2005 Medical Service Corps Annual Report

Realizing the MSC Vision

A Cohesive Team of Soldier-Leaders
Integral to the AMEDD Mission
Relevant to the Transforming Army
Ready to Excel in Continuous Global Operations

CHIEF, MEDICAL SERVICE CORPS

February 15, 2006

Dear Medical Service Corps Officers,

It is with great pride that I present our 2005 Annual Report. This year we feature the extraordinary contributions of our officers from around the globe. Medical Service Corps (MSC) officers are serving in and amongst one of the greatest military operations in history. Our officers are supporting the Global War on Terrorism, serving in places like Samarra, An Najaf, Fallujah, Tikrit, Mosul, Kuwait, Afghanistan, and Africa. MSC officers are also participating in humanitarian operations in the aftermath of the devastating tsunami in the Banda Aceh region on Indonesia's Sumatra Island and in response to the Pakistan earthquake. Furthermore, our officers answered the call to help their fellow Americans following the devastation of Hurricanes Katrina, Rita and Wilma. Indeed, 2005 was a challenging year as our Army was engaged in "continuous global operations". Throughout all of these challenges, our MSC officers made significant personal sacrifices and served with excellence.

With unsurpassed Courage, Competence and Compassion, our officers have made lasting contributions to the AMEDD, the Army and the Nation. We have witnessed an extraordinary display of the Army Values and the Warrior Ethos in action. This report highlights the personal sacrifices, dedication, professionalism, and technical competence that our officers exemplified throughout the past year. Through our sacrifices, we are achieving the MSC vision everyday.

In closing, I would like to pay a special tribute to the family members of our Medical Service Corps Officers. Unquestionably, the love and support that our Soldiers receive from family and friends serves as an inspiration to those who wear the uniform. Thank you for your patience and unwavering support to a grateful Nation!

Sincerely,

Sheila R. Baxter
Brigadier General, U.S. Army
Chief, Medical Service Corps

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Table of Contents

Message from The Surgeon General, LTG Kevin Kiley, M.D. 5

Medical Service Corps Strategic Planning Progress Report 6

U.S. Army Recruiting Command Update 8

212th MASH in Pakistan 9

Special Feature: BG David Rubenstein 10

Special Feature: Retired MSC Officers Appointed to Senior Executive Service 11

General MacArthur Leadership Award Recipients 12

MSC Birthday Celebrations Across the World 14

"A" Proficiency Designator Recipients 15

Order of Military Medical Merit Awardees 16

Junior Officer Week 17

Award of Excellence Recipients 19

Human Resources Command Update 20

Assistant Corps Chief for Health Services 24

AOC 70A/70B/70C/70D/70E/70F/70H/70K/67J Reports 25

LTG Ellis D. Parker Aviation Award 73

Health Services Maintenance Technician Update 74

Assistant Corps Chief for Medical Allied Sciences 79

AOC 71A/71B/71E/71F Reports 80

Assistant Corps Chief for Preventive Medicine Sciences 94

AOC 72A/72B/72C/72D/E Reports 95

Assistant Corps Chief for Social Work, Clinical Psychology, Pharmacy, Optometry and Podiatry 120

AOC 73A/73B/67E/67F/67G Reports 121

Assistant Corps Chief for Reserve Components 136

Office of the Chief, Medical Service Corps 138

Colonel Edward F. "Buzz" Bzdula
March 1951 – November 2005

A dedicated American Soldier who loved and served his country selflessly

Funeral services for COL Bzdula were held Wednesday, November 30, 2005 at St. Michael's Catholic Chapel, Fort Gordon. COL Bzdula was involved in a fatal horseback riding accident Friday, November 25, 2005. COL Bzdula, 54, husband of the late MAJ Jen Bzdula (also was an Army Optometrist) was a native of Fiskdale, MA. He obtained his Bachelor of Science and Doctor of Optometry degrees from Southern College of Optometry in 1981. His initial assignment was to Kenner Army Community Hospital, Fort Lee, VA as a staff optometrist. He was then assigned as Division Optometrist for 7th Infantry Division (Light), Fort Ord, CA and completed Jungle Warfare School in Panama. Subsequent assignments included the Division Optometrist for the 1st Armored Division, Germany, and Chief, Optometry Service at Dewitt Army Community Hospital, Fort Belvoir, VA. During Operations Desert Shield/Desert Storm, COL Bzdula deployed with the 1st Infantry Division (Mechanized). He was then assigned to the 2nd Infantry Division, Korea with a follow-on assignment to the Academy of Health Sciences at Fort Sam Houston, TX. He also served as Chief, Optometry Service at Bayne-Jones Army Community Hospital, Fort Polk, LA, and as Chief, Optometry Service, William Beaumont Army Medical Center, El Paso. COL Bzdula was serving as the Chief, Optometry Service, Eisenhower Army Medical Center, and the Optometry Consultant for the Southeast Regional Medical Command at the time of his death. COL Bzdula's awards included the Bronze Star Medal, Meritorious Service Medal (5 Awards), Army Commendation Medal, Meritorious Unit Citation, Combat Medic Badge, the Expert Field Medical Badge, the Order of Military Medical Merit, and the Surgeon General's "A" Proficiency Designator. He was a Fellow of the American Academy of Optometry, a member of the American Optometric Association, the Armed Forces Optometric Society (past President), and the Veterans of Foreign Wars. A former Army Optometry Consultant COL (R) Art Giroux commented that Buzz will be missed but not forgotten. Interment was at Arlington National Cemetery.

Message from The Surgeon General

Dear Medical Service Corps Officers,

The past year proved to be a challenging period for the Army and the Nation. Through your dedicated service and capable leadership, the Army Medical Department (AMEDD) met the many challenges of 2005, to include continued support to the Global War on Terrorism, transformation, hurricane relief, homeland security and other associated missions.

Indeed, the pages of this annual report are filled with individual officer contributions as well as successes of our AMEDD organizations. I commend the Medical Service Corps (MSC) for your commitment and focus on our most important resource - the Soldier.

As we move forward, the imperatives that define the AMEDD are quality, empowerment, discipline and service. All that we do and how we accomplish the mission can be expressed as a function of these imperatives. The MSC, through strength and diversity, continues to provide unprecedented leadership throughout the AMEDD and the Army as we successfully attend to these imperatives.

I thank you for your service and your commitment to accomplish our core mission: to preserve Soldiers' lives and health anywhere, anytime, in war and at peace. Be proud of who you are and know that you represent the best of the AMEDD, the Army and the Nation.

Sincerely,

Kevin C. Kiley, MD
Lieutenant General
The Surgeon General

Strategic Planning for the Future

BG Sheila R. Baxter
15th Chief, Medical Service Corps

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

This year's Annual Report finds our Corps meeting extraordinary demands during an unprecedented time in World History. The future of our Corps is changing and we must continue on our journey of being relevant to a transforming Army. As our Nation marks the 200th anniversary of Lewis and Clark's expedition, I would like to view the past year and road ahead as a journey of discovery and great adventure. President Thomas Jefferson won approval from Congress in 1803 to explore the uncharted West and Jefferson called the group the Corps of Discovery. Captains Meriwether Lewis and William Clark along with Sergeant John Ordway were military leaders who enforced discipline, and gave the men a framework which allowed them to persevere despite the many hardships. The Medical Service Corps is now on a path of exploration through uncharted territory in some cases. Just as the Corps of Discovery did from 1803 - 1806, our Corps will persevere and excel because of our solid foundation of Corps values, vision and priorities.

Our Corps values: Courage, Competence and Compassion speak to the character of our Corps and should be our watchwords as we carry on our daily activities. I expect you to live them, embrace them and work together to make them an everyday part of our culture. The Medical Service Corps has increasingly built upon our Corps values and established Strategic action plans over the past year.

In light of the impact of the Global War on Terrorism and Transformation, the need to focus our attention strategically has never been greater. As the Army has changed its Strategic Focus, so must the Medical Service Corps make changes to align itself for the future operating environment. With all that is going on - GWOT, Base Realignment And Closure, Military to Civilian conversions, and changes in generational norms - where do we go from here? In order to forge a way ahead I have tasked a team of our experts to provide input and formulate policy for our Corps. The formal names for these groups are the Senior Executive Council (SEC), Assistant Corps Chiefs, Consultants and Field Leader Team (FLT) members. Each is separate and distinct and their respective roles and responsibilities can be found on the MSC website. Their contributions and recommendations have greatly improved our Corps and the results of their work are included in this report.

Throughout the year there are deliberate and planned cycles of meetings and events that allow us to meet on important Corps

issues. Several times per year, the aforementioned groups report to the Chief, MSC on progress made within their AOCs, as well as issues likely to affect near-term decisions. I could not have been more impressed with the advancements that our SEC, Assistant Corps Chiefs, Consultants, FLT and other key leaders have made over the past year. We have carefully reviewed some existing programs and found that many are outdated and are being revamped. Great and far-reaching steps have been taken to improve the quality of our officers and together our Corps will reach the next tier of excellence. We are strong because of your collective talent, selfless service, and individual commitment to each other. Thank you for your extraordinary performance and efforts to meet the many challenges we face in the future.

The long term priorities of the MSC remain constant: Leader Development, Communications and Integration.

Leader Development:

As we continue to develop qualified officers who can perform at every level within the AMEDD and the Army, let's not forget that leader development is the key to success in growing competent officers. Leader development is enhanced through institutional training, assignments, and self development. Institutional training is changing to meet the needs of the War fighter.

There are now four versions of ILE. The resident course at Fort Leavenworth, KS had two classes this academic year. There were 20 MSC officers enrolled in class during the summer of 2005 and 10 scheduled for January 2006. There are four course locations that can be attended and officers were given the opportunity to complete Phase I of the CGSOC Legacy Correspondence Course by September 2005. The Reserve Component course was restructured and reduced the course length from two years down to one year.

Another means of leader development is through mentoring or encouraging. The Corps focus is to increase awareness and to increase education and interest levels in this area. The Health Care Administrative Career field developed a "Mentor of the Year Award", and the PA&E Directorate of OTSG has a formal program, which was recently shared on

our web site. Furthermore, the Preventive Medicine functional area has a formal program as well, which can be tailored to any organization.

Mentoring is also fostered through Silver Caduceus Societies (SCS.) I have asked senior MSC leaders from across the Corps to initiate, resurrect or continue to foster Silver Caduceus Societies at their installations. The SCS is designed to promote communication, leader development and esprit de corps among MSC officers.

With varied academic backgrounds and disciplines, our officers have been widely recognized and highly regarded leaders in their respective fields. I am especially proud of the achievements made by several of our key leaders within the Corps. For only the third time in our 88 year history there will be two General Officers serving simultaneously within the Corps. We had one of our Research Psychologists, COL Romano serve as Acting Commander for a two star billet at the Medical Research and Materiel Command. Recent command selection boards have again demonstrated that our officers are extremely competitive. This year, eight MSCs were board selected for Combat Service Support Battalion Command, a first in our history! This is in addition to 18 Colonels selected for 28 available commands, nine Lieutenant Colonels selected for 12 available commands, and six MSCs selected for 13 available Senior Service School starts. You are all performing extremely well.

Communications:

MSC Representatives and I have completed visits to a number of installations talking with MSC officers in the field, including, Alaska, Fort Benning, Fort Rucker,

Fort Campbell, and Fort Knox as well as MSC officers attending OBC and the Captain's Career Course at Fort Sam Houston and the ILE Resident Course at Ft. Leavenworth.

Quarterly Consultant VTCs have been very fruitful in communicating ideas across the Corps. I have been fortunate to have participated in all of these, and our consultants continue to do amazing work on behalf of their AOCs and the Corps. The web sites continue to be the primary means of communicating with our officers. Especially during these turbulent times it is imperative that you continue to monitor these sites to stay informed.

Integration:
The Medical Service Corps is a vital part of the transforming Army, and our officers are among the best and the brightest this Nation has to offer. MSC officers continue to serve exceptionally well and Army commanders routinely ask for our officers to be members of their staff. This is testament to the quality of our men and women.

OPTEMPO and Assignments:
As we serve a Nation at War, and continue to transform, our officers must remain relevant to meet current and future demands. It remains a challenging time in the assignment business as we continue to balance the requirements of the Global War on Terrorism with the professional development requirements and personal requests of our officers. Deployments have had a significant impact on the Corps to include non-documented deployments.

Thank you for your selfless service and outstanding support to our Soldiers and their family members. What you do every day is making the difference for our Army and this great Nation.

