, residency training, vision conservation and readiness, optical fabrication laboratory management, teaching, and program development. Optometrists are also available to participate in humanitarian relief and assistance visits to foreign countries.

Challenges

Officer Distribution Plan guidelines for 2002 were met by staffing 100% of OCONUS and TOE requirements. Optometry staffing shortages showed vast improvements worldwide in 2002 with a 90% fill, while CONUS clinical TDA positions will be filled at 85%. Increased coordination with USAREC and recruiting visits to Schools and Colleges of Optometry have paid off in accessing Optometrists this Fiscal Year. Additional tools have been explored to meet the shortfall. Most notably, an Optometry Retention Bonus became effective on 1 October 2001. Training starts this year include 14 Op-



MAJ Charlie Coe in Nigeria

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

Consultant Advisory Group(CAG)

The following is a list of CAGs and Group leaders. You are encouraged to contact these individuals with specific questions in their area of expertise. The updated list is published monthly

in our Newsletters to provide a solid point of contact for you.

Army Optometry Website

MAJ Emery Fehl

Aviation Optometry

MAJ Linda Knapp

Field Optometry

MAJ Ken Shaw

Mentorship

MAJ Dex Peters

Clinical Practice Guidelines/QI

LTC David Hilber

Formulary issues

LTC Neil Glenesk

History

COL Fran McVeigh

Patient Education

LTC Patti Palmer

Professional Education

MAJ Carol Rymer

Professional Development

MAJ Germaine Oliver

Recruiting/Retention

CPT Jen Camp

Refractive Surgery/Research

LTC Corina Van de Pol

Refractive Surgery/WRESP

Dr. Ted Pryor

Reserve Optometry Consultant

LTC Bill Urosevich

Optical Fabrication

MAJ Donovan Green

Eye Technicians

LTC TJ Lantz

Vision Readiness

LTC Emery Fehl

Achievements

Forty eight percent of Army Optometrists are Fellows of the American Academy of Optometry and Board Certified, while only 10% of civilian op-



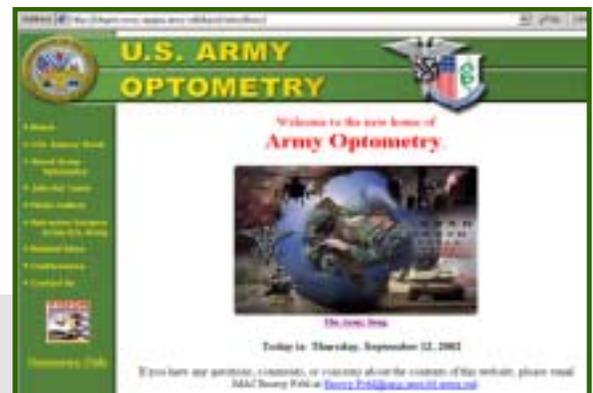
CPT Diane Boese

tometrists become Fellows. New Fellows of the Academy in the year 2001 include LTC Ken Foppiano, CPT Aaron Betts, CPT Diane Boese, CPT Jennifer Camp, and CPT Colleen Personett.

MAJ Charlie Coe was selected for Long Term Health Education and Training by a competitive board, which met in September 2001. MAJ Coe will be earning a PhD in Physiological Optics at the Indiana University College of Optometry, a three-year program worth approximately \$100,000.

MAJ Emery Fehl designed and developed the new Optometry Website. This is a user friendly, informative website, vastly improved from the previous version. Prospective direct accessions and Health Professions Scholarship Applicants can find a wealth of information on Army Optometry careers and guides to Army Recruiting. Within the password-protected "Army Optometry Only" section there are four main areas where registered users may find current information and communicate with their colleagues.

The FY 01 Colonel's Board met in July 2002 and LTC Bill Rivard, Chief of Optometry at Landstuhl Regional



Reference Website:

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

Medical Center, ERMC was selected for promotion. The FY 02 Major's Board was released on 20 February 2002, and Optometry had eight (8) CPTs selected for promotion. Congratulations to CPT(P)s Adrienne Ari, Greg Atkinson, Jim Carrell, Denis Descarreaux, Joe Harkins, Steve Planchet, Jim Truong, and Christine Watson. There were no Optometry officers in the primary zone for the FY 2002 LTC Board.

Every year the Southern Educational Congress of Optometry (SECO) recognizes an Optometrist of the South. This year SECO awarded this distinct honor to all "Optometrists with the Uniformed Services". The inscription reads, "In Appreciation for Your

Outstanding Professionalism, Dedication and Contributions to Optometry". Each Service received an engraved plaque, and the Army's plaque is prominently displayed at OTSG. This is great recognition for our men and women serving the Army.

CPT Haby Ramirez delivered the first Remote Tele-Optometry (RTO) set to Kosovo in March 2002. This system has been effective in leveraging provider resources, establishing one standard of care independent of location, and most importantly, reducing evacuations and lost workdays. CPT Ramirez has championed this project since its inception, and it brings Optometry to the forefront of Telemedicine in the Army.

MAJ Donovan Green, CPT Douglas Gray, and CPT Greg Hutcheson, all assigned in Europe, recently earned the Expert Field Medical Badge in 2002. CPT Callie Molloy was selected a member of the 8th US Army 10 Miler Team.



67G Podiatry

COL Jeffrey Zimmerman
Consultant



Army Podiatry has had a couple of successful changes occur over the last year. The first one involves a change to the scope of practice (AR 40-68 "Quality Assurance Administration"). According to the revised regulation, Army podiatrists for whom residency training included performing patient History and Physical examinations may be privileged to perform Histories and Physicals. High-risk patients, as determined by the medical staff, will still require confirmation or endorse-

ment of the History and Physical by a qualified physician. The podiatrist may be privileged to admit patients only if educationally prepared to perform the History and Physical.

This regulation replaces the old regulation, which prevented podiatrists from performing general Histories, and Physicals and admitting patients for in-patient care. This change was possible because most podiatrists now have two years of residency training that includes the performance of Histories and Physicals.

Another positive change involves the length of residency training performed by Army podiatrists. All one-year residency training programs, both civilian and military, have been phased

out over the last year. All newly accessed podiatrists and those trained in the Army will therefore perform at least two years of residency training. Within the Army there are two-year programs located at Womack Army Medical Center and Eisenhower Army Medical Center.

Over the last year several Army podiatrists became Board Certified with the American Board of Podiatric Surgery. These officers include: LTC Patrick Sesto, MAJ Kerry Sweet and CPT Asim Raja. This puts our total of Board Certified Army podiatrists over fifty per cent, while only 30 per cent of our civilian counterparts are certified.



Reference Websites:
<http://www.abps.org>
<http://www.apma.org>



MSC Contributions

LTC Richard Lakes, 67E

LTC Richard Lakes, IMA Reserve Pharmacy Consultant was activated for a 90-day active duty tour to the Office of the Army Surgeon General to work directly with the U.S. Army Pharmacy Consultant in support of OEF and in managing a multitude of reserve component issues and tasking. LTC Lakes provided exceptional leadership during this period of active duty service.

CPT Matthew Clark, 71F

In the one year that CPT Clark has been at the WRAIR he has been involved in multiple scientific, administrative, and military activities that have significantly enhanced both the Division Neurosciences and the WRAIR. CPT Clark received his PhD in Neurosciences from Rutgers University. In the last 12 months he has published two peer reviewed science papers and submitted a third, in addition to co-authoring a book chapter. This past year he submitted six research proposals as the principal investigator (uncommon for a junior officer); two of which were for the In-house Laboratory Independent Research (ILIR) program and four of which were for the Medical Research and Material Command's Research Area Directorate for Chemical and Biological Defense (RAD IV). From these proposals, CPT Clark and his team have already been awarded over \$500K for chemical defense related research for FY02. CPT Clark's research collaborations investigate the effects of subacute and sub-chronic low-level nerve agent exposure. In order to perform his work, he conceived and established a mouse neurobehavioral assessment lab that includes a broad range of perceptual, cognitive and behavioral tasks. He is also active in the research area of cognitive optimization in sustained operations, and has proposed to examine the underlying biochemical contributors to impaired cognitive performance resulting from sleep deprivation.



CPT Laura Jane Stephens, TXARNG

CPT Stephens is currently assigned as the Commander of Company C, 949th Forward Support Battalion, Grand Prairie, Texas. She has held this position since July 2000. Her performance as a medical company commander for the past year has been exemplary. She combines discipline, integrity, compassion, and innovation in a way that is rare among junior officers. When she assumed command, her unit was struggling for leadership and direction. Many soldiers had drifted away from the unit, with an unusually high percentage of soldiers appearing on the No Valid Pay report. Her active recovery and 90-day amnesty program enticed many soldiers back to the unit, reducing the number of soldiers that she was ultimately forced to discharge for being Absent Without Leave. Though she has not yet achieved her goal of 85% IDT attendance, the rate has improved from 57% to 79%.