U.S. Army Recruiting Command Update

COL David Baker, Director, Health Services, USAREC

The Medical Recruiting Battalions sustained a strong surge in formulating the future of the Medical Service Corps. Further entrenched in times never before experienced, the all recruited MS Corps again exceeded all other AMEDD Corps volumetrically. The Active Component finished the FY at 110% and the Reserve Component exceeded last FY by ending at 95%. Although not all AOC's were achieved during this endeavor, the success truly lies within the numbers. Through well-orchestrated strategies and execution of plans, markets were penetrated and AOC's achieved, that had historically never been a part of the USAREC mission. Moreover, historical AOC's that were challenging for the Reserve mission found greater success then it has in past years. Regarding the challenges the lie ahead, Health Services Directorate have created an overarching strategic approach with several initiatives that would better enhance mission success by directly addressing the concerns of future MS officers. Although not perfect by any margin, the success and vision for the future is a testament to the hard work and dedication of the Officers, NCO's and civilians that make up this dynamic team. May be repetitive, but we do honor their actions for a performance unmatched in FY05.

212th MASH in Pakistan

Task Force 212th, Commanded by Colonel Angel Lugo, MS, deployed to northern Pakistan in October 2005 to assist victims of a 7.6 magnitude earthquake that killed more than 54,000 people, injured more than 78,000 and left some 3 million homeless. The task force includes elements of the 212th Mobile Army Surgical Hospital, 1600th Forward Surgical Team and 123rd Main Support Battalion. They established an 84 bed medical facility at Muzafarrabad, the capital of Pakistani Kashmir. The 123rd MSB provided a water-purification unit. The 212th had recently deployed to Angola on a humanitarian mission during the summer of 2005, returning just three weeks before the earthquake in Pakistan.

"We are happy that the American's are here to help us, and the people of Pakistan are grateful that American helicopters have dropped food for us"
Ulfat Shah, whose wife had surgery in the 212th MASH

BG David Rubenstein, 70A

BG David Rubenstein

The Medical Service Corps is proud to recognize the promotion of David Rubenstein to the rank of Brigadier General. BG Rubenstein is currently the Army's Assistant Surgeon General for Force Sustainment and is stationed at Fort Sam Houston, Texas. He most recently commanded the 30th Medical Brigade and was theV (US) Corps Command Surgeon (Heidelberg, Germany). He has previously commanded Landstuhl Regional Medical Center (Landstuhl, Germany), 21st Combat Support Hospital (Fort Hood, Texas), Task Force Med Eagle (Tuzla, Bosnia & Herzegovina), 18th Surgical Hospital (MASH) (Fort Lewis, Washington), and Headquarters Company, 307th Medical Battalion (Airborne), 82nd Airborne Division (Fort Bragg, North Carolina). Other assignments have been with the 3d Medical Battalion, 7th Infantry Regiment, Eisenhower, Madigan, and Beaumont Army Medical Centers, DeWitt Army Community Hospital, the Office of The Surgeon General, Europe Regional Medical Command, and the Army Medical Department Academy of Health Sciences.

BG Rubenstein is a graduate of Texas A&M University and the Army War College. He has earned a Masters Degree in Health Administration from Baylor University and a Masters Degree in Military Art and Science (History) from the Army's Command and General Staff College.

Among his awards and decorations are the Department of Defense Legion of Merit, Army Meritorious Service Medal, Army Commendation Medal, Army Achievement Medal, Armed Forces Expeditionary Medal, Humanitarian Service Medal, NATO Medal, Overseas Ribbon, Military Outstanding Volunteer Service Medal, Army Superior Unit Award, and German Proficiency Badge (Gold).

BG Rubenstein has earned the Expert Field Medical Badge, Master and Canadian Parachutist Badges, Ranger Tab, German Marksmanship Badge, Army Staff Identification Badge, The Surgeon General's "A" professional proficiency designator, and German Sports Badge. Among his honors are the US Army-Baylor University Alumni Club Distinguished Alumni Award, Order of Military Medical Merit, Federal Excellence in Healthcare Leadership Award, Regent's Healthcare Executive Award from the American College of Healthcare Executives, and the Medical Service Corps Chief's Award of Excellence. He is listed in four *Who's Who* publications and has been included in *Modern Healthcare's* 2003 and 2004 lists of the 100 most influential people in Healthcare.

BG Rubenstein is a board certified healthcare executive and has attained Fellow status in the 30,000 member American College of Healthcare Executives. He is a Governor on the College's Board of Governors and sits on a national committee. From June 2003 to June 2005 he served as the Healthcare Administration Consultant to The Army Surgeon General. His other professional memberships include the Association of the United States Army, Association of Military Surgeons of the United States, American Hospital Association, and Veterans of Foreign Wars of the United States.

He and his wife, Patricia, live on Fort Sam Houston, San Antonio, Texas.

Retired MSC's Appointed to SES

COL (R) William H. Thresher was appointed on 30 September 2005 to the Senior Executive Service in the position of Chief of Staff, Health System Administration, U.S. Army Medical Command. Mr. Thresher's last assignment was as the Director of Plans for the Southwest Region of the United States Army's Installation Management Agency. His military assignments, prior to his retirement from active duty in 2003, included service as the Executive Officer to The Surgeon General of the United States Army; Commander, United States Army Garrison, Fort Sam Houston, Texas; Chief, Department of Healthcare Operations, Army Medical Department Center and School; Deputy Chief of Staff, United States Army Medical Command; and Commander, 47th Combat Support Battalion, III Corps Artillery and Fort Sill, OK. During Operation Desert Storm, he served with the U.S. Military Training Mission, Kingdom of Saudi Arabia.

COL (R) Carl E. Hendricks began serving in August 2005 as the Chief Information Officer for the Military Health System (MHS) and Director of the Information Management, Technology and Reengineering Directorate for the TRICARE Management Activity (TMA). He is the principal advisor to Department of Defense medical leaders on all matters related to information management, information technology (IT), information protection, enterprise architecture, IT capital investment and IT strategic planning. COL Hendricks is a retired MSC Officer, who served in a variety of positions spanning 26 years of military service, with a concentration of experience in medical information technology and acquisition management.

COL (R) Robert T. Foster began serving as the Program Executive Officer for the Joint Medical Information Systems Office in April 2005 and was appointed to the Senior Executive Service in September 2005. COL Foster is also a retired MSC officer with more than 20 years of service. Highlights of his career include Chief Information Officer for the North Atlantic Regional Medical Command and Deputy Commander for Administration at Ireland Army Community Hospital, Fort Knox, KY.

COL (R) John Frazier Glenn was selected in November 2005 as the first U.S. Army Medical Research and Materiel Command's Principal Assistant for Research and Technology. He served as the Command's Technical Director while on an Intergovernmental Personnel Act assignment from Georgetown University Medical School. His new position expands his role in scientific oversight and direction of the Command's Science and Technology portfolio including Military Infectious Disease, Military Operational Medicine, Combat Casualty Care, Advanced Technology, Medical Chemical and Biological Defense and Congressional Special Interest research programs, as well as in oversight of the Command's worldwide laboratory system. Before retiring from active duty in 2004 as an Army Colonel, Dr. Glenn served 30 years in a variety of assignments of increasing responsibility at every level of military biomedical research and development from investigator to senior administrator at various research laboratories in multiple Commands and at the Pentagon, culminating in serving as the Command's Deputy for Research and Technology.

COL (R) James F. McGaha was appointed on 17 April 2005 to the Senior Executive Service in the position of Director, Resource Allocation and Execution Office, Veterans Health Administration, Department of Veterans Affairs. His military assignments, prior to his retirement from active duty in 2003, include service as Commander, Evans Army Community Hospital; Executive Assistant to The Surgeon General of the United States Army; Director, Program Analysis & Evaluation, the United States Army Medical Command, Washington, D.C.; Chief Financial Policy Division, Office of The Surgeon General, Washington, D.C.; Commander, 3rd Forward Support Battalion, 1st Infantry Division, Schweinfurt, Germany; Medical Program Analyst, Program Analysis and Evaluation Directorate, Office of the Chief of Staff, Army, Washington, D.C. and Commander 202d Support Battalion (Provisional), Kuwait.

Mr. William H. Thresher
COL (R), MS

Mr. Carl E. Hendrix
COL (R), MS

Mr. Robert T. Foster
COL (R), MS

Dr. Frazier Glenn
COL (R), MS

Mr. James F. McGaha
COL (R), MS

2005 General MacArthur Leadership Award

"Duty," "Honor," "Country" - those three hallowed words reverently dictate what you want to be, what you can be, what you will be. They are your rallying point to build courage when courage seems to fail, to regain faith when there seems to be little cause for faith, to create hope when hope becomes forlorn.

The General Douglas MacArthur Award Program recognizes company grade officers who demonstrate the ideals for which General MacArthur stood - duty, honor, country. The award promotes and sustains effective junior officer leadership in the Army.

An Army Reserve Medical Service Corps Officer was among 25 company-grade officers honored with the General Douglas MacArthur Leadership Award during a ceremony on May 24, 2005. The award showcases officers who show the ability to motivate others, understand their fellow Soldiers and inspire teamwork and commitment in others. CPT Tamara O. Montgomery, a first lieutenant at the time of the award, is sanitary officer in the medical section of the 358th Civil Affairs Brigade. As a civilian, she is senior veterinary associate for Laboratory Animal Resources, Merck Research Labs, in West Point, Pa.

During combat operations in Iraq in support of Operation Iraqi Freedom, LT Tamara Montgomery performed brilliantly in a complex and hostile environment. She is a superb Civil Affairs officer and an outstanding soldier. Her performance during a stressful and difficult deployment in a war zone was inspirational to her fellow soldiers, Coalition Forces and members of the Coalition Provisional Authority with whom she has worked. Her professionalism and manners when working with Iraqis facilitated the good will necessary when conducting Civil Military operations.
On Sunday April 11, LT Montgomery demonstrated great personal courage during a combat action with hostile forces in Baghdad, Iraq. While assigned rear security in a two vehicle on a routine supply mission in Baghdad, LT Montgomery's convoy came under fire from the rear by insurgents operating in two vehicles. LT Montgomery returned fire with a Squad Automatic Weapon, killing two of the insurgents in one of the vehicles. Despite a bullet wound in her left ankle, LT Montgomery continued to return fire on the second vehicle until enemy fire damaged her weapon and she sustained a wound to the brachial artery of her right bicep. The arm and leg injuries were surgically repaired in a Baghdad hospital and she was evacuated to Landstuhl, Germany. As a result of this action, LT Montgomery was awarded the Purple Heart.

While serving on a Civil Affairs team under the direction of the Combined Task Force 7 C9, she coordinated and conducted Civil Affairs activities in a five-province region of South Central Iraq. Working closely with Coalition Provisional Authority representatives in the sector, her activities were instrumental in the Coalition's ongoing success in South Central Iraq. These activities included: tracking the statement of work for the renovation project of the Kimadia drug warehouse in AL Kut totaling $100,000 (US); coordinating the distribution of four tons of medical supplies from Poland; working directly with the Philippine Civil Military Operations Center to insure medical supply delivery to hospitals throughout Iraq; and supervising the delivery of hundreds of books on democracy written in English to the Religious University in downtown Hilla, Iraq.

When coordinating these activities, LT Montgomery displayed extraordinary skill in dealing not only with the Iraqis, but also with the numerous nationalities and ethnic groups that participated in the Coalition Forces in

CPT Tamara O. Montgomery

Iraq. Of particular note was her ability to operate within the Islamic culture, dealing with Iraqi men and women in a manner that cast great credit on herself and her country.

At the conclusion of a grueling and stressful twelve-month combat tour, LT Montgomery volunteered to extend her tour by four months in order to assist in the transition from Coalition Provisional Authority governance to Iraqi sovereignty. This dedication to duty and commitment to "get the job done" clearly demonstrates LT Montgomery's fine qualities as an officer.

"This award represents the work that not only I, but also others, have done to spread the knowledge of individual rights and freedom of choice to other countries," Montgomery noted. "(The award) will probably give me more confidence in the choices and direction of my military career. My interest to volunteer to help others will increase."

Asked for a recommendation to other officers, she replied: "My advice is to not squander the opportunity to find as much information as you can about the situations you find yourself in, to better the conditions of others. It might be those from another country or your fellow soldiers. Find, attach yourself and listen to those who are proactive and forward thinkers, whether they are military or civilian. They are the ones who will help you achieve your goals and, in my case, save your life and the lives of others."

Above: 1. CPT Montgomery in Nipper, Iraq 2. CPT Montgomery with U.S. Marines 3. CPT Montgomery w/ Iraqi family at a women's center in Hilla, Iraq.

Below: CPT Anita Allen competes in the 2004 Olympic Pentathelon

CPT Anita Allen Named Athlete of the Year

CPT Anita Allen, 27, of Star City, Indiana and a 70B, was honored as the 2004 Co-Female Athlete of the Year during a ceremony in February 2005. Secretary of the Army Francis J. Harvey and Gen Gordon R. Sullivan, USA, Ret, made the presentation on behalf of the Association of the United States Army.

CPT Allen finished 18th in women's modern pentathlon in the Olympic Games at Goudi Olympic Complex in Athens, Greece. The highlight of her five-sport performance there was a first-place ride in the equestrian show-jumping event. She solidified her Olympic berth by winning the women's modern pentathlon in the 2003 Pan American Games at Santo Domingo, Dominican Republic.

MSC 88th Birthday Celebration

COL Gallagher and 1LT Bowden, TF 44th, Iraq

COL Martin and WO1 Brenda Taylor, 115th Combat Support Hospital, Iraq

MSC Officers at Fort Hood celebrate with a cake cutting ceremony.

Around the world MSC officers and their colleagues took the time to recognize the Corps' 88th birthday and gathered to remember the heritage of the MSC and reinforce the value of our officers' contributions. Of particular note was the celebrations and gatherings that took place in Iraq. Several deployed medical units organized celebrations in conjunction with inaugural Silver Caduceaus Society meetings at locations throughout the Middle East.

Numerous other installations pictured here and others not shown celebrated the rich history of our Corps and the many contributions we've made to the AMEDD, the Army and our great Nation. Thanks to all MSCs serving around the world for all you do to make us the best Corps in the Army!

LTC Madsen and LT Letouraneau, Wuerzburg MEDDAC

COL Anronio Reyes and 1LT Ty Medler, Rio Grande SCS, Fort Bliss, TX

COL Jeffrey Davies and 1LT Fitgerald, Walter Reed Army Medical Center

MSC Officers from the Fort Irwin MEDDAC and Air Ambulance Detachment gather at Fort Irwin, CA

The Fort Bragg SCS celebrated the 88th Birthday with an OPD featuring Mr Tom Philpott who authored "Glory Denied". COL Ed Crandell and 2LT Jody Harbett-Trask cut the cake.

Award of the "A" Proficiency Designator

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

COL J.M. Harmon III
70H - Health Care Operations

COL Thomas Little
72D - Environmental Science

LTC(P) Kyle Campbell
70A - Health Care Administration

LTC Martin Coppola
70A - Health Care Administration

LTC Joseph Dunton
72B - Entomology

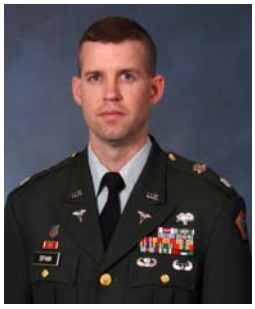
LTC Corina Vanderpol
67F - Optometry

LTC David Hilber
67F - Optometry

LTC Carl Hoover
72D - Environmental Science

LTC Monica O'Guinn
72B - Entomology

LTC Gary Southwell
73B - Clinical Psychology



LTC John Spain
67E - Pharmacy

LTC Gary Watkins
67E - Pharmacy

LTC Marc Caouette
67E - Pharmacy

Not Pictured

LTC Robert Bowden
71A - Microbiology

LTC Donna Weaver
71E - Clinical Laboratory Science

LTC Harold Bohlman
67F - Optometry

LTC Jeffrey Weaver
67F - Optometry

Order of Military Medical Merit

The Order of Military Medical Merit (O2M3) is a unique, private organization founded by the Commanding General of U.S. Army Health Services Command in April 1982 to recognize excellence and promote fellowship and esprit de corps among Army Medical Department (AMEDD) personnel. Membership in the Order denotes distinguished service, which is recognized by the senior leadership of the AMEDD. Members are given a certificate and a handsome medallion that signifies to all they meet that they are members of the Order. You will see members proudly display their medallions at formal AMEDD social functions.

Membership in the Order recognizes those individuals who have clearly demonstrated the highest standards of integrity and moral character, displayed an outstanding degree of professional competence, served in the AMEDD with selflessness, and made sustained contributions to the betterment of Army Medicine. These individuals are generally considered to be in the top 10% of their Corps and field. Any Active Duty, Reserve Component, civilian or retired member of the Army Medical Department who, through dedicated application of talent, effort, and spirit has made significant contributions having an impact on the whole of the AMEDD, shall be eligible for induction into the Order. An individual, whose status is other than the aforementioned association with the AMEDD and who otherwise meets the above criteria, shall be eligible for induction as an honorary member.

Any member in good standing may nominate individuals for consideration by the Advisory Council, the governing body of the Order. The final approval authority of the Council's selections is the President of the Order. When making a nomination, ensure that the justification outlines the nominee's specific accomplishments during his/her career with the AMEDD to emphasize the individual's worthiness for induction into the Order. The nomination should be addressed to the President of the Order and forwarded, along with the supporting documentation, to the Administration of the Order. The Advisory Council meets monthly to consider nomination.

Congratulations to the following Medical Service Corps officers who have been awarded the O2M3 during calendar year 2005!

COL ALLMOND, TERRY
COL BANE, WALTER S.
COL CAVALLO, DONALD A.
COL CRISLER, MORRIS F.
COL DUNNING, DAVID K
COL FORNEY, JOHM RUSSELL
COL FUENTES, FRANK
COL HELMS, SARAH KATHRYN
COL JONES, DAVID E.
COL MCGILVRAY, LESTER K.
COL MILLER, EUGENE ARTHUR
COL O'CONNELL, CYNTHIA
COL SMALLEY, DAVID LAMOR
COL SNYDER, JAMES WALTER
COL WASHAM, TERRY
LTC ALEXANDER, MARVIN
LTC ALVAREZ, JOHN GERARD
LTC ARCHIBALD, DONALD F.
LTC BARHAM, KELLEY M.
LTC BERTHOLD, MARK
LTC BOHLMAN, HAROLD RAY
LTC BUCKELLEW, MICHAEL J.
LTC CARPENTER, SCOTT ALAN
LTC CREEDON, JOSEPH F. JR
LTC DARDEN, JAMES ALLAN
LTC DENMAN, PATRICK N.
LTC DOHERTY, EILEEN
LTC DUNTON, RAYMOND F.
LTC DURAY, PAUL HARRISON JR
LTC EDEN, SAMUEL E.
LTC EWELL, ALLESA JEAN'
LTC FISHER, DANIEL J.
LTC FRANCO, RALPH A.JR
LTC GATES, KATHY ELAINE
LTC GENTRY, GRAIG S.
LTC GRUBER, GERALD J.
LTC HALE, STEVEN D.
LTC HARDY, OWEN N.
LTC HENRY, RONALD B.
LTC HILL, CHRISTOPHER J.
LTC HOLMAN, VINCENT B.
LTC KING, ALLEN B.
LTC KIZZIE, KEITH S.
LTC KOELSCH, ANGELA AQUINO
LTC LAMOUREUX, JOHN P.
LTC LONGMUIR, BRYAN W.
LTC MARR, DOUGLAS MATTHEW
LTC MCLARIN, BENITA ANNETTE
LTC MIDDLECAMP, STEVEN PAUL
LTC MOXLEY, THOMAS T.
LTC MULLIS, ROY EDWARD
LTC O'GUINN, MICHAEL
LTC OLSON, JOHN MICHAEL
LTC PASTEL, ROSS H.
LTC PASTINO, JOHN CARMEN
LTC PECKO, JOSEPH ANTON
LTC PENNER, JEROME III
LTC PERRY, AUDREY L.
LTC PIERCE, JAMES CURTIS
LTC PORTER, REBECCA IRENE
LTC RADFORD, ERIC MICHAEL
LTC RICHARDSON, RONALD ROBERT
LTC ROSS, WALTER K.
LTC RUDAKEVYCH, DANYLO ORE
LTC SAMES, WILLIAM JAMES IV
LTC SHAW, KENNETH S.
LTC SHEAFFER, DAVID V.
LTC SHIELDS, JAMES EDWARD
LTC SLOUGH, ROBERT D.
LTC SMITH, WADE L.
LTC STARCHER, JAMES ALAN
LTC STOREY, ANDREW A.
LTC STUBBS, WILLIAM MARK
LTC TAYLOR, CASMERE H.
LTC TAYLOR, TARRA L.
LTC THOMAS, JERRY S.
LTC TODD, NATHANIEL
LTC WHITTAKER, DONNA S.
LTC WHITTLE, RICHARD K.
LTC WICKMAN, TERRANCE J.
LTC WINDHAM, HAILEY FRED
LTC WOODY, EDWARD LEE
LTC WRIGHT, SCOTT C.
LTC ZALEWSKI, TAMI
LTC ZUGNER, SHANDA M.
LTC WILLIAMS, RONALD TODD
MAJ BANCROFT, DEAN S.
MAJ BERGGREN, REX A.
MAJ BOSETTI, TIMOTHY G.
MAJ BUNDT, THOMAS S.
MAJ FISCHER, SCOTT H.
MAJ FULLER, BERNADETTE
MAJ JACKERT, PRISCILLA J.
MAJ LEONARD, ROBERT E.
MAJ PRICE, CARLA S.
MAJ RICHARDS, CHRISTOPHER W.
MAJ TIDWELL, TONY N.
MAJ WEBB, RICHARD M.
MAJ WOOLRIDGE, STEPHEN C.
CW3 MORALES, ARCADIO

Junior Officer Week

Junior Officer Week participants standing on the site of the Battle of Firts Bull Run, Mannassass, Virginia

Junior Officer Week Participants

CPT Jon Baker
CPT Sean Casperson
CPT Stephen Clow*
CPT Debra Dandridge
CPT Shawn Gelzaines
CPT Michael McFadden
CPT Thomas Powell
CPT Colleen Reichenberg
CPT Scott Shopa
CPT Eric Midboe
1LT Tracy Boone*
1LT Keith Drummer
1LT Amy Gorman
1LT Meghan Leary
1LT David Lenzo
1LT Joel Light
1LT Rachel May*
1LT Kenneth Murray
1LT Kelly Tatara*
1LT Michael Shardinger
CW2 Terry Dover*
CW2 Christopher Kelly

*** denotes AOE Winner**

The Award of Excellence and Junior Officer Week programs provide personal recognition to outstanding junior Medical Service Corps officers who have made significant contributions to the Army Medical Department mission and performed in an exceptionally outstanding manner. Eighty officers competed for the 2004 Award of Excellence and the opportunity to participate in Junior Officer Week. Twenty company-grade officers from around the world, representing a broad variety of MSC specialties, from active and reserve components were selected and attended the 20th Annual Junior Officer Week held in the National Capitol Region, 23-29 April 2005.

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

The Award of Excellence Luncheon

The highlight of Junior Officer Week was, as always, the Award of Excellence Luncheon held in honor of this year's Award of Excellence recipients and fifteen Junior Officer Week attendees. The Chief, Medical Service Corps, Brigadier General Sheila Baxter, presented the Award of Excellence to the following officers in each of five categories: Health Services – 1LT Rachel May; Health Sciences – 1LT Kelly Tatara; Health Services Maintenance Technician – CW2 Terry Dover; Army National Guard – CPT Stephen Clow; and U.S. Army Reserve – 1LT Tracey Boone.

Junior Officer Week participants standing on the steps of the U.S. Capital following a tour of the historic building.

BG Baxter addressed the guests and welcomed former Corps Chief, BG(R) Richard Ursone. The focus of her message was the courage, competence and compassion of our junior officers. She also talked about mentoring and leader development of our future senior leaders. BG Baxter presented each AOE recipient with an MSC Medallion, MSC Certificate of Appreciation, and the Chief's personal coin. The twenty officers selected to attend Junior Officer Week were presented with an MSC Certificate of Appreciation and the Chief's coin.