CPT Stephens demonstrated initiative and her grasp of web technology by creating a home page for her company. She pays for the server space herself plus performs all of the Webmaster duties. Her well-organized site contains information that keeps her soldiers informed on upcoming training events, medical professional development, and photos of unit activities. The site has also been very successful in recruiting qualified new members to the unit. The site was solely responsible for attracting a qualified medical doctor from active duty into the unit, improving unit readiness. The site address is <http://www.charliecompany494fsb.com>.

CPT Stephens has also developed an aggressive unit-training program. She used EFMB tasks, conditions, and standards to ensure that her soldiers met rigorous standards of proficiency in medical and soldier tasks. During Annual Training this year, CPT Stephens was the Company Com-



mander for an ad hoc unit comprised of soldiers from three units in the 949th FSB. She excelled at forming a cohesive team out of the various elements and achieving all assigned missions. Her medical company soldiers operated a medical treatment facility responsible for sick call, emergency medical care, ground ambulance evacuation support, patient hold, and dental services for over 1500 soldiers over 6 weeks of training. Her next priority is to prepare for the unit's 2002 rotation to the Medical Company Training Site at Camp Shelby, MS and to transition the medics to the 91W MOS.

1LT Cheryl Blanchard, 72D

1LT Blanchard commanded a 50-person task force during a two week Medical Readiness Training Exercise (MEDRETE) into the Mosquito Coast region of Honduras. The task force was comprised of Army, Air Force, Honduran Military, and Honduran Ministry of Health personnel. Upon the successful completion of the MEDRETE, over 4,000 Honduran nationals received much needed medical care and treatment.



Joanna S. Mysen, 72E

For the last two years, 1LT Mysen revised and vastly improved the preventive medicine (PM) training program for the cadet summer training cycle. This critical training, the first exposure for many future Army leaders to the complexities of the Army's best combat power multiplier, preventive medicine, involved coordinating the classroom and hands-on training for all incoming plebes, developing lesson plans and ensuring an adequate number of capable instructors were available. She expanded the practical exercise to allow all cadets realistic hands-on training and experience, vastly improving the cadets' information retention.



CPT Amy Rustan, 70F

CPT Rustan serves as the Chief, Personnel Division for the U.S. Army Aeromedical Center, Fort Rucker, Alabama. As the Agency Program Coordinator for the Government Travel Card Program, CPT Rustan's innovative management controls and proactive tracking of over 200 active travel card accounts have resulted in a dramatic decrease in delinquency, from over 15 percent to just 2 percent. CPT Rustan's insight and attention to detail were critical in the transition from the Unit Status Report to the implementation of the Medical Readiness Report. Her work was recognized at the Southeast Regional Medical Command level, and she was designated as the subject matter expert for the region. CPT Rustan's creation of an Access database to centralize all personnel information, combined with her successful conversion of all reports to an electronic version, ensured timely and accurate information could be transmitted in a flawless and routine manner throughout the chain of command. From the day she arrived at Fort Rucker, CPT Rustan has been committed to the customer service aspects of her duties and dedicated to the Army values.



MAJ Robert Bowden, 71A

MAJ Bowden served as augmentation personnel in the Microbiology Section of the Special Pathogens Branch of the Diagnostics Services Division of USAMRIID. Conducted accessioning and initial processing of approximately 2000 environmental samples from local, state, and federal agencies. Performed sample extraction and subsequent culture on diagnostic microbiological media for detection of potential biological warfare agent contamination. He then performed confirmatory testing for suspicious colonies to identify biological warfare contaminants. Initiated documentation for sample processing, microbiological analysis, confirmatory testing and disposition of each sample for case files and official reports. All work was done in accordance to SOP, with appropriate controls, reporting procedures, and BSL-2 level containment. Tracked and reported specimen results and sample status of active cases to assure proper disposition of all samples.



1LT Christopher Evans, 71B

1LT Christopher Evans with the 440th Blood Detachment in Afghanistan.



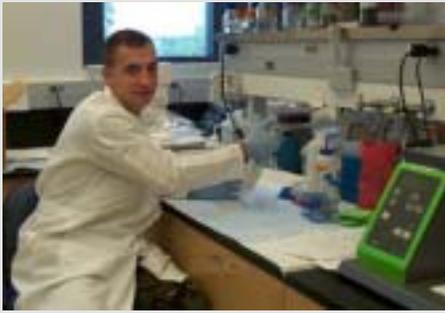
COL Denise J. Anderson, 70C

Despite the hectic schedules of Senior Healthcare Financial Managers, COL Anderson, Director, Program, Analysis, and Evaluation (PA&E) Directorate, Office of The Surgeon General, believes that it is extremely important to spend time in leader development and mentoring sessions with officers. Here, she discusses and listens to strategies that the officers form Logistics, Personnel, Healthcare Administration, and Resource Management have developed as they prepare to present a resource integration briefing to The Surgeon General.



2LT May, 70B

2LT May (C/307th FSB) finishes the 12-mile road march enroute to winning the 82d ABN DIV Expert Field Medical Challenge 2002



CPT Todd Kijek, 71A

CPT Kijek served as augmentation personnel to the Special Pathogens Branch of the Diagnostics Services Division of USAMRIID. Conducted accessioning and initial processing of approximately 2000 environmental samples from local, state, and federal agencies. Performed sample extraction and subsequent culture on diagnostic microbiological media to assess potential biological warfare agent contamination. Performed sample extraction and subsequent diagnostic PCR analysis using RAPID and SMART cycler technology for detection of potential biological warfare agent contamination. Implemented measures to minimize DNA contamination. All work was done in accordance to SOP, with appropriate controls, reporting procedures, and BSL-2 and BSL-3 level containment. Initiated documentation for sample processing, analysis, confirmatory testing and disposition of each sample for case files and official reports. Developed and implemented solution strategies to resolve conflicting results.



1LT Tuesday Blome, 72D

1LT Blome served as the Environmental Science Officer with Joint Task Force (JTF)-Bravo at Soto Cano Air Base, Honduras for six months in 2002. 1LT Blome was responsible for planning, implementing, and conducting a comprehensive environmental health threat surveillance program to protect the health of US soldiers in the region. Her daily duties covered a wide spectrum of programs and areas of interest: disease non-battle injury reporting; potable water analysis; sanitation inspections; hazardous materials/hazardous waste and regulated medical waste management programs; medical threat briefs; writing preventive medicine SOPs and OPORD annexes; air monitoring; soil sampling; vector surveillance; and many other environmental health-related topics. 1LT Tuesday Blome provided technical assistance to two operations for New Horizons (NH) 02, Task Force (TF) Chontales in Nicaragua and TF Oxeloton in El Salvador. She also participated in the medical planning for two NH 03 missions, TF Chiriqui in Panama and TF Jaguar in Belize.



CPT Joe Themann, 70H

CPT Themann, TF Falcon Medical Plans & Ops Officer (KFOR 3A) from the 101st Airborne Division (Air Assault) with a Russian HIND helicopter at Slatina Airport, Pristina Kosovo



63d Regional Support Command, Los Alamitos, CA (ARNG) Army 10 Miler Team

1LT Elizabeth Cross

(far left, first row)- Detachment Commander of the 376th PSB.

1LT Alejandro Nunez

(far right, second row)- Sanitary Engineer with the 791st Medical Detachment in Stanton, CA.

1LT Melissa Salderfer

(far right, first row)- Aide de Camp, MG Robert Ostenberg, 63d RSC



16TH MEDLOG Dining In at Camp Walker, Korea. Featured in the picture above are:

CPT Jose' Velazquez

(Blood Officer)

CPT Stephen A. Rogers

(Company Commander)

2LT Lisa Bohler

(Company XO)

Career Management

Preparing our officers for success and future leadership positions is the primary mission of our career managers at MS PERSCOM. Therefore, it is imperative to share with all our MSC officers, junior and senior, both the expectations for leader development and the process to achieve those expectations. BG Ursone and his Senior Leader Team, (SLT), Consultants, and Field Leadership Team (FLT)- the components of his MSC Leadership Initiative- have provided great insight and developed products, “success enablers” to assist MSC officers in their individual leader development. The two primary success enablers recently introduced are the PMAD/TAADS On-Line and the Area of Concentration (AOC) Career Paths. It is my responsibility to ensure that your career manager understands these enablers and, together with you, use them to assist you in reaching your professional and personal goals.

The introduction of the PMAD/TAADS On-Line and AOC Career Paths represents a quantum leap in offering our MSC officers tools for contributing to and planning for their leader development. Additionally, these enablers reinforce our intent to share timely and relevant information with our officers so they may develop plans and multiple courses of action for career management based on career timing, assignment availability, professional requirements, and personal desires. These initiatives also represent an opportunity for senior officers to review with the officers they lead or mentor a common perspective and database. This is significant because we want our senior officers to advise not only from their personal experience but also from a perspective and understanding of how opportunities for MSC officers have evolved over the span of their careers. In many cases junior officers cannot enjoy the same experiences that many of today’s senior officers have known because our Army and its structure has changed so sig-

nificantly over the past 25 years. However, the opportunities of today and tomorrow may be greater in many respects as MSCs now compete for new leadership positions to include medical treatment facility command as well as the TOE commands for which we’re always eligible.