The weeks' activities also included a variety of professional development activities including a tour of the memorials and Arlington Cemetary, the Pentagon, and participation in a Mock Promotion board at the DA Secretariat, U.S. Army Human Resources Command. The attendees received typical promotion board instructions given by CPT Jennelle Arnette, assigned as a Board Recorder for the DA Secretariat, and then reviewed and voted on records as members sitting on a promotion board. This extremely enlightening experience demonstrated the objectivity of the process and the challenges board members face as they evaluate officers' records. As such, the officers came away with an increased understanding of the importance of a complete personnel file and an appreciation for the board process.

Selection and Eligibility Requirements

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

1LT Keith Drummer and CPT Michael Shardinger at the Lincoln Memorial

MAJ Tony Nesbitt briefs the Junior Officers about his experiences at the Pentagon

Junior Officer Awardees and family members gather following the Awards Luncheon

LT Daryl Holder (USN), CPT Jon Baker and CPT Debra Dandridge at the World War II Memorial

2004 Award of Excellence Winners

Since 1982, the Chief, Medical Service Corps has presented the Award of Excellence to a junior officer in each of five categories. The winners of the 2004 Chief, Medical Service Corps' Awards of Excellence are:

1LT Tracy Boone
Army Reserve

1LT Kelly Tatara
Health Sciences

1LT Rachel May
Health Services

CPT Stephen Clow
National Guard

CW2 Terry Dover
Health Services Maintenance Technician

Carmack Medal

1LT Mara Kreishman-Detrick (71B, Active Duty) - The Carmack Medal was established in 1958 by Colonel (Ret.) Joseph Carmack to honor Medical Service Corps officers graduating with the highest class standing from the Medical Services Officer Advance Course. The award, a bronze coin, is minted at the Philadelphia Mint. The Commandant of the Academy of Health Sciences selects and awards the medal. In 1997, the officer advanced course was converted to small group instruction and the award was not presented for several years. In 2002, Mr. Joseph Carmack, Jr. reinitiated presentation of the award. The award is now presented to the Medical Service Corps officer graduating with the highest class standing from all the Medical Service Corps officers graduating from the Army Medical Department Officer Basic Courses for the calendar year.

This year's Carmack Medal recipient is 1LT Mara Kreishman-Detrick, 71B. CPT Kreishman-Detrick is the Chief of Laboratory Operations at the Walter Reed Army Institute of Research in Washington, D.C.

Chief, Medical Service Corps Branch, Human Resources Command

COL Robert Thompson

This past year was marked by continued and escalating violence against our Soldiers and civilians serving in Iraq and Afghanistan and punctuated by unprecedented humanitarian efforts in response to natural disasters brought forth by the tsunami's devastating effects on the South Pacific and the destruction that fell upon our Gulf Coast States in the wake of Hurricane Katrina. In all cases, MS officers continue to rise to the challenge and serve with distinction.

In response to these many and varied challenges, our Army continues to respond by creating more flexible and rapidly deployable Modular Forces. These increasingly capable, adaptive, networked, full-spectrum formations allow the Army to be more relevant and ready than ever before. Modularization allows for rebalance of the force mix to execute joint and expeditionary campaigns that protect our freedoms, deter our adversaries, and if required, defeat our enemies. In support of that force our MS Branch has grown by over 300 new Divisional requirements in this past year alone. With that growth, AMEDD units, Soldiers and family members have endured a great deal of personnel turbulence while your Career Managers at MS Branch strive to "Set the Force." Fortunately, one little known goal of our Army's transformation is to provide greater stability for Soldiers and their families, and improve the quality of Army service.

As MS Branch continues to focus on support on GWOT and Army Transformation, your Career Managers and I have not lost sight of our duty to preserve the personal and professional wellbeing of every Soldier we are entrusted to support. With that, I will highlight several of the more significant issues confronting MS Officers within the framework of our Corps priorities on leader development, communication and integration.

Leader Development

Board Certification:

Professional board certification for Medical Service Corp Officers provides tangible recognition of professional achievement in defined administrative and clinical areas. Certification is reserved for those officers who have met requirements in their specialized field and received the endorsement of their professional organizations. After meeting eligibility criteria, officers may be required to take certification examinations based on nationally recognized standards of practice to demonstrate their knowledge, skills and abilities within the defined specialty.

A limited number of board certifications were recognized previously. However, in this year past, MS Branch established procedures for recognizing and maintaining board certification data for every MS AOC. The Medical Service Corps will now recognize officer's specialty board certification through annotation on the Officers Record Brief (ORB). The title of the specific board certification(s) will be listed in Section X of the ORB, to include the date of the most recent certification and the expiration date of the certification when applicable. Board certification will be removed from the ORB if documentation of recertification is not forwarded prior to expiration. The list of board certifications available for officers is continuously evolving. Human Resources Command's personnel data system will support inclusion of only limited numbers of board certifications. Medical Service Corp Branch, in concert with the OTSG consultants, has finalized a list of available board certifications which is available from the MS Branch Web-Site. Included are certifications with relevance to our current practice and to our military environment. Certifications such as professional licensures or school completions are not yet able to be placed on the ORB nor included in the OMPF, however, I've employed my team to develop a method to officially recognize these and other individual accomplishments in the near future. I challenge all Medical Service Corps Officers to research board certification criteria for their

respective AOC and demonstrate professional excellence through attaining board certification in your specialty.

Mentorship:

MSC Branch commissioned an HRC survey in 2005 to facilitate the identification of initiatives to better serve the career development needs of our officers. The HRC survey was designed to complement the two mentoring surveys that were previously conducted in 2003 and 2004. I'd like to begin by thanking LTC Rob Goodman (Team Captain) and Majors Bill Love, Mark Swofford and Jeff Rimmer for their efforts developing the survey and analyzing collected data. Survey responses numbered 1225 and some demographics of those who participated are as follows:

Of the respondents:

– 77% male and 23% female.
– 74% Caucasian, 10% African-American, 6% Hispanic, 4% Asian, 4% Other.
– 84% say they are career officers.
– 33% have been deployed.
– 27% had a parent that was career military.
- Average age is 35.71 years (range 21 – 58).
- Average years in military 11.84 (range 0 – 37).
- Average years in MSC 10.15 (range 0 – 37).
- Average months since last PCS 15.32 (range 0 – 99).

In a quick summary of the results, the survey team determined:

- Contact with Career Managers varies based on AOC, gender, rank, and perceived competence of the career manager (no set pattern).
- Officer satisfaction with Career Managers directly relates to the perceived accuracy of their responses, their understanding of career progression, and their understanding of professional development.
- Satisfaction with Career Managers increases over time as officers progress in rank and interacts with more than one Career Manager.
- Officers generally believe there is a strong link between Career Managers and consultants – and they believe that Consultants give good career management advice.
- 2LTs and 1LTs seek mentorship advice from Career Managers – once an officer reaches the rank of CPT the mentorship seeking behavior decreases significantly.
- Most officers do not seek mentorship or professional development from their Career Manager – they contact them about assignments.
- Officers continue to believe they get their most reliable career management advice from mentors, Consultants, and peers in the field.

In response to survey results, MS Branch has taken several actions aimed at better serving our officers in the field. To name just a few, MS Branch:

1. Consolidated the management of 70Bs under one Career Manager to improve efficiency and add consistency to career development services and mentorship.

2. Continued to develop methods of leveraging automation technologies to improve response times to inquiries from officers in the field and to provide them with better personnel service support.

3. Redesigned and upgraded the MS Branch Brief, web-site, and quarterly news letter to better address new and evolving issues impacting the AMEDD and individual careers of our MS officers.

A detailed analysis of the survey results is available for review on the Medical Service Corps Branch web-page.

Training:

The FY 2005 Long Term Health Education and Training Board expanded opportunity this year for MS officers to participate in three new areas of study: a new Podiatry Fellowship, a Joint Staff and Combatant Command Internship Program and a new graduate degree program leading to the award of a Masters of Social Work Degree. The LTHET Board selected officers who will participate in all three programs starting in summer 2006.

Communication

This year the Human Resources Command,Alexandria Officer Records Branch completed a migration of all active duty officer personnel records to an improved electronic record management system. The system has been renamed to The Interactive Personnel Electronic Management System or (iPERMS). iPERMS is being utilized to manage all Active Duty Officer personnel records. The greatest improvement is the system will now provide individual officers and the personnel community in the field with access to the Official Military Personnel File (OMPF). Most significantly, officers who know their record is about to appear before a promotion or selection board, will now have the opportunity to review their OMPF from their desktop and provide their Career Manager and Personnel Technician missing or significant new documentation for inclusion in the OMPF and ultimately their board file. Other significant communications initiatives this year are further defined below:

HRC Web Site:

There continues to a plethora of useful information on our HRC web site. Information categories include authorized positions (PMAD On-line), AOC career paths, assignment vacancies, DA Secretariat Board announcements and selection results. As a new addition this year, we have added links to valuable AMEDD Acquisition Program Integration information; the AMEDD Acquisition Workforce; and the current Master Acquisition Position List (MAPL).

Quarterly Newsletter:

The MSC Branch continued to publish its quarterly newsletter to assist in keeping you informed of the major personnel issues and events. The quarterly newsletter is posted to our web site (https://www.perscomonline.army.mil/OPmsc/1brchief.htm) and is also pushed out to the field through AKO email. The newsletter is designed to be a one minute glance or five minute read. Highlighted entries on the newsletter link you to additional information on presented topics.

Team Trips:

The best form of communications is direct one-on-one exchanges. Therefore, there is a concerted effort to visit our officers at their work locations as often as possible. In 2005 our Career Managers visited numerous sites, to include Fort Hood, Fort Rucker, Fort Leonard Wood, Fort Leavenworth, Fort Lewis, Fort Sam Houston, Hawaii, West Point, Korea, and Germany. Additionally, our Career Managers attended many conferences, to include AMSUS, AUSA, ACHE, Sperandio, Pharmacy, Optometry, Force Health Protection, Laboratory Science, Logistics, and MEDEVAC Conferences.

Integration

Functional Area 90 (FA 90):

The MSC leadership continues to support participation in the multifunctional logistics career development track. The FA 90 designator identifies officers who have met the requirements of a multifunctional logistician and consists of officers from the Aviation, Ordnance, Quartermaster, Transportation, and MS branches. This designation allows our officers to compete for battalion and brigade command opportunities in the multifunctional tactical support battalions/brigades and material management centers. In 2005, MS Branch was involved in an HRC study which conducted a comprehensive review of which CSS Battalion Command categories MS officers would be allowed to continue to compete. Fortunately few categories were closed to MS Officers and when history proves true, I expect that MS officers will continue to compete well and serve admirably as FA90 battalion and brigade commanders

AMEDD Acquisition:

The FY 04 Military Acquisition Position List (MAPL) review identified 167 positions throughout the AMEDD as having 50 percent or more of their duties as acquisition significant. The AMEDD military acquisition workforce consists of those officers currently serving in acquisition positions as well as those eligible and certified for future assignments. The benefit of being in the "workforce" is that most acquisition training offered through the Defense Acquisition University (DAU) is centrally funded.

This past year MS Branch advanced efforts to build the AMEDD Acquisition bench by scheduling quarterly AMEDD-Acquisition-OTSG-MRMC meetings with targeted efforts to improve awareness of acquisition assignment, training and career enhancement opportunities. As such, aside from filling four traditionally AMEDD Acquisition Commands, MS Officers competed well on Army Acquisition

Command selection boards. In fact, two of our officers are serving in non-AMEDD acquisition commands and one was selected as an FY2006 command principal with five others as alternates to serve in both Lieutenant Colonel and Colonel level non-AMEDD acquisition commands.

Conclusion:

During this unprecedented period in our Nation's history, we continue to serve as an Army at war while transforming. We are engaged in an enduring war against an enemy committed to destroying our way of life. We will win! This war demands that we continue to transform to a campaign-quality Army with joint and expeditionary capabilities. It also demands that we continue to support the Army's ability to grow and develop leaders, and to provide relevant and ready forces for our combatant commands.

Our AMEDD leadership understands that Soldiers are the centerpiece of our Army and success in this enduring fight depends on you. In turn, my MS Branch team and I pledge to provide you the world-class career management and human resource support you deserve. "People Always, Mission First!"