So how do our officers benefit by having AOC Career Paths and the PMAD/TAADS On-Line? The intent is to use these new tools in conjunction with each other; however, depending on need they may be used independent of each other. The career paths were developed to share with officers the duties of senior (COL and LTC) officers serving in AOC specific positions. The career paths also display those positions that would have the best likelihood of providing the experience and skills sets for officers to acquire so they may ascend to the more senior and demanding positions within an AOC. The PMAD/TAADS On-Line provides our officers the insight to where every MSC authorization exists. The product of combining the information from these two resources is the ability for officers to chart career courses of action that best support their personal and professional aspirations. Needless to say, this is not a perfect solution to an age-old challenge. All officers will not receive their assignment of choice. However, based on these new products, officers will be better prepared to discuss, develop options and decide on how to better influence their career.

Although we continue to leverage technology and exploit automation to better serve our officers, in reality it is our career managers who best serve our officers. Simply stated, it is people serving people. Over the coming year the career managers of MS Branch PERSCOM will focus on learning how to better use these new “success enablers”, PMAD/TAADS On-Line and the AOC career paths. They will also strive to better communicate with the community of officers



they serve. And finally we will seek to place our officers in challenging assignments and leader development positions commensurate with their skills, experience and potential.

MSC Leader Development

0 - 6 Years of Service

- OBC
- Admin – TOE Plt Ldr, Co Cmd
- Allied Sci – Reinforce Specialty Skill
- MSC Branch Qualification

4 - 8 Years of Service

- OAC and CAS3
- Co Cmd; Experience in TOE/MTF/TDA
- MSC Branch Qualification
- MSC AOC Designation

8 - 15 Years of Service

- CGSC; Master’s or PhD
- Reinforce specialty skills by diversity of assignments within AOC
- Serve in leadership positions (Commander, Director, Chief, XO and Deputy positions)
- Serve in, HQDA/OTSG and MACOM positions

Reference Website:

<https://www.perscomonline.army.mil/OPmsc/1brchief.htm>





MSC PERSCOM Branch Managers



COL Larry Bolton
Branch Chief,
Colonel's
Assignment Desk



LTC Bryant Aldstadt
Deputy Branch Chief,
MAJ/ LTCs Assignment Desk
AOCs 70H, K, 67J



MAJ Rex Berggren
LT-LTC Assignment Desk
AOCs 71A, B, E, F,
67E, F, G



MAJ Carla Price
MAJ/ LTC's
Assignment Desk
AOCs 70A, C, D, E, F



MAJ Ralph Deatherage
1LT(P)- CPT Assignment Desk
AOCs 70B,
TDA- 70A, C, D, E, F



MAJ Cara Alexander
1LT(P)- CPT Assignment Desk
AOCs 70B,
TOE- H, K & 67J



MAJ Aaron Silver
LT-LTC Assignment Desk
AOCs 72A, B, C, D, E,
73A, B



MAJ Hector Mendoza
LT's Assignment Desk
All AOCs, 67A, Pre-OAC
& MOS 670A



MAJ Robert Leonard
Chief,
Education and Training

Promotion Board Trends & FY02 Board Analysis

Last year, a promotion board analysis was conducted for the FY2001 Lieutenant Colonel and Major promotion boards. For consistency purposes, the following explanation is the same excerpt from last year's promotion board analysis introduction.

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 Cate-

gory and the other Special Branches by providing detailed management guidance to promotion boards to insure that the needs of the Army are met by Medical Functional Area or separate 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 is an extremely competitive 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 authorized 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 the zone of consideration,

did not reflect as high a potential as 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 a 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 a 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.

Promotion Board Statistics

Colonel Selection Board

10-17 July 2001

Primary Zone Officers Considered for Promotion: 58
Officers Selected for promotion: Above the Zone: 5
Primary Zone: 25
Below the Zone: 0

Lieutenant Colonel Selection Board

Primary Zone Officers Considered for Promotion: 92
Officers Selected for promotion: Above the Zone: 18
Primary Zone: 64
Below the Zone: 1

Major Selection Board

2-11 October 2001

Primary Zone Officers Considered for Promotion: 169
Officers Selected for promotion: Above the Zone: 16
Primary Zone: 124
Below the Zone: 4

Promotion Board Trends



Colonel



Selection Opportunity Rate

	FY96	FY97	FY98	FY99	FY00	FY01
MS	42%	47%	43%	51%	51%	52%
AN	41%	33%	47%	53%	40%	39%
SP	44%	40%	50%	100%	57%	63%
VC	33%	38%	56%	75%	50%	46%

DOPMA Goal: 50%

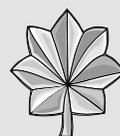
Promotion Timing

	FY 97	FY98	FY99	FY00	FY01
MS	22/11	22/09	22/07	22/11	23/00
AN	21/03	22/04	23/00	23/08	23/04
SP	20/02	21/06	22/10	21/10	21/10
VC	22/06	21/06	22/06	22/00	21/08

Years of Service to Pin-on Date (Year/ Month)
DOPMA Pin-on Date: 10 +/- 1



Lieutenant Colonel



Selection Opportunity Rate

	FY97	FY98	FY99	FY00	FY01	FY02
MS	69%	76%	79%	80%	82%	90%
AN	58%	70%	75%	74%	76%	76%
SP	71%	100%	83%	114%	85%	83%
VC	67%	73%	77%	74%	71%	78%

DOPMA Goal: 70%

Promotion Timing

	FY98	FY99	FY00	FY01	FY02
MS	16/08	16/06	16/01	16/05	16/01
AN	16/03	16/04	16/06	17/01	17/07
SP	16/11	16/03	16/00	16/00	16/03
VC	16/09	16/10	16/00	16/04	16/06

Years of Service to Pin-on Date (Year/ Month)
DOPMA Pin-on Date: 16 +/- 1



Major



Selection Opportunity Rate

	FY97	FY98	FY99	FY00	FY01	FY02
MS	82%	65%	84%	85%	86%	85%
AN	80%	90%	86%	89%	94%	91%
SP	81%	81%	94%	100%	97%	100%
VC	80%	83%	79%	86%	90%	91%

DOPMA Goal: 80%

Promotion Timing

	FY98	FY99	FY00	FY01	FY02
MS	10/11	10/08	10/06	10/06	10/06
AN	10/09	10/07	10/05	10/06	10/04
SP	10/09	10/06	10/04	10/04	10/04
VC	10/05	10/06	10/02	9/03	9/04

Years of Service to Pin-on Date (Year/ Month)
DOPMA Pin-on Date: 10 +/- 1

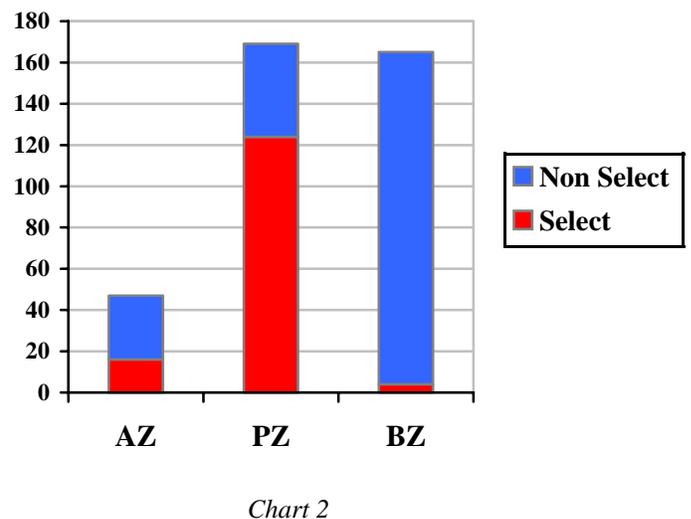
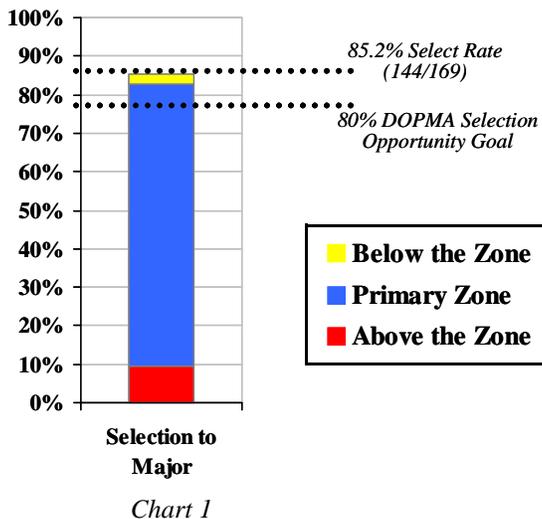
Data Source: Personnel Directorate, Office of the Surgeon General, DASG-PTZ

FY 2002 MAJ Promotion Board Analysis

The Major AN, MS, SP and VC promotion selection board convened on 2 October 2001 and recessed on 11 October 2001. 220 MS officers were considered for the promotion and 144 were selected. All officers with a date of rank prior to 1 October 1995 were considered for promotion above the zone. (A promotion category of officers whose dates of rank are senior to any officer in the promotion zone.) There were 47 officers considered for promotion above the zone and 16 officers were selected. All eligible officers with a date of rank between 2 October 1995 through 1 December 1996

were considered for promotion in the primary zone. 169 officers were considered for promotion in the primary zone and 124 were selected. All eligible officers with a date of rank between 2 December 1996 through 1 October 1997 were considered for promotion below the zone. (A promotion eligibility category of officers who are eligible for promotion consideration and whose dates of rank are junior to any officer in the promotion zone.) 165 officers were considered below the zone and four officers were selected. The Defense Officer Promotion Management Act (DOPMA) selection

opportunity goal to Major is 80%. The DOPMA selection opportunity rate for this board was 85.2% (144/169). Chart one illustrates the DOPMA selection opportunity goal and selection rate. Chart two illustrates the selection opportunity rates within each zone of consideration. Although the DOPMA selection rate to Major was 85.2% (144/169), the promotion rate for officers above the zone was 34% (16/47), 73.4% (124/169) for officers in the primary zone, and 2.4% (4/165) for officers promoted below the zone.



Company Command

68% (149/220) of the officers considered for promotion completed a company command. Of the 144 officers selected for promotion, 93 (65%) completed a company command. However, the importance of company command varies by AOC. The above chart illustrates the population considered with company command broken down by MFA.

MFA 70, AOC 67J

93% (139/149) of MFA 70 and AOC 67J officers held a TOE and/or TDA command. Of the 94 administrative

officers selected for promotion 94% (88/94) held a company command. Only 6% of the selected population did not have a company command. (Officers in AOC 67J typically complete a company command as a Major or senior Captain.) The results of this board suggest that not having a company command can make a file less competitive for MFA 70 officers.

MFA 71 and 73, AOC 67E, F, and G

Officers in MFA 71 and 73 and AOC's 67E, F, and G have other key assignments of responsibility in their special-

ties. Company Command is not part of the life cycle model for these officers. 6% (1/17) of the officers in MFA 71 and 0% (0/33) officers in MFA 73 and AOC's 67E, F and G had completed a company command. The results of this promotion board analysis indicate that company command is neither a discriminator nor is it critical to the professional development of these officers and is not necessary for these officers to be competitive.

MFA 72

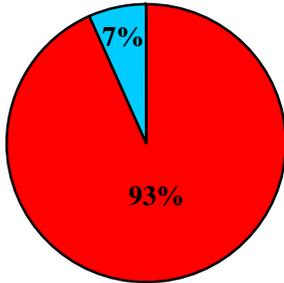
43% (9/21) of the officers in MFA 72

Leader Development

considered for promotion completed a company detachment command. 54% (7/13) of the officers in AOC's 72D and E completed a command. These officers may complete a company/

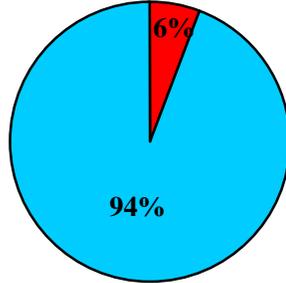
detachment commander as a Captain, however, many of these opportunities are not available until the Major level. The results from this promotion board analysis indicate that company com-

mand neither helped nor hurt an officer's selection opportunity for promotion to Major.



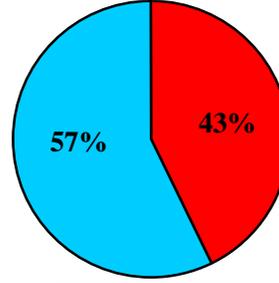
■ Command
■ No Command

*MFA 70 and AOC 67J
Officers **considered** for
promotion with command
Considered Population: 149*



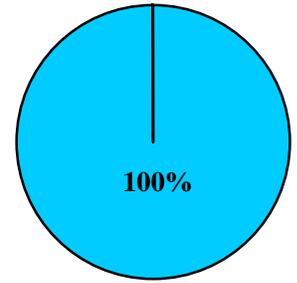
■ Command
■ No Command

*MFA 71 Officers
considered for
promotion with command
Considered Population: 1/17*



■ Command
■ No Command

*MFA 72
Officers **considered** for
promotion with command
Considered Population: 9/21*



■ Command
■ No Command

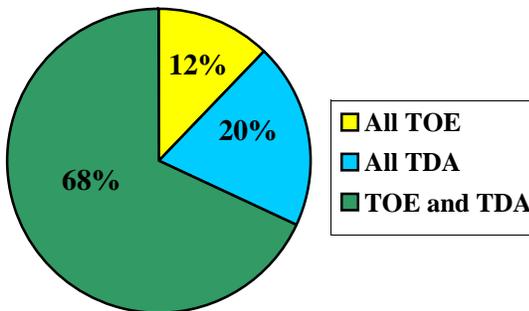
*MFA 73 and AOCs 67E, F, G
Officers **considered** for
promotion with command
Considered Population: 0/33*

Company Grade Assignments

A variety of assignments is necessary for professional development. 69% (99/144) of the officers selected for promotion to Major held a variety of TDA and TOE assignments during their company grade years. Within MFAs 70, 72 and 73, greater than 60% of each MFA's selected population had held a variety of both TDA and TOE positions. MFA 71 was the exception

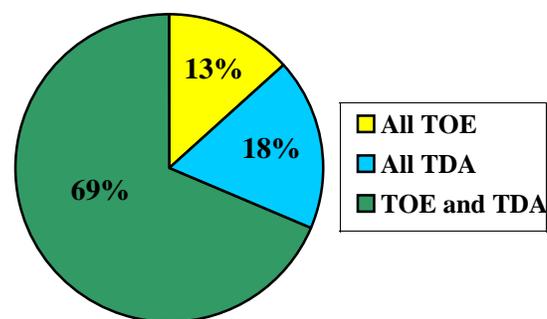
due to the nature of its professional duties/ responsibilities with only 15% (2/13) having a mix of field grade officers. MFA 71 officers receive the best professional development, in their specialty, through serving in a variety of TDA assignments with a display of increasing responsibility. 69% (16/23) of the MFA 73, AOC 67E, F, and G officers selected for promotion had a

mix of TOE and TDA assignments. However, last year's data (FY01 Board Results) indicated that the majority of officers selected did not necessarily have any TOE time. This change may reflect the increase in opportunity for TOE assignments or an increase of deployments for PROFIS personnel. However, this should not be considered a trend.



■ All TOE
■ All TDA
■ TOE and TDA

*TDA and TOE Assignments
for Officers **considered**
for promotion
All TOE – 27
All TDA – 43
TOE and TDA – 150*



■ All TOE
■ All TDA
■ TOE and TDA

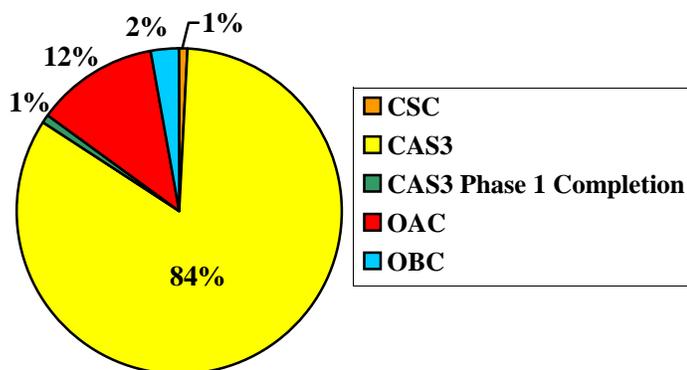
*TDA and TOE Assignments
for Officers **selected**
for promotion
All TOE – 19
All TDA – 26
TOE and TDA – 99*

Military Education Level

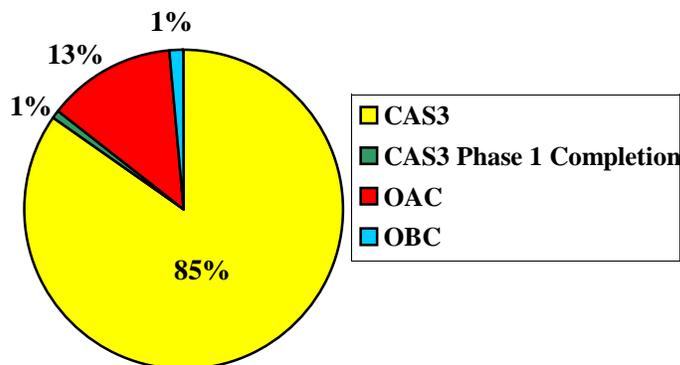
DA Pam 600-4 states that all officers should attend the Officer Advanced Course- OAC (MEL 6) and the Combined Arms and Services Staff School- CAS3 (MEL N) while at the rank of CPT. Of the eligible CPT population considered for promotion

to MAJ, 84% (184/220) completed CAS3. In the last two MAJ promotion boards (FY01 and FY02) 86% (380/440) of the eligible population completed CAS3 prior to the Major promotion board. In MFA 70 and AOC 67J, 97% (144/149) of the eligi-

ble population completed CAS3. Overall, 85% (122/144) of the selected population completed CAS3. 99% (2/144) of the selected population completed the Officer Advance Course.