LTC Joseph Pisciotta
Branch Deputy Chief

LTC Scott Drennon
67J and 70D LT-LTC

LTC John Spain
All 71A, 71B, 71E, 71F, 67E, 67F, and 67G

LTC Jaqueline Chando
70A, 70F

MAJ Michael Elliott
70C, 70K, 70K9I, LT-LTC and 670A

MAJ Jim Hanlon
70E, 70H and FA90 LT-LTC

MAJ Kerry LeFrancis
All 72A, 72B, 72C, 72D, 72E, 73A, and 73B

MAJ Paul Sander
70Bs

MAJ Patricia Randall
Education and Training

Assistant Corps Chief for Health Services

COL Margaret Rivera
Assistant Corps Chief for Health Services

Another year has quickly come and gone and our officers continue their superb work and multi-faceted contributions to the Army Medical Department and the Army at large. Despite the ever increasing demands to fill positions in theatre, in established CONUS and OCONUS positions, and those new positions which are being created as a result of Army Transformation/Modularity, we continue to ensure our officers are leader developed and educated to meet the challenges of the future. The fact that requirements for our officers continue to increase speaks to our relevancy to the Army, but it also underscores the need to have individuals with the right credentials to meet the Army's needs. Our MFA fared very well in the both the Senior Service College and Long Term Health Education and Training (LTHET) Boards with 69 officers selected to seek out advanced degrees. To provide additional educational opportunities, the U.S. Army-Baylor Program has expanded the degrees it awards and is now offering both MHA/MBA and MHA/MSIS degrees. Information regarding opportunities for LTHET can be found on the MSC or HR websites. I encourage all officers interested in any of these programs to visit these web sites and submit their applications for LTHET. The large number of officers selected from the Supply and Administration Career Field (MFA-70) for Brigade-Level Command is yet another indicator of the quality and strength of your records. I would like to congratulate each one of you on this tremendous achievement which is no doubt the result of hard work, superior performance, and appropriate education.

Across the Corps, Silver Caduceus Societies are gaining strength and number, serving as forums for professional development, mentoring, and camaraderie. If you have not joined your local Silver Caduceus Society, do so. If there isn't one established in your area, take the initiative and work with your local Medical Service Corps leaders to establish one. These are great venues for professional education as well as a place to share ideas, concerns, or experiences.

The Corps has also fared very well in gaining new officers accessions through direct accessions, the United States Military Academy, Reserve Officer Training Corps, and Officer Candidate School. Recently, we have branched as many as a dozen Medical Service Corps officers out of one OCS class. These individuals bring unique experiences and diversity into our ranks thus enhancing the entire Corps.

In the pages that follow you will read about the incredible contributions our officers have made over the last year. Whether they made their mark in Iraq, Afghanistan, Korea, stateside, or other locations around the world in missions associated with battlefield medicine, emerging missions in homeland defense, or humanitarian assistance, I hope that you find the same source of pride as I do in knowing that I share the same Silver Caduceus with these exceptional Americans. Each one making lasting contributions to the Army, each one focusing on the Soldier on point for our nation.

Once again, I thank each and everyone of you for your dedication, sacrifice, and professionalism, I have never been more proud or humbled to walk among Medical Service Corps officers. Extraordinary times bring out the best in the military—it has certainly done so in the supply and administration career field.

Health Care Administration, Consultant to the Surgeon General

COL Julie Martin

It is an honor for me to serve as your new Consultant for Healthcare Administrators following in the able footsteps of Colonel (P) David Rubenstein, our new Assistant Surgeon General/Deputy Chief of Staff for Force Sustainment. He is an example of what is possible for each 70A Healthcare Administrator serving in the Army Medical Department (AMEDD). Healthcare Administrators are a group of professionals dedicated to serving Soldiers and their families in the delivery of healthcare around the world in both fixed and field medical treatment facilities in support of continuous global operations. In support of Operation Iraqi Freedom and Operation Enduring Freedom, 70A Healthcare Administrators helped to ensure the healthcare readiness of our Army. Additionally, 70As preserved the healthcare benefit through managed care and clinical support operations significantly contributing to recruitment and retention of our Soldiers.

Healthcare administrators serve in senior positions throughout the Army and Department of Defense, commanding from company through brigade. Our 70As also serve as Chiefs of Staff of deployed medical commands, Executive Officers of deployed combat support hospitals, and Commanders and senior leaders of all manner of medical units on battlefields and exercise locations around the world. In CONUS, Europe, Hawaii, and Korea, our 70As serve as Hospital Commanders and Deputy Commanders, Regional Medical Command Chiefs of Staff, and senior leaders in all three TRICARE regions.

Over the past year, 70As were competitively selected for promotion, command, advanced military and civilian schooling, Deputy Commander for Administration (DCA) positions, and earned the coveted "A" Proficiency Designator in healthcare administration. All eight primary zone 70As considered for promotion to Major were selected. Seven of nine PZ 70As were picked up for Lieutenant Colonel, and four of eight IZ 70As were selected for Colonel, with one below the zone. Four 70As were selected for brigade level command in 2006: two for TDA MTFs (Level 1); one for TDA MTF (Level 2); and one for a training brigade. LTC (P) Kyle Campbell earned the prestigious "A" Proficiency Designator, joining five other currently serving 70As who have also earned the honor. The majority of DCA positions coming open in 2006 for all levels are filled with 70As. We have one 70A who graduated from resident Senior Service College (SSC) in 2005 and one picked up for resident SSC in 2006. Eight 70As were selected to attend Intermediate Level Education. A link to the most current ILE information is at https://www.hrc.army.mil/site/active/opmsc/INFORMATION_PAPER_ILE_2.doc. CPT Forest Kim was selected for a PhD start in Healthcare Administration in 2006.

The 70A Healthcare Administrator is in great demand in a variety of key assignments, but the demand exceeds the available inventory. The mentoring and growth of a 70A begins as a junior officer, typically a 70B. Gaining experience in a diversity of assignments exposes a young officer to the breadth of duties open to MSC officers. Officers who enjoy integrating all aspects of the healthcare delivery support functions will blossom in the 70A specialty. Encouraging these officers to apply for acceptance to the Army Baylor MHA program is part of developing our future AMEDD leaders.

There are three elements that, taken together, develop a Soldier into a 70A Healthcare Administrator. We become, excel, and advance as 70As by pursuing and gaining education, experience, and affiliation in our profession.

Education:

Education starts with completion of an appropriate graduate degree program. The Army-Baylor University Graduate Program in Health & Business Administration is the preferred route to earning a masters degree in health administration (MHA) or a joint MHA/MBA degree. In fact, a 70A civilian MHA start is no longer offered.

The Army-Baylor program begins offering two degrees this academic year. The main product line of the program will continue to be the MHA; however, starting with the class of 2007, the program will offer a joint degree consisting of an MHA and MBA. In 2007, we forecast 21 students will be awarded the MHA degree and 20 students will be presented with the joint MHA/MBA degree. The MHA/MBA dual track curriculum may be viewed at this website: http://www.baylor.edu/graduate/mha/splash.php.

The MHA program is fully accredited by the Commission on Accreditation of Health Management Education (CAHME), with one of the longest periods of accreditation of any MHA program in the nation. Additionally, the joint MHA/MBA degree is accredited by both CAHME and the Association to Advance Collegiate Schools of Business (AACSB). For the past ten years, the Army-Baylor program is nationally ranked by US News and World Report as being one of the top 20 Healthcare Administration graduate programs in the United States. The Program excels because of its depth in excellent faculty and quality students. The faculty has a national reputation for scholarship, research, and contributing to the literature of our profession. The students are award-winning, mature, and dedicated.

The lifeblood of Baylor is the annual infusion of new students. Some years we get an ample number of applications and some years we don't. Information on the Program is available online at http://www.baylor.edu/graduate/mha/splash.php. Each 70A should take a personal responsibility for recruiting one junior officer to apply for a 70A seat in the Baylor Program.

The only organization that accredits health administration programs is CAHME. Attending a CAHME accredited program, not just an accredited school, but an accredited program, ensures to the student and to the Medical Service Corps that the officer has received an education that meets the standards and expectations of our Corps and our AOC. There are over 150 *"colleges"* in the country that offer graduate degrees in health administration or health services. However, less than half of these colleges have a *"graduate degree"* program accredited by CAHME. Thank you in advance for ensuring that your junior officers understand the difference between CAHME accredited programs and accredited schools and universities.

Experience:

Experience is the application of education to the real world of healthcare. A full, rich career is the result of many varied experiences. Our system provides healthcare in both garrison and field settings, in both line and staff positions, in both the continental United States and overseas.

Affiliation:

Affiliation with a professional society is critical to professional development and growth. Good professional societies advance continuing education, sponsor career advancement, support publications, and develop norms, all of which we, as healthcare executives, need to maintain and improve our executive skills. Our providers, our support personnel, and our beneficiaries expect us to know and apply the most advanced knowledge in healthcare administration. Affiliating with a professional society allows us to meet that expectation. Affiliation also allows us to become board certified as a healthcare executive.

Another benefit of attending the Army-Baylor program is the strong emphasis placed on preparing students for ACHE's board certification exam at the end of each didactic year. The Army-Baylor program has an active test preparation strategy resulting in over 60% of the students passing the exam the first time in June 2005. This excellent outcome doubled the national average of a 30% first time pass rate. No other graduate program in the country has the same commitment or dedication to getting its

studentsboard certified prior to graduation than the Army-Baylor program.

What It All Means:
The result of being developed through education, experience, and affiliation is a Soldier-administrator capable of excelling in the most complex and demanding positions available.

70A Community Webpage:
Major Dennis Walker stepped forward to assume the duties of maintaining the web page and I appreciate his efforts very much. Please take a look at the page. We can include professional links, best practices, and templates from your organizations for others to use. Log onto your AKO account then go to the Army Organizations site map and select Special Staff/FOA, then to the Medical page, to the MSC page, and then subscribe to the to 70A page.

Army Healthcare Executives Short Course:
It is my great pleasure to be your host for the Second Annual Healthcare Executives Short Course (HCESC). The 2005 HCESC was the first year the Medical Service Corps recognized the HCESC as a Professional Post Graduate Short Course Program (PPSCP). This year's HCESC is scheduled from 27-30 March at the Hyatt Regency, Chicago, IL in conjunction with the American College of Healthcare Executives (ACHE) Congress. Although we are conducting our activities simultaneously with ACHE, we are a separate PPSCP training event. Our goal is to compliment your experience at ACHE with targeted and military related healthcare events not replace your Category I ACHE events. The curriculum is especially designed with you – the military healthcare executive – in mind. Please note we have several events occurring Monday through Wednesday. The HCESC program extends through the whole duty day on Thursday, 30 March, so plan on departing Chicago on Friday, 31 March.

Registration:
You must register for the HCESC separately from your ACHE Congress registration. Registration should be completed by 1 February 2006. POC for registration is CPT Aaron J. Braxton II. The registration fee of $75.00 must be sent to: CPT Aaron J. Braxton II, 5759 Oak Forest Court, Indian Head, MD20640, Tel # 301-743-9919, E-mail aaron.braxtonii@na.amedd.army.mil or aaron.j.braxton@us.army.mil. Checks are payable to "2006 HCESC." The registration fee is a reimbursable expense and should be incorporated into TDY orders.

HCESC Sponser and Leadership Team: This year's 2006 HCESC is proudly sponsored by the Army-Baylor program. It is our intent to wed the HCESC with the Army-Baylor program in order to provide stability, continuity and credibility to the CESC in years to come. My leadership team for the 2006 HCESC is:

- HCESC Chair: LTC M. Nicholas Coppola
- Co-Chair: LTC Nate Todd
- Chair-on-deck/Budget Officer: LTC Ivan Speights
- Co-Budget Officer: Maj Lee Bewley
- Army-Baylor Program Liaison: LTC M. Nicholas Coppola

Contact LTC Coppola at 210-221-8203 or e-mail at nick.coppola@amedd.army.mil with any comments or suggestions.

Continuing Education Credits and Certificate:
Officers attending the 2006 HCESC receive a letter authorizing up to 15 credits of ACHE Category II credit good towards advancement or recertification. Officers also receive a 2006 HCESC Certificate and a commemorative coin. The website for 2006 HCESC events is http://www.baylor.edu/graduate/mha/index.php?id=32128

Summary:
Healthcare Administrators support the MSC vision of building a cohesive team of Soldier-Leaders integral to the AMEDD mission, relevant to the transforming Army, and ready to excel in continuous global operations. Thank you for your dedication to our country.