*Military Education for officers considered for promotion
Population Size: 220*



*Military Education for officers selected for promotion
Population Size: 144*

Civilian Education Level

The significance of Civilian Education varied by MFA and is broken down accordingly.

MFA 70

The MSC life cycle model in DA Pam 600-4 indicates that an officer should obtain a post-graduate degree sometime between the fifth through fifteenth year of commissioned service (between CPT/ MAJ and prior to consideration for LTC). For administrative specialties there is no requirement to have an advanced degree before the Major's board. 36% (54/149) of the officers considered for promotion had a Masters Degree or above. In the administrative AOCs, obtaining a Masters degree prior to the Major's promotion board did not appear to make an officer's record stronger or weaker. There are minimum civilian

education requirements for some AOCs in the Medical Service Corps. Educational requirements for a particular AOC is located in DA Pam 600-4, AMEDD Officer Development and Career Management, 9 June 1995, pages 28-36.

MFA 71

By virtue of their professional specialty, the preponderance of allied science officers hold post graduate degrees as a minimum requirement for accession. Thus, not holding a post-graduate degree was a clear discriminator for MFA 71 officers. 94% (16/17) of the MFA 71 officers considered for promotion hold a post-graduate degree. With the exception of AOC 71E, MFA 71 officers must hold a postgraduate degree prior to initial entry into the Medical Service

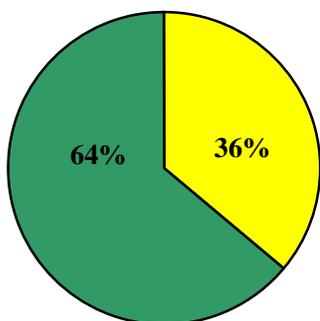
Corps. 71% (12/17) of the officers considered for promotion held a PhD.

MFA 72

MFA 72 did not show static trends across the AOCs. On the aggregate, not having a post graduate degree was not necessarily a discriminator for the officers in MFA 72.

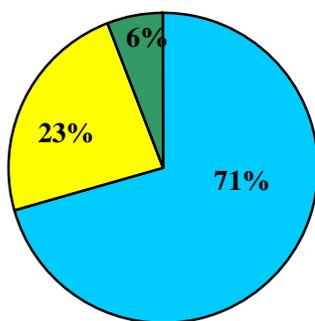
MFA 73, AOC 67E, F, and G

Similar to the officers in MFA 71, there are minimum education requirements for officers in MFA 73, AOC 67E, F, G. 94% (31/33) of the MFA 73 and AOCs 67E, F, and G officers considered for promotion held an advanced degree. A total of eight officers in this group held a PhD. Seven of the eight officers with a PhD are in AOC 73B. (The entry level civilian education requirement for AOC 73B is a PhD or PsyD.)



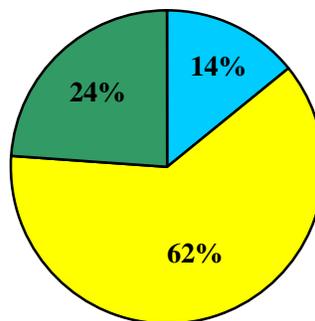
■ Masters Degree
■ Bachelors Degree

*MFA 70 and AOC 67J
 Officers **considered** for
 promotion by
 civilian education
 Population Size: 149*



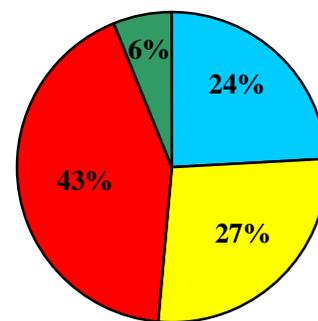
■ PhD
■ Masters Degree
■ Bachelors Degree

*MFA 71 Officers
 considered for
 promotion by
 civilian education
 Population Size: 17*



■ PhD
■ Masters Degree
■ Bachelors Degree

*MFA 72 Officers
 considered for
 promotion by
 civilian education
 Population Size: 21*



■ PhD
■ Masters Degree
■ Professional Degree
■ Bachelors Degree

*MFA 73 and AOCs 67E, F, G
 Officers **considered**
 for promotion by
 civilian education
 Population Size: 33*

Officer Evaluation Report

What are success rates with COM ratings for promotion to MAJ for MSC officers?

- * 143 officers were selected.
- * The average officer had 4.1 DA 67-9 evaluations.
- * 85% of the selected officers had at least one DA 67-9 Center of Mass (COM) rating in their file.
- * 55% of the selected population had two or more DA67-9 COM ratings.
- * 27 officers selected for promotion had 3 COM evaluations.
- * 11 officers selected had 4 or 5 COM evaluations.

What are success rates with COM ratings for promotion to CPT for MSC officers?

- * 199 officers were selected.
- * The average officer had 3 DA 67-9 evaluations.
- * 91% of the selected officers had at least one DA 67-9 Center of Mass (COM) rating in their file.
- * 64% of the selected population had two or more DA67-9 COM ratings.
- * 56 officers selected for promotion had 3 COM evaluations.
- * 21 officers selected had 4, 5, or 6 COM evaluations.

Reference Website:

FY02 Promotion Board list of Officers selected for promotion:
https://www.perscomonline.army.mil/select/MAJ_amed02.htm

FY 2002 LTC Promotion Board Analysis

The Lieutenant Colonel AN, MS, SP and VC promotion selection boards convened on 12 February 2002 and recessed on 19 February 2002. There were 164 officers considered for the promotion and 83 were selected. 71 officers were considered above the zone, 92 in the primary zone and 121 below the zone. 18 officers were selected above the zone, 64 in the primary zone, and one officer below the zone. A current list of officers selected for promotion can be found at https://www.perscomonline.army.mil/select/ltc_amed02.htm.

The Defense Officer Promotion Management Act (DOPMA) selection opportunity goal to Lieutenant Colonel is 70%. The DOPMA selection opportunity rate for this board was 90.2% (83/92). Please note that year group 1986 had an unusually small eligible population (92 primary zone officers).

The DOPMA selection opportunity rate was unusually high this year, due to the small population of eligible officers, and should not be considered a normal rate for promotion to Lieutenant Colonel. This year's eligible officer population to Lieutenant Colonel was 10% smaller than the previous year group (year group 1985- 102 primary zone officers.) The primary population for next year, year group 1987, is nearly 25% larger (120 primary zone officers).

Chart one illustrates the DOPMA selection opportunity rate. Chart two illustrates the selection opportunity rates within each zone of consideration. The DOPMA selection rate to Lieutenant Colonel for this board was 90.2%, the promotion rate for officers above the zone was 25.4% (18/71). 69.6% (64/92) of officers in the primary zone were selected for promo-

tion. 0.8% (1/121) of the below the zone officers were selected for promotion.

Although there were 164 officers considered and 83 officers selected for promotion, two officers selected by the board are not included in this promotion board analysis. Their names have been omitted as a result of administrative matters, which do not affect the officers' status or promotion eligibility. These officers have been included in the overall selection rate statistics and graphs listed below. However, they are not included in the board analysis for command, assignments, MEL and CEL. Thus, the numbers used in the following analysis are: 162 officers considered; 81 officers selected; 81 officers not selected.

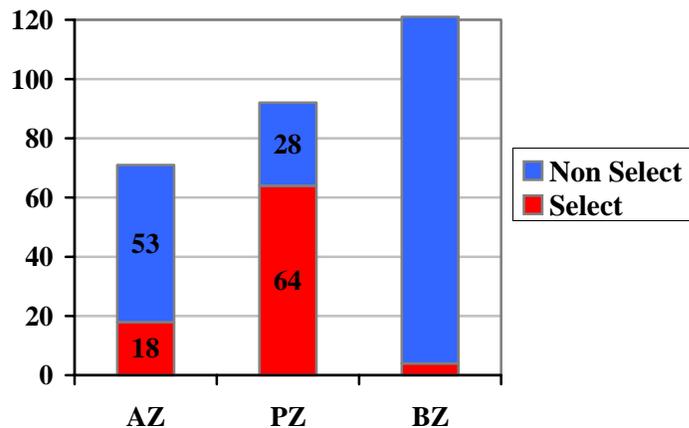
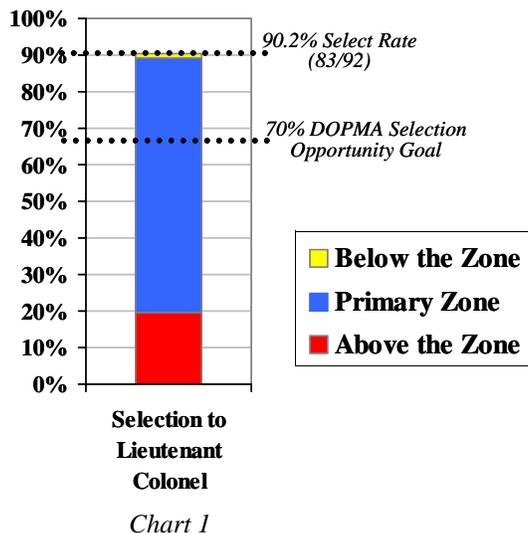


Chart 1

Company Command

74% (120/162) of the considered population completed a company command. However, the importance of a company command varies by MFA. A command was considered a company or detachment command, served as a company or field grade officer.

MFA 70

Of the 108 MFA 70 and AOC 67J offi-

cers considered for promotion, 94% (101/108) had at least one company command assignment listed on the Officer Record Brief (ORB). 95% (54/57) 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. While

company command is not a requirement for promotion to LTC, the majority of officers in this population completed a command. This is the second consecutive year that this data was found. Although not a statistical trend, it is expected that completion of a company command will continue to be important for future populations of

Leader Development

administrative officers.

MFA 71

There were 16 MFA 71 officers considered for promotion to LTC. 25% (4/16) of the officers considered had completed a company command. There was no clear correlation that Company Command advantaged a MFA 71 officer for promotion. As such, it does not appear that the MFA 71 officer should seek out command opportunities in lieu of assignments commensurate with field grade and

professional responsibility.

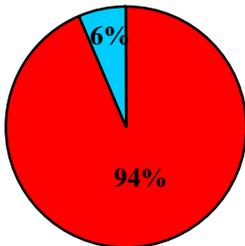
MFA 72

67% (14/21) of the MFA 72 officers considered for promotion completed a company command. Of the 14 officers considered for promotion with a company command, 71% (10/14) were in AOC 72D and 72E. Many of the command opportunities for AOC 72D and 72E officers are as Majors in a PM detachments. There are few company command opportunities for officers in AOCs 72A, B, and C. As such, com-

pany command did not appear to be a promotion discriminator for AOC's 72A, B, and C.

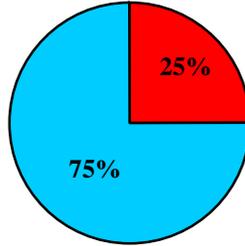
MFA 73, AOC 67E, F, and G

Similar to the analysis completed on the FY01 LTC promotion board results, company command for officers in MFA 73, AOC 67E, F, and G did not appear to be a promotion discriminator, nor is command part of the officer's life cycle model. Only one officer in this population completed a company command.



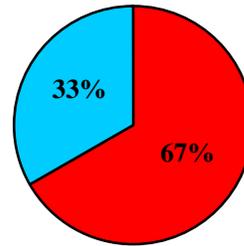
■ Command
■ No Command

MFA 70 and AOC 67J Officers **considered** for promotion with command



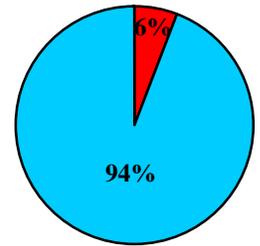
■ Command
■ No Command

MFA 71 Officers **considered** for promotion with command (4/16)



■ Command
■ No Command

MFA 72 Officers **considered** for promotion with command (14/21)



■ Command
■ No Command

MFA 73 and AOCs 67E, F, G Officers **considered** for promotion with command (1/17)

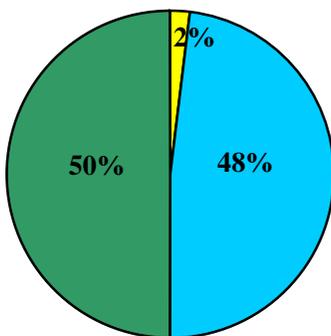
Field Grade Assignments

For most MFAs, Field Grade assignments can be found in both TDA and TOE organizations, to include 6-month or longer TOE deployments. This analysis focused only on Field Grade assignments and was based on assignments listed on the ORB. 50%

(81/162) of the officers considered for promotion had a variety of assignments (both TOE and TDA) as a field grade officer. 51% (41/81) of the officers selected for promotion had a mix of field grade assignments. Job performance appears to be a greater fac-

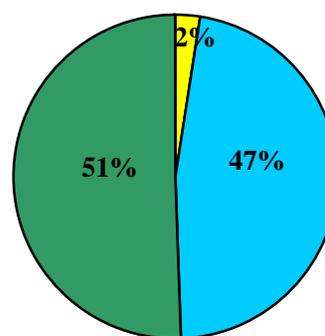
tor for promotion success.

The preponderance of our allied science officers are limited in opportunity for TOE assignments and therefore were not disadvantaged by not having a mix of field grade assignments.



■ All TOE
■ All TDA
■ TOE and TDA

TDA and TOE Assignments for Officers **considered** for promotion
All TOE – 3
All TDA – 78
TOE and TDA – 81



■ All TOE
■ All TDA
■ TOE and TDA

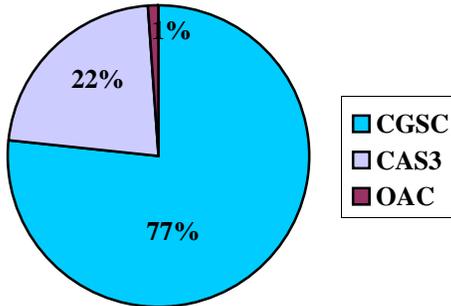
TDA and TOE Assignments for Officers **selected** for promotion
All TOE – 2
All TDA – 38

Military Education Level

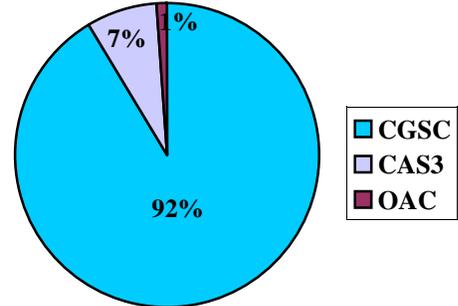
While DA PAM 600-4 states that MEL 4 (Command and General Staff College- CGSC), or MEL 4, is not required for promotion to LTC for the majority of AOC's in the Medical Service Corps, 77% (125/162) of all officers, considered for promotion, had completed CGSC prior to this selec-

tion board. 22% (36/162) of the considered population had only completed MEL N (CAS3). The Military Education Level for one officer was MEL 6 (Officer Advance Course). Only 7% (6/81) of the officers selected for promotion did not complete CGSC. Similar to the analysis completed in

the FY01 LTC results, the majority of officers completed CGSC prior to consideration for the LTC promotion board. The completion of CGSC by any means (resident, USAR, or correspondence) will make an officer's record more competitive for promotion to LTC.



*Military Education for officers considered for promotion
Population Size: 162*



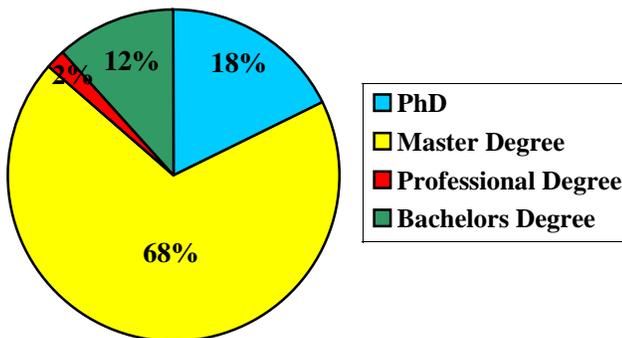
*Military Education for officers selected for promotion
Population Size: 81*

Civilian Education Level

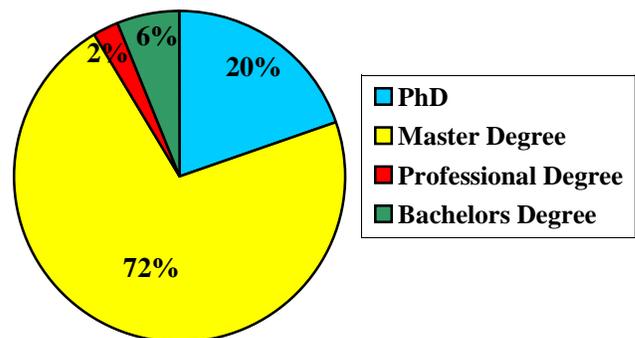
Of the 162 officers eligible for selection to LTC, 88% (143/162) hold a post-graduate degree. 94% (76/81) of the officers selected for promotion hold a post-graduate degree. Many of our Allied Science officers must hold a postgraduate degree prior to initial entry into the Medical Service Corps. For the AOCs that do not require an advanced degree prior to accession into the MSC, (MFA 70, AOCs 67J,

71B, 72D, 72E) 86% (108/125) of those officer held a postgraduate degree. The officers with only a Bachelor's Degree appeared to disadvantage themselves, against their peers, with only a 6% (5/81) of the selected population holding a Bachelors Degree. The trend of officers completing a Master's Degree or above prior to consideration for LTC has continued from the FY01 LTC promotion boards and

this trend is expected to continue in the future, based on the number of officers obtaining an advanced degree. While PhDs, especially in the Allied Science AOCs, could positively impact duty performance and expertise within certain career paths, it did not appear to be a determining factor for selection for promotion.