Health Services Administative Assistant (70B), Consultant to the Surgeon General

COL J.M. Harmon III

"With today's 70B as our bench, the future is certainly bright indeed". This was the final line of last years report and it is an accurate assessment of our situation today. Our 70B, Health Services Administration Officers, continue to excel at accomplishing a myriad of missions in support of the warfighter. Indeed, this is a time of great excitement and pride because our officers are performing superbly in support of the warfighter. My primary message to you, our MSC 70B population, is *feel good about yourselves.*

We continue to be an Army at War, with constantly evolving challenges. We are meeting these challenges in large part due to the competence, dedication and warrior ethos of our junior leaders. In fact, as we come to the end of the fourth year of the Global War On Terrorism and engagement in Fourth Generation Warfare, it occurs to me that the majority of the 70B population entered active duty while the Nation was at war. You have accepted the challenges of today's environment and faced them with great determination, courage, and professionalism. I could not be prouder of you!

The Health Services Administrative Assistants contributions are significant and many. 70Bs maintain a strong and credible presence in the Army's maneuver brigades and combat divisions. The 70Bs are the warfighter's initial medical staff resource and authority on the healthcare system – the entire Military Health System continuum of care, from point of injury to rehabilitative care and including the ever-present beneficiary healthcare mission as well. Our 70Bs are "on point" for the Army and the Nation. As one of my mentors was fond of telling my generation…You are "Up Front And Moving!" Thank you, Colonel T.R. Byrne, MSC (retired) for such great encouragement.

There are over 1,100 Health Service Administration (70B) officers on active duty. Without exception, each of you has a story that exemplifies the extraordinary courage, competence, and commitment of our 70B area of concentration. On a recent trip to Germany, I met CPT Chad Milligan. CPT Milligan deployed soon after OBC with an infantry battalion in the 1st Armor Division. He found himself not only serving as the Medical Platoon Leader, but as a Civil Affairs Officer and the acting Battalion S1. He was consistently required to adapt to the situation and simply "get the job done" while operating in a combat zone. His performance was outstanding.

1LT Shawn Campbell is assigned to the 32nd Medical Logistics Battalion, Fort Bragg. 1LT Campbell recently redeployed from Operation Iraqi Freedom where he served as a Forward Distribution Team leader in Talil, Iraq. He is credited with establishing a system of non-doctrinal support relationships in order to streamline ground and air medical distribution to Forward Operating Bases in his area of responsibility. An outstanding example of seizing the initiative and producing results in support of Soldiers, sailors, airmen, and Marines.

1LT Hannah Bassford is assigned to the 168th Medical Battalion (Area Support) in Korea. 1LT Bassford was serving as the acting company commander upon notification that her unit would deploy to Acah Province, Indonesia to provide medical support to victims of the devastating Tsunami in that region. 1LT Bassford immediately set out to lead her company through the many specified and implied tasks associated with an out-of-country deployment, an unprecedented event in the 18th Medical Command. As a Second Lieutenant at the time, she demonstrated the terrific leadership and organizational skills we want to encourage throughout our Corps.

The final officer I'd like to introduce is CPT Cody Roberson. I selected Cody, with the concurrence of BG Baxter, to serve as your 70B representative on the Corps Chief's Field Leadership Team (FLT). As an FLT member, CPT Roberson will help me represent all the 70Bs in the field and give voice to your issues and ideas as part of the Corps Chief's strategic planning process. CPT Roberson brings a wealth of knowledge and

experience to his new role, having served as a Medical Platoon Leader, Company Commander in combat, and an Observer/ Controller at NTC. He is currently serving in the AMEDDC&S Leader Training Center as the 70B Track Team Leader for OBC.

Significant effort has been invested to harness your energy, enthusiasm and experience. BG Baxter and the Consultants, Senior Leader Team and Field Leader Team continue to work *Leader Development* as an Army and MSC priority. The Corps is transforming the personnel utilization lifecycle model of MSC officers to grow the next generation of senior leaders through a coherent and integrated process of skill development (training & education) and leader development assignments. An action plan is being specifically developed to meet the needs of the Army and our 70B officers. It is designed to create and foster the development of a medical "*pentathlete*" by leveraging the adaptability that 70Bs are learning in GWOT operations today. The MSC 70B "*pentathlete*" will be a multi-skilled, multi-purpose generalist that can serve in a number of functional areas at the company grade level, thereby increasing the agility and flexibility of the Corps to respond to increasing requirements for multifunctional Medical Service Corps officers in the Transforming Army. If approved, the new 70B career development model will require 70Bs to serve in this "*penthathlete*" role for a minimum of 7 years and a maximum of 10 years before transitioning to a specialty AOC.

The first priority of every officer, regardless of Corps or AOC, is to develop himself or herself as Soldiers and leaders - stand tall, meet the standard, live the Army Values, embrace the Warrior Ethos and adhere to the Soldiers Creed. These are the timeless traditions of our profession and they form the foundation from which an officer will develop. The first priority is to build the foundation.

To provide a solid educational and training foundation from which to build, the AMEDD Officer Basic Course has gone through some dramatic changes. Our new officers are now spending more time in the field developing their Warrior Skills through mounted land navigation, FBCB2 training, PMCS familiarization, Level I Combative Certification, Combat Lifesaver Certification, and Convoy Training. The instruction on counseling, training management, inventorying and management of MESs, and MDMP has also been greatly improved.

During an officer's initial service as a 70B, the officer will work to establish a breadth of knowledge as a Health Services Officer while mastering the depth of knowledge in one or

Above: 1. CPT Parker at the Captains Career Course, Fort Sam Houston, TX; 2. OBC Students zero thier weapons at Camp Bullis, TX; 3. 1LT Ben Vance flying over Iraq; 4. 1LT Vance leads a Joint Aide and Litter Team in Al Asad, Iraq.

two functional areas. This will allow us to better develop men and women who understand our Army and the military healthcare continuum. Strive to set yourself on a course to be an expert in your chosen field, but also seek to understand the big picture. Seek to gain a broad range of experience through diverse assignments and educational opportunities. The objective is to train and develop you as a medical "pentathlete" that can multitask and perform at the highest levels in more than one specific functional area.

Finally, there are three fundamental concepts that ensure individual success of our junior officers – seizing opportunities, effective communication and strong job performance. Today's operational environment is rife with opportunities. Specifically, officers must seize opportunities for command and unique experiences and then share your experiences and lessons learned. Don't be a knowledge "sponge"…actively participate in the learning and communication processes and share what you know with others. Whether the forum is the AKO 70B Community Page, the AMEDD Lessons Learned Office, or your local Silver Caduceus Society meetings, it is imperative that you share information for the professional development and continued improvement of the Corps-at-large. Don't be intimidated by the lack of rank on your collar…many of our more junior MSC officers have more combat and deployment experience than their seniors. Finally, understand this fact of life: there is no substitute for superb performance. A quick query of today's senior officers reveals that they each followed a unique career path, however, they all have strong evaluation reports that speak to outstanding performance and demonstrated potential. The message to our younger officers is *do well at your current job and be the best at what you are doing today.* A five year career is a great career planning tool, but it won't do you much good if you "bolo" your current duty assignment.

During the past year I have traveled to Southwest Asia, the Middle East, Europe and across the United States. On every front, no matter the circumstances, type of unit or mission, I have observed that you are serving with distinction. My assessment of the future of our Army rests on a personal philosophy that the quality of our service is more important than the quantity of our service. There is no substitute for excellence. "Know Right, Do Right" must be the guiding principle for all that we do. Thank you for all that you and your families have given for the Nation.

CPT Casey Arriaga (70B, Active Duty) – As Operations Officer of the 772nd Forward Surgical Team, CPT Arriaga led her team during their successful rotations at the JRTC with both the 1st Brigade Combat Team and 3rd Brigade Combat Team of the 101st Airborne Division. CPT Arriaga assumed the Executive Officer position of B Co. 101st Sustainment Brigade and immediately established the company's command supply discipline program. This was instrumental to preparing a company less than one year old for its OIF 05-07 deployment. As the company primary Unit Movement Officer (UMO) she deployed as part of the battalion advance party to Kuwait where she worked with the brigade deployment support team to develop a detailed UMO plan and points of contact for the follow on division force packages and UMO's to use. Finally, she successfully organized a transfer of authority with the 547th ASMC at five separate locations in northern Iraq.

CPT Michael P. Block (70B, Active Duty) – As the Ft. Jackson DENTAC Company Commander, CPT Block effectively managed the DENTAC, implementing the First Term Dental Readiness (FTDR) program. He manages 105 personnel and oversees operations for five dental clinics with 57 treatment rooms and accurately manages a $2.8 million budget. With a 150% increase in workload, CPT Block created the FTDR Tracker, briefed Initial Entry Training (IET) units, and implemented digital X-Ray devices. The FTDR tracker enabled the DENTAC to more efficiently treat Category 3 patients within the confines of their training schedules ensuring all IET students graduated dentally fit. The FTDR Tracker system was so successful that it was adopted by the Southwest Regional Dental Command.

Junior Officer Highlights

1LT Donald Busse (70B, Active Duty) – Deployed with the XVIII Airborne Corps in support of Operation Iraqi Freedom 1LT Busse served in the Multi National Corps Iraq (MNC-I) Surgeons Office as the Joint Operations Battle Captain. As an individual Augmentee, he adjusted quickly and took Joint Operations Center (JOC) to the next level by carefully managing his team of senior NCO's. Deployed during OIF III and IV for a total of 20 months, he was tasked to join the 18th Airborne Corps Surgeon's Section, as the Medical Battle Captain and later as the Executive Officer for the Medical Company supporting the 10th Brigade Support Battalion, 1st BCT, 10th Mountain Division.

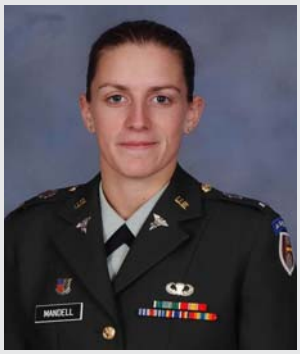
1LT Shawn Campbell (70B, Active Duty) – As a Platoon Leader assigned to the 32nd Medical Logistics Battalion 1LT Campbell deployed to OIF 04-06. 1LT Campbell established Forward Distribution Team Tallil, where his platoon was responsible for the combat health logistics and medical maintenance support of the Mulit-National Division Central South. He supported two Level III hospitals, two forward surgical teams, four Level II Area Support Medical Companies and 80 other combat or combat support units. He streamlined ground and air medical distribution to eight outlying Forward Operating Bases by establishing a non-doctrinal relationship with the 122nd Corps Support Group, 32nd MEDLOG Support Operations and the Corps Distributions Cell to synchronize Class VIII movement.

CPT Thad Collard (70B, Reserve) – CPT Collard served as a mobilized reserve officer working within the Force Integration Division, Western Regional Medical Command WRMC). His primary duties were the management of mobilized Soldiers supporting WRMC and the Force Integration Division of WRMC. He worked diligently to manage the USAMEDCOM requirements of Soldiers mobilizing and demobilizing from six-states and four medical treatment facilities. CPT Collard developed the USAR mobilization / backfill briefing to the Commanding General where previously none had existed for the weekly Operations Battle Update Brief and created a Mobilization webpage for WRAMC.

1LT Jessica Milloy (70B, Active Duty) – 1LT Milloy served as the Executive Officer and Treatment Platoon Leader for C Company , 25th Brigade Support Battalion, 25th Infantry Division during combat operations in support of Operation Iraqi Freedom II . As a Platoon Leader she effectively conducted all Relief in Place / Transfer of Authority activities with 3rd Brigade, 2nd Infantry Division. 1LT Milloy was instrumental in implementing the Army's MC4 and CHCS2-T system, resulting in the Medical Company becoming the first unit in the Army to successfully integrate this technology and send over 2,000 patient medical encounters from point of injury to the CHCS2-T database at Madigan Army Medical Center.

Junior Officer Highlights

CPT Kenneth Emerson (70B, Active Duty) – During the past year, CPT Emerson served as the Chief of the Materiel Management Branch of the Installation Medical Supply Activity, Ft. Sill, Oklahoma and HHC Company Commander. As Chief, Materiel Management, he was recognized by the Great Plains Regional Medical Command for increasing the medical readiness rate from under 70% to over 98% for over 200 National Guard Reserve and Active Duty units in the region. He also increased the Reynolds Army Community Hospital prime vender utilization rate from 50% to the MEDCOM goal over 70%, decreasing local purchases and the amount of line items stocked in the warehouse from 820 to 618. As Company Commander, he increased the units Fully Medical Ready rate to over 98%, the highest in the Great Plains Region.