*Officers considered for promotion with a post graduate degree
(143/162)*



*Officers selected for promotion with a post graduate degree
(76/81)*

Officer Evaluation Report

What are success rates with COM ratings for promotion to LTC for MSC officers?

- * 83 officers were selected.
- * The average officer had 4 DA 67-9 evaluations.
- * 86% of the selected officers had at least one DA 67-9 Center of Mass (COM) rating in their file.
- * 51% of the selected population had two or more DA67-9 COM ratings.
- * 12 officers selected for promotion had 3 COM evaluations.
- * 8 officers selected had 4 COM evaluations.

Reference Website:

FY02 Promotion Board list of Officers selected for promotion:
https://www.perscomonline.army.mil/select/ltc_amed02.htm

Leader Development

FY01 COL Promotion Board Analysis

The Colonel AN, MS, SP and VC promotion selection boards convened on 10 July 2001 and recessed on 17 July 2002. There were 156 officers considered for the promotion and 30 were selected. 98 officers were considered above the zone, 58 in the primary zone and 65 below the zone. 5 officers were selected above the zone, 25 officers were selected in the primary zone, and no officers were selected below the zone. A current list of officers selected for promotion can be found at https://www.perscomonline.army.mil/select/col_amed01.htm.

[perscomonline.army.mil/select/col_amed01.htm](https://www.perscomonline.army.mil/select/col_amed01.htm).

The Defense Officer Promotion Management Act (DOPMA) selection opportunity goal to Colonel is 50%. The DOPMA selection opportunity rate for this board was 51.7% (30/58). Chart one illustrates the DOPMA selection opportunity goal and selection rate. Chart two illustrates the selection opportunity rates within each zone of consideration. Although the DOPMA selection rate to Colonel was 51.7%, (30/58), the promotion rate for officers

above the zone was 5.1% (5/98) and 43.1% (25/58) for officers in the primary zone.

This analysis is based on the results from the fiscal year 2001 promotion board, whereas the Lieutenant Colonel and Major promotion board analysis was based fiscal year 2002. Although the Colonel board convened nearly 18 months ago, due to the late release date, the current FY promotion board will not be made available for publication in this report.

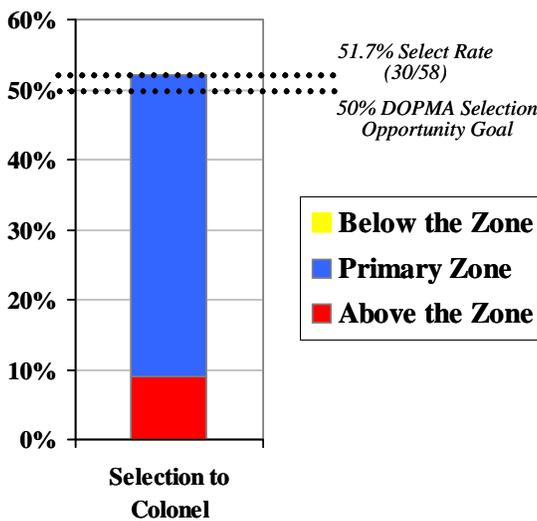


Chart 1

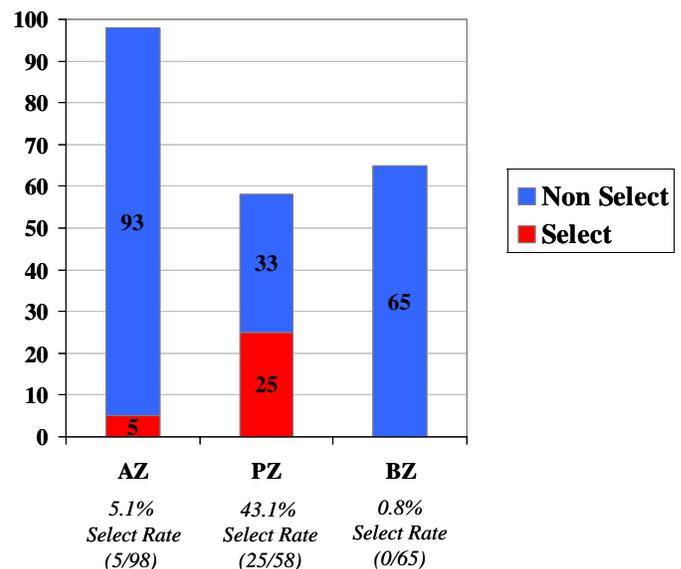


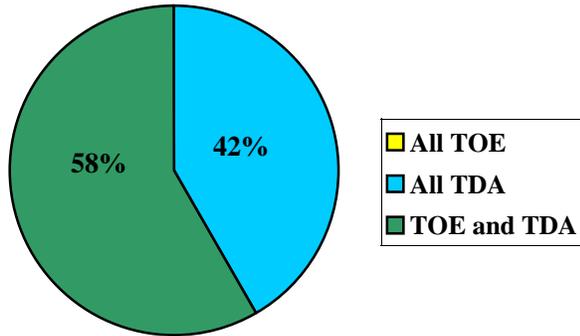
Chart 2

Field Grade Assignments

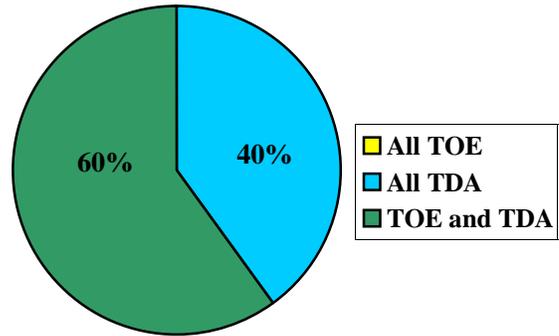
58% (91/156) of the officers considered for promotion had a variety of assignments (both TDA and TOE) as a field grade officer. 60% (18/30) of the officers selected for promotion

had a mix of field grade assignments. Type of field grade assignments (TDA or TOE) did not appear to be a significant factor for increasing an officer's probability for promotion to Colonel.

Job performance and a variety of assignments throughout an officer's career is likely to be a much greater factor for promotion success.



TDA and TOE Assignments for Officers *considered* for promotion
 All TOE – 0
 All TDA – 65
 TOE and TDA – 91



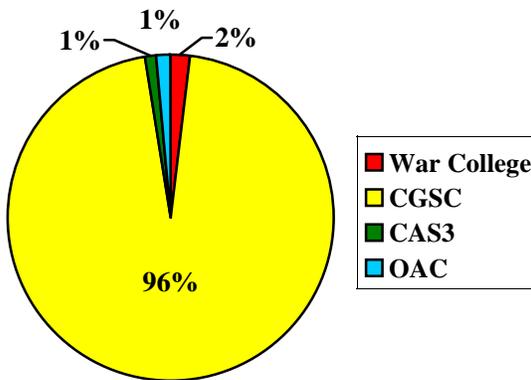
TDA and TOE Assignments for Officers *selected* for promotion
 All TOE – 0
 All TDA – 12
 TOE and TDA – 18

Military Education Level

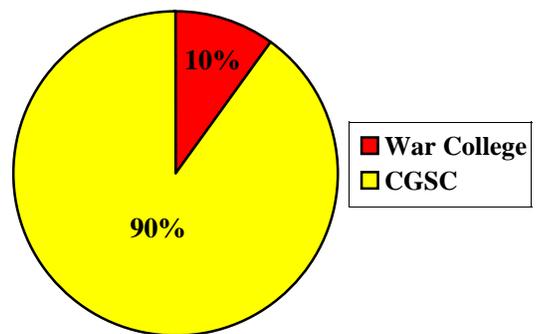
DA Pam 600-4 recommends that all officers achieve a Military Education Level (MEL) of 4 (Command and General Staff College- CGSC) prior to serving at the rank of Lieutenant Colonel. Of the 156 officers considered for promotion, 98% (153/156) completed

CGSC. Of the 30 officers selected for promotion, 100% of the officers were either MEL 1 (Senior Service College-SSC*) or MEL 4. (27 officers had achieved MEL 4 and three officers had achieved MEL 1.) Only a limited number of officers are selected each

year for the SSC (Resident and Non-Resident). The analysis indicates that while achieving MEL 4 does not guarantee promotion, not achieving MEL 4 appears to be a discriminator for promotion.



Military Education for officers *considered* for promotion
 Population Size: 156



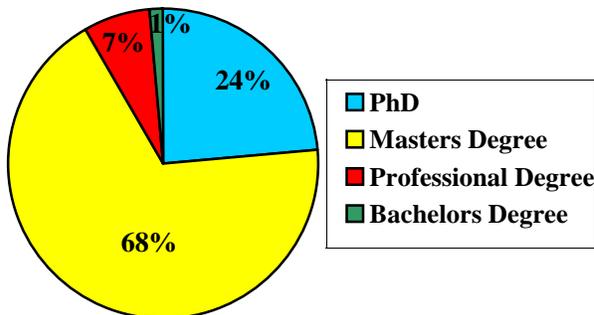
Military Education for officers *selected* for promotion
 Population Size: 30

Civilian Education Level

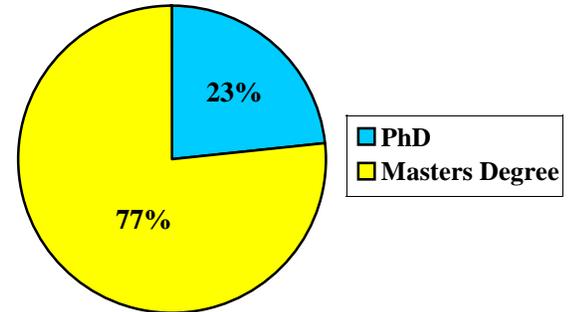
In many AOCs in the MSC, there is no requirement for officers to hold a post-graduate degree to be selected for promotion to COL. 99% (155/156) of the officers considered for promotion at-

tained a Master's level degree prior to the COL promotion board. 100% (30/30) of the officers selected for promotion attained a Master's Degree or above. Only having a Bachelor de-

gree, prior to consideration for COL, significantly reduces the officer's probability for promotion.



Civilian Education for officers considered for promotion
Population Size: 156



Civilian Education for officers selected for promotion
Population Size: 30

Officer Evaluation Report

What are success rates with COM ratings for promotion to COL for MSC officers?

- * 30 officers were selected.
- * The average officer had 3.9 DA 67-9 evaluations.
- * 70% of the selected officers had at least one DA 67-9 Center of Mass (COM) rating in their file.
- 28% of the selected population had two or more DA67-9 COM ratings.
- 1 officer selected for promotion had 3 COM evaluations.

OER Promotion Board Information

Impact of COM OERs

A Center of Mass File is different from a Center of Mass Report. Many Above Center of Mass (ACOM) officers have Center of Mass (COM) reports. However, having all COM reports places an officer at risk. Most officers have received at least one COM (over 92% of all CPTs; 87% of all MAJs; 85% of all LTCs). These figures continue to rise. A COM OER, by itself, is not a killer; all boards select officers with at least 1 COM report (over 18,000 officers have been selected with at least one COM evaluation). The majority of successful officers have a mix of ACOM and COM OERs. Receiving all COM OERs will place you at risk beyond promotion to Major (COM file vs. COM report). Board results indicate officers with a mix of ACOMs and COMs are competitive to LTC. Enthusiastic, but not over exaggerated, narrative comments often differentiates among COM reports.

General Observations

Board Feedback: Selection boards strongly endorse New OER.

- Overwhelming majority (1650 Board members) believes OER provides the necessary information to select future leaders.
- Boards can distinguish between a COM report and a COM file.
- Over 18,000 officers selected by all boards with COM OERs

What's Important to Board Members? Consistently, board members respond that the areas listed below are those most important when reviewing OERs:

- Senior Rater Narrative
- Senior Rater Label
- Duty Description

MSC 85th Birthday Celebration

Fort Sam Houston, Texas



Officers throughout the Army celebrated the 85th anniversary of the Medical Service Corps in June and July 2002 with a birthday message from BG Ursone, followed by a cake cutting ceremony, conducted by the senior and junior Medical Service Corps officer at the installation. The Medical Service Corps birthday is 30 June 1917, the date of the general order that formed the Sanitary Corps in World War I. The Sanitary Corps remained in existence after World War I as an unbroken line leading into the formation of the Medical Service Corps on 4 August 1947.

Fort Sam Houston

BG Ursone personally celebrated the MSC Birthday at Ft Sam Houston with officers from the AMEDD Center and School, Brooke Army Medical Center, Garrison and the MEDCOM. The well-attended event took place in Blesse Auditorium. The text of his talk are provided:

“As we honor our history today, lets take to time to remember that as soldiers, we are part of something lar-

ger then ourselves. Each day whether we wake up in America or a deployed area, the work we do is vital to the success of the Army Medical Department, our Army, and the future of our great nation.



Our officers have served in the Army since its inception as experts in their field. Whatever your expertise, your work directly contributes to the ability of our healthcare providers to deliver healthcare across the globe from the foxhole to the local medical treatment facility.

Our Army has a distinguished history of victories that span from the American Revolution to our current

battle against terrorism, Operation Enduring freedom. You can be proud of all of your achievements.

Thank you for the difference you make everyday in the lives of soldiers and their families. I want you to know that your dedication and accomplishments inspire and motivate me everyday.

I will close with a quote that I dedicate to the men and women of the Army Medical Service Corps.

"It is the soldier, not the poet, who gives us freedom of speech. It is the soldier, not the reporter, who gives us freedom of the press. It is the soldier, not the campus organizer, who gives us freedom to protest. It is the soldier who serves beneath the flag, who salutes the flag and whose coffin is draped by the flag, who gives the demonstrator the right to burn the flag."

These are very powerful words spoken by Father D. E. O'Brien, a Marine Corps Chaplain. I think they are very appropriate today.



Walter Reed Army Medical Center, Washington D.C.

Fort Lewis, Washington



It is an honor to serve you, to know you, and to salute you in our 85 years as an Army Medical Service Corps. Happy Birthday. God Bless all of you and God bless America.”

Walter Reed Army Medical Center

The Walter Reed Healthcare System held the 85th Birthday Celebration of the Medical Service Corps on June 7, 2002. An information and history exhibit was on display in the hospital lobby throughout the day to showcase the various missions, specialties, and achievements of the Medical Services Corps. Both active and retired Medical Service Corps officers from the National Capital Area attended the event.

In the afternoon, a ceremony was held with guest speakers COL (Ret.) Richard V.N. Ginn, author of The History of the U.S. Army Medical Service Corps, and COL Larry E. Campbell, Director of Personnel and Asst. Chief of Staff for Personnel for the MEDCOM and OTSG. COL Ginn spoke and shared a video about the distinguished history of our Corps. COL Campbell spoke of the future of the MSC in support of Army transformation. The day ended with a reception

on the WRAMC veranda, where the senior and junior Medical Service Corps officer conducted a cake cutting ceremony.

Fort Lewis

Over 50 MSC Officer's at Fort Lewis gathered on 28 June 2002 to proudly celebrate the 85th Anniversary of the Medical Service Corps. This joyous event not only marked a day of celebration of the anniversary, but it also served as a membership rally for the establishment of the first Silver Caduceus Society on Fort Lewis, Washington. COL Jay Harmon, Commander, 62nd MED BDE, provided astounding remarks as the guest speaker for the 85th Anniversary recognition, as well as inspirational remarks to encourage MSC officers attending the event to join the Silver Caduceus Society. Approximately 25 enthusiastic MSC Officers registered to join the Silver Caduceus Society. The 85th Anniversary celebration will be remembered not only for its historical value and representation to the AMEDD, but also as an historical landmark event, which contributed to the origin of the Silver Caduceus Society at Fort Lewis.

Office of the Surgeon General

Officer's at the Office of the Surgeon General gathered on 2 July to celebrate the Medical Service Corps anniversary. The event began with opening remarks from COL David Burns, Deputy Chief, Medical Service Corps. The gathering included officers and friends of the Corps serving on the HQDA and OTSG Staffs. There were many retired MSC officers in attendance, serving as a reminder to all the contributions our predecessors have made over our 200 years of unofficial and the 85 years of official service. The senior officer, COL Bob Gifford, Assistant Corps Chief for Medical Allied Sciences and the junior officer, CPT Misty Blocker, an IM/IT action officer assigned to OTSG, participated in the cake cutting ceremony. The celebrants also viewed a video of BG Ursone's birthday message.



Office of the Surgeon General (OTSG), Falls Church, Virginia