1LT Rachael Mandell (70B, Active Duty) – 1LT Mandell was assigned to the 602nd Medical Company as Officer in Charge of the busiest Troop Medical Clinic (TMC) in Kuwait. During her tenure, the clinic treated more than 30,000 outpatients. She proactively addressed impediments to medical readiness by initiating and overseeing a Soldier wellness program, which screened over 500 patients identified at high risk for potentially harmful heart conditions. Her OIC responsibilities included managing 17 clinic improvement projects valued at $3 million. Upon redeployment, she was assigned to the 257th Medical Company (Dental Services) as the Executive officer, where she was instrumental in the 100% reconstitution of the unit as it recently redeployed in support of OIF II.

CPT Elvin Hernandez (70B, Reserve) – CPT Hernandez served as the Biomedical Information Management Officer, assigned to the 228th Combat Support Hospital, deployed to Tikrit, Iraq. To prepare the unit for its wartime mission he collected, organized and repaired over 200 pieces of automation equipment in less than four weeks with a staff of three Soldiers. Upon arrival to theater, the unit was able to establish and operational section in less than 36-hours, half the time required by FSOP. Additionally, he managed the installation of the most successful commercial network in the Task Force. Utilizing his advanced skills in network topology and software architecture, CPT Hernandez he is credited with establishing the most successful MC4 Health Care system in Northern Iraq.

1LT Rebecca Hicks (70B, Active Duty) – As the Strength Management Officer, of the 44th Medical Command (Rear Provisional) 1LT Hicks managed the personnel strength for a multi-compo unit consisting of over 2,000 officers and enlisted Soldiers comprised of ten battalion equivalent commands at eight installations across the eastern US. She was instrumental in tracking over 1,000 deployed soldiers from the 44th Medical Command in support of OEF and OIF, as well as ensuring personnel readiness of several subordinate units preparing for future deployments. As Battalion S-1 for the 8th Provisional Area Support Medical Battalion deployed to Arifijan, Kuwait, she processed actions for over 500 Soldiers, Sailors and Airmen working in Kuwait.

Junior Officer Highlights

CPT Katherine Howard (70B, Active Duty) – CPT Howard served as the Task Force 44th MEDCOM Chief of Operations, conducting Health Service Support Operations for 21 different clinics and seven Level III hospitals on over 50 different forward operating bases and camps throughout the Iraq Theater of Operations. In the absence of the TF medical plans officer, she acted as the lead medical planner for the OIF Force Generation Planning for OIF 05-07, where she established the medical footprint for future OIF rotations by developing a synchronized rotation schedule used to transition Health Service Support assets for the next 18 months. CPT Howard planned and executed the retrograde and redeployment of all OIF II units and the integration and onward movement of all OIF 04-06 units to their Relief in Place / Transition of Authority sites totaling over 6,500 Soldiers in 28 direct reporting units with equipment and rolling stock equivalent to 7 complete hospital facilities. She also managed and updated the TF44 G3 webpage providing the Common Operating Picture for the entire task fore, all after action reports and was the proponent for formal information requests from subordinate units and other headquarters.

1LT Erin Krebs (70B, Active Duty) – As Executive Officer of the 546th Area Support Medical Company 1LT Krebs successfully facilitated overseas preparation and movement into combat for the unit in support of OIF 04-05. She was responsible for the training and maintenance of 32 tactical vehicles, 14 medical equipment sets, and property valued in excess of $7.5 million. 1LT Krebs supervised the Reception Staging Onward movement and Integration (RSO&I) of the unit, downloaded 40 pieces of rolling stock upon arrival. During her tenure as Treatment Platoon Leader, she was responsible for the force health protection and evacuation to more than 7,000 Soldiers of the 3rd Infantry Division maneuver units in Baghdad and the Multi-National Corp- Iraq. With 2 indirect mortar attacks at FOB Liberty she effectively coordinated over fifteen wounded Soldier evacuations to Level III facilities.

2LT Zachary Labrayere (70B, Reserve) – As Platoon Leader of the 313th Medical Company (Ground Ambulance), 2LT Labrayere was one of the leading contributors of lesson learned on emerging doctrine regarding combat health support on the non-linear battlefield. He executed the most complex ground evacuation support plan within the Iraqi theater, fully integrating fourteen ground evacuation teams while meeting multi-echelon requirements at Level II and III medical treatment facility as well as within Combat Logistical Patrols (CLP's). 2LT Labrayere coordinated with supported units located in the northern and north-central sectors of Iraq to develop a ground evacuation support plan responsive to vulnerable points within the Sunni Triangle and up through Main Supply Routes to the Syrian and Turkish boarders.

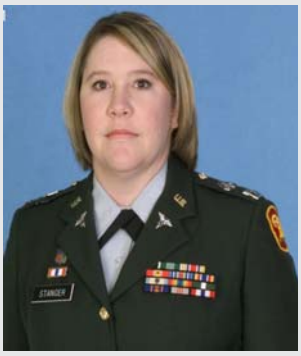
2LT Kelly Frutchey (70B, Active Duty) – As Battalion S-2 of the 16th Medical Logistics Battalion, 2LT Frutchey took the initiative to develop a security clearance tracking system which refined the way in which security clearances were processed tracked and maintained. In preparation for the Battalion external evaluation, 2LT Frutchey took the lead in assessing the battalion's perimeter defense posture and submitting a detailed report of her findings to the Camp Carroll installation force protection cell for correction of several key security matters. Following this position, she was selected to serve as the Battalion S-1. Overall, she developed a system for administrative actions tracking that enabled the S-1 Section to track on average 100 personnel actions each month.

1LT Brooke M. Clark (70B, Active Duty) – 1LT Clark served as the Executive Officer as well as Clinic OIC for the Bucca Detention Facility. In the Commander's absence 1LT Clark served as Medical Facility OIC with a population of over 7,000 Iraqi detainees, she also was a key member of the planning staff responsible for building a $1.5 million Level IV hospital at Camp Bucca, Iraq. As a result of her coordination with the MNC-I, MNF-I senior staff and Kellerman Brown and Route (KBR) countless numbers of Iraqi's have been given improved medical and dental care while in detention, restoring the trust and confidence in the military medical system in detention operations.

Junior Officer Highlights

CPT Alexis Shilley (70B, Active Duty) – CPT Shilley served as the Executive Officer for the 274th Forward Surgical Team and was the driving force behind their flawless support to the 82nd Airborne Division's Readiness Battalion (DRB) mission during several DRB cycles, ensuring forward surgical capability was available to the division at a moment's notice. She also planned and actively participated in the FST deployment to the Army Trauma Training Center, increasing the team's exposure to primary trauma cases and facilitating increasing team cohesiveness in a trauma setting. Additionally, she planned and organized 44th MEDCOM's first Commander's Conference, a vital forum for commanders to share information and lessons learned in garrison and combat operations.

CPT Greg Sprowl (70B, Active Duty) – CPT Sprowl served as the Executive Officer and S-4 of the 43rd Medical Detachment (Veterinary Services) deployed in support of OIF 04-06. His meticulous planning ensured that pre-deployment tasks were executed for unit personnel and equipment from three separate CONUS locations to ten geographically dispersed sites in Iraq. Upon arrival to theater, he opened all Class I-IX supply accounts that would sustain the detachments dispersed squads and ultimately mastered the intra theater contracting system to obtain needed supplies and equipment not available in the Army Supply system. As the unit information management officer he achieved connectivity among the detachments widely dispersed squads with NIPR, SIPR, DNVT phones, Thuraya and Iridium cell phones, VOIP and DSN phones.



CPT Kristina Stranger (70B, National Guard) – CPT Stranger served as the Executive Officer of the HSC 109th Area Support Medical Battalion, Iowa National Guard CPT Stranger. She has been instrumental in the company reset operations and reestablishing the company training plan following a successful deployment in supporting the 101st Airborne Division (AA) in northern Iraq. Her experience during the deployment was essential in preparing and training the 134th Medical Company for mobilization and deployment where she assisted in running convoy lanes.

1LT James Dresbach (70B, National Guard) – 1LT Dresbach served as the Patient Administration Officer to the 1st Battalion 635 Armor Division, Kansas Army National Guard. In preparing the unit for mobilization, he ensured all medical and dental records were updated and Soldier readiness processing was complete and input into MEDPROS. 1LT Dresbach managed medics to support a daily sick call while concurrently conducting mobilization training. Upon deployment to Operation Joint Guardian, Kosovo, he acted as the primary planner for Brigade MEDCAP's, officer humanitarian assistance to the people of Kosovo. He maintained one MEDCAP per month within the units AOR providing health care to over 1,200 patients and 950 animals. Additionally, he coordinated the first MEDCAP supported completely by Kosovo physicians facilitating efforts for transition to civil authorities.

Health Services Comptroller, Consultant to the Surgeon General

COL Daryl Spencer

The 70C Health Services Comptrollers (70C) continued their tradition of excellence in 2005, making significant contributions to the Army and the AMEDD worldwide, both inside and outside of the financial arena. In 2005, 70Cs were involved in a broad spectrum of functions to include: MTF financing, management of the next generation of TRICARE contracts, Defense Health Program fiscal policy, multiple deployments to Operation Iraqi Freedom, rebuilding the medical infrastructure of Afghanistan, detainee operations in Cuba, and a whole host of other activities in the Global War on Terrorism (GWOT). 2005 saw the multi-talented, multi-faceted 70C community working in every arena known, and in some cases, new to the Army as a whole.

In 2005 Medical Comptrollers managed over $7 Billion dollars to concurrently run the direct care system hospitals, support military medical training, and support ongoing military operations. The comptroller community successfully managed and defended the FY05 AMEDD budget in a year that saw unprecedented scrutiny of Defense budgets by the Office of the Secretary of Defense (Comptroller) and the Office of Management and Budget. Comptrollers also planned, organized and controlled the expenditure of over $440M in support of GWOT. The typical MTF managed by a Health Services Comptroller has a budget in excess of $125M.

The 70C community rose to each challenge and performed beyond expectations in FY05. Despite the numerous operational and financial challenges, the 70Cs continued their tremendous support to the Global War on Terrorism and the AMEDD. FY 06 and the subsequent years will prove even more challenging, but the 70Cs stand ready to undertake every mission. Areas of interest:

Promotions:

Once again comptrollers had a very good year for promotions. CPTs Brad Beauvais and Russ DeVries were both selected for promotion to Major. All four of the majors in the primary zone for the FY04 Lieutenant Colonel promotion board were selected. Congratulations to MAJs John Guardia, Bryan Longmuir, Jeff Roberts and Rick Starrs. LTC Scott Cass and LTC Tal Mindingall were selected for promotion to Colonel.

Global War on Terrorism:

Numerous 70Cs were deployed in support of major combat operations and support operations in 2005.

Operation Iraqi Freedom. COL Casper Jones is currently in command of the 86th Combat Support Hospital which deployed from Fort Campbell, KY to Iraq. CPT Tim Hunt is currently deployed as the comptroller for the 44th Medical Command and

MAJ Bryan Longmuir redeloyed from this position to assume the duties of the Executive officer for the 28th Combat Support Hospital. MAJ Terrence McDowell served as the Commander for the 498th MEDEVAC Company. MAJ John Melton is also currently deployed as the comptroller for the 62nd Medical Group which is supporting operations throughout the Southwest Asia Theater of Operations. CPT Heidi Mon is currently serving as the comptroller for the 30th Medical Brigade.
Operation Enduring Freedom. LTC Jack Trowbridge deployed to Afghanistan and is serving with the Ministry of Health assisting in the rebuilding of that country's medical infrastructure.
MAJ Jeffrey Zottola deployed to Cuba and is serving as a comptroller in support of detainee operations.

Command:

Field grade commands: COL Ron Eskew is presently the Commander for Weed Army Community Hospital at Fort Irwin, CA. As mentioned earlier, COL Casper Jones is the Commander of the 86th Combat Support Hospital and MAJ Terrence McDowell recently relinquished command of the 498th MEDEVAC Company.
Company grade commands: CPT Sean Casperson is presently the Commander of Company C, Landshtuhl Regional Medical Center.

TRICARE Leadership

COL Elias Nimmer was selected as the special assistant to the Assistant Secretary for Health Affairs, Dr. William Winkenwerder.
The implementation of the TRICARE Next Generation contracts saw a reduction in the number of TRICARE regions from 12 to 3. LTC Samuel Eden was assigned to TRICARE Regional Office (TRO) West and LTC Terrence Flanagan was assigned to the TRICARE Regional Office-South. Both regional offices manage all contractor issues and MTFs within its TRO region.

Army Staff Officers:

COL Denise McCollum serves as the Medical Program officer in the Office of the Assistant Secretary of the Army for Acquisition, Logistics, and Technology (ASAALT). LTC Ed Woody continued his duties as the Aide to Undersecretary of the Army for Manpower and Reserve Affairs, Mr. Brown. LTC John Butler completed his tour as the Medical Programs Analyst in the Program Analysis & Evaluation Directorate within the Army G-8.

Congressional Liaison Officers:

LTC Rick Starrs continues his service in the Programs Division of the Office of the Chief, Legislative Liaison (OCLL). The mission of OCLL is to engage Members of Congress and their staffs to gain Congressional support for Army budget, plans, programs, and policies by formulating, coordinating, and supervising the Army's relationship with Congress. Rick's Division is responsible for providing liaison with the Armed Services Committees of Congress as well as serving as the primary point of contact for the Army with Members of Congress, their staffs, and all relevant committees except the appropriations committees. LTC Starrs' portfolio includes all medical/health care programs, chemical demilitarization, and chem/bio programs. The benefit to the Army/AMEDD is being able to help shape Congressional perceptions of the Army and Army medicine to the extent that Congress will

support Army initiatives, programs, and policies with resources and legislation.

PhD Programs:

LTC Bob Griffith completed his PhD training at the University of Texas at San Antonio in 2005 and recently joined the Baylor faculty. MAJ Kevin Broom is in his final year at the University of Mississippi and CPT(P) Brad Beauvais started the second year of his PhD program at Penn State University. Upon graduation, these two new doctorates will also become instructors at the U.S. Army Baylor Program.

Baylor University/University of Texas at San Antonio dual MHA/MBA:

CPT Heidi Mon, CPT John Lee and CPT Matthew Gorski all successfully completed their MBAs as part of their Baylor/UTSA dual degree program.

MAJ Mike Hogan and CPT James Craig completed their first year at Baylor are presently in the second year UTSA MBA phase of this dual program.

MAJ Ronald Goding, CPT Michael Coe, CPT Colleen Richenberg and CPT Fayette Frahm all started their first year at Baylor. This program is currently under revision for the second year MBA program.

Internships:

MAJ Michael Hughes and CPT Rebecca Terry both successfully completed their intern year and their oral boards. Both officers were recently awarded the 70C AOC. The board was conducted at the AUSA conference.

CPT Tamara Lewis, CPT Matthew Curlee and CPT John Lee all started their internship programs at DDEAMC, MAMC and BAMC, respectively.

Intermediate Level Education:

In order to meet current operational needs, the Army changed the structure and content of Command and General Staff College. The new course is now called Intermediate Level Education (ILE) with a variety of ways for attendance and completion. The 70C community did real well with eight officers selected for ILE: MAJ Belew, MAJ Hughes, MAJ Paek, MAJ Robinson, MAJ Schilling, MAJ Sheridan, MAJ Stratton and MAJ Wodarz.

Previous Page: Col Casper Jones, Commander 86th Combat Support Hospital escorts Secretary of State Condoleezza Rice on a visit to the patients and staff of the hospital in Iraq. **Facing Page:** 1. MAJ Ron Goding and CPT Mike Coe, Fort Sam Houston, TX 2. LTC Robert Griffith, Fort Sam Houston, TX
Above: 1. MAJ Bryan Longmuir and CPT Tim Hunt, Baghdad, Iraq. 2. MAJ John Melton is recognized by LTG Kiley at Camp Arifjan, Kuwait 3. LTC Longuir, Baghdad, Iraq.

Junior Officer Highlights

CPT Burke L. Bristow (70C, Active Duty) –As the Deputy Chief, Resource Management Division, Tripler Army Medical center CPT Bristow led several multi-functional teams that tackled some of the most difficult fiscal challenges this facility ever faced. He led a team that developed nearly $5 million in deficit reduction, enabling the hospital to continue to provide high quality patient care without reducing access. He also led his resource management team as they conducted a 100% review of the hospital's contract program consisting of nearly 500 contracts with an annual value of over $70 million. CPT Bristow used an innovative electronic form and locally adapted it to aggregate data necessary for his budget team to review. This analysis saved the hospital $1.5 million. Finally, CPT Bristow assembled a team that aggressively educated and marketed the use of the Defense Travel System to the hospital staff resulting in the hospital's resource management team's recognition from DFAS for their efficiency in processing travel vouchers and settlements.

CPT Shelley Mizelle (70C, Active Duty) –Serves as the Chief of Resource Management Division, Reynolds Army Community Hospital were she is directly responsible for the planning, programming and execution of an $88 million budget, supervising a staff of 16 GS employees, the manpower management of over 1,200 employees and the data quality plan within an 86-bed hospital. Immediately upon her arrival, she bean preparing for the FY'04 year end closeout and successfully ended the budget year with $1.2 million during the most financially constrained fiscal year since 1996. In addition, she energized the clinical staff to begin planning for the unexpected demobilization mission of 3,000 activated Reservists. After MEDCOM announced the reduction of 24 nursing requirements, she was able to justify the retention of 12 of these requirements. Her efforts resulting in no manpower losses in nursing staff for the hospital and an increased the operational bed fill rate from 40% to 65 percent monthly.

CPT Andrea Castillon (67J, National Guard) – CPT Castillon is assigned to the Office of the Command Surgeon, National Guard Bureau in Arlington, Virginia where she currently serves as the Community Based Health Care Organization (CBHCO) Manning Coordinator. By managing this program, she ensures that each individual Reserve component Soldier is given world class health care and that Soldier's medical cases are managed in an area that allows them to be surrounded by family and friends while undergoing treatment close to home. This database encompasses over 500 personnel and fifteen different medical specialties. She also provides timely updates on over 5,000 cases currently managed by other CBHCO's and serves as a member of the DA Tiger Team reporting on medical holdovers to Office of The Surgeon General. Her proactive planning model continues to be directly responsible for the enormous success of this program and ensures that Solders are given quality health care in an area that is nearby their families upon returning from combat.

1LT Valora Vomastic (70B, Active Duty) – 1LT Vomastic served as the Treatment Platoon Leader for Charlie Company, 407th Forward Support Battalion (Airborne). As MEDPROS OIC, she enforced rigid standards in medical readiness which has resulted in her unit maintaining a 96% FMR rate, the highest in the 82nd Airborne Division DISCOM. She also ensured that 100% of her medics were trained and ready to perform their wartime mission through the conduct of multiple live fire ranges, airborne operations and SACMS-VT training. Additionally, she established new standards in organizational maintenance, supply accountability and realistic training within her platoon. As Medical Readiness OIC during the Division's deployment to Hurricane Katrina relief efforts, she was instrumental in the predeplyoment vaccination of 3,500 paratroopers and supervised the company medics and providers throughout 72 hours of continuous operations to ensure mission success.

Junior Officer Highlights

CPT John Zillhardt (70B, Active Duty) – CPT Zillhardt was assigned to the 64th Medical Detachment (Veterinary Service) as Executive Officer. CPT Zillhardt coordinated scheduled and unscheduled maintenance on 16- M998's, utilizing contract maintenance and directed procurement of over $45K in Class IX, and as a result the unit deployed 100% fully mission capable. He executed the installation of the 3-point seatbelt and procured the appropriate equipment for several M40 mask modifications, as well as prepared for the gauging and repair of 30 M16A2 rifles. CPT Zillhardt established and led weekly command maintenance on the unit's tactical vehicles at Camp Arifjan. Additionally, he identified and corrected long-standing deficiencies in the installation property book, ensuring that over $88K of property was accounted for.

CPT Darrin Vicsik (70D, Active Duty) – As Deputy Assistant Chief of Staff G6, for the 44th MEDCOM CPT Vicsik served as an integral agent in the Tasks Forces' ability to collect over 40,000 electronic patient encounters in the Theater's transition from paper to electronic health record using the Army's Medical Communications for Combat Casualty Care (MC4) system during Operation Iraqi Freedom 04-06. He also worked diligently with the command to submit an Operational Needs statement that allowed the repair and restoration of digital teleradiology in theater by allowing a technician to repair previously deployed systems which were later used in four Level III facilities that did not have this capability. Additionally, CPT Vicsik developed a consistent monitor of information management organizational readiness across ten direct reporting units by initiating a daily Communications Status requirement.

1LT Hannah Bassford (70B, Active Duty) – 1LT Bassford served as the company Executive Officer for Bravo Company, 168 Medical Battalion (Area Support) at Yongson, Korea. As Acting Commander, she received notification that her unit would deploy to Ache Province Indonesia to provide medical support to victims of the devastating earthquake. She began preparing her unit for an out of country deployment, which was unprecedented in the 18th Medical Command. IL T Bassford ensured that all tasks force deployment data was entered into Transportation Coordinator's Automated Information for Movement System, and as Motor Officer supervised a massive maintenance effort during a harsh winter that ensured all task force vehicles and equipment were prepared to be airlifted to the Island of Sumatra.

1LT Rebecca Stewart (70B, Active Duty) - 1LT Stewart served as Company Platoon Leader and Executive Officer (XO) of the 36th Area Support Medical Company (Airborne). Upon arrival in Iraq in support of OIF, she executed a rapid transfer of authority and took control of two Forward Operating Bases (FOB's) Medical Treatment Facilities (MTF's) covering an area of 300 miles providing Level I and II care to more than 5,000 coalition Soldiers. These clinics treated more than 8,000 patients during the course of the year. While serving as XO 1LT Stewart processed more than 70 Soldiers for R&R leave, tracked and processed 80 awards, 25 NCOER's and 15 OER's. She has personally assured the execution of more than 150 FRAGO's, meeting battalion suspense's for all actions to include Unit Status Reporting, personnel movement requests, risk assessments, equipment movement, and emergency leave. Additionally, she coordinated in excess of 30 convoys and was responsible for convoy briefings including Intelligence Updates, and route security updates. As Maintenance officer her company logged over 8,000 miles with zero accidents or break downs.

Health Services Systems Management (70D), Consultant to the Surgeon General

COL Charles C. Hume

2005 has proven to be another exceptional year of activity and service for officers in the Health Services Systems Manager (70D) AOC. Our officers have continued to demonstrate a tremendous capacity for innovation and creativity, for challenging existing paradigms with perseverance and tenacity, and for adaptability in meeting the demands of our Army at war. We have officers deployed around the world supporting Army missions in peace, war, nation building, and research and development. With just over 100 officers in the active component, it is a small AOC, but one that is increasingly valued by leaders throughout the AMEDD. This value is reflected in the increasing number of authorized positions commanders are willing to allocate to the AOC. This is a result of the outstanding work and the significant impact each officer is having in their assignments. It is an honor to work with and support them in their efforts.

The most critical function of the 70D is to provide and manage the Command and Control, Communications, Computers and Intelligence (C4I) functions in theater, thereby supporting and enhancing the accomplishments of Army Medical Department (AMEDD) organizations. Just as important, we are also transforming the ways in which we deliver information management services within the US Army MEDCOM to take on the many new missions and duties that are coming our way in this era of increasing automation of business processes. Additionally, this year we have taken on significant responsibilities supporting the Army Medical Department's role in Homeland Security by dealing with natural disasters of Hurricanes Katrina and Rita.

Support to Theater:

Over half of the 70D's have now deployed one or more times to support OIF and OEF. Their tireless support to these operations and the effectiveness of their performance has brought significant enhancements to operations in the Theater.

To support GWOT and the transformation of units in Theater, we have deployed more than 9,000 Medical Communications for Combat Casualty Care (MC4) systems to over 250 medical units throughout Southwest Asia. Meanwhile, the MC4 Product Management Office has trained more than 10,000 medical and ancillary personnel, providing medical units the advantage of using automated systems to electronically capture health care delivery in the battlefield. In May, the 86th Combat Support Hospital (CSH) began using MC4 to become the first fully deployed hospital in the history of American warfare to electronically capture service members' healthcare using the joint medical software (Theater Medical Information Program) in its facility. From May to September, the 86th CSH has used MC4 to facilitate and document more than 25,000 patient encounters, 10,000 radiology procedures, 28,000 prescription orders and 70,000 lab results in CHCS II-T.

Software upgrades enabled the transfer of standard inpatient data records to a permanent patient information repository. This feature provides physicians access to patients' digital records of treatments and conditions, and provides Soldiers with permanent, comprehensive medical records. Combatant commanders benefit greatly from increased access to information that provides global access to near real-time medical situational awareness. Our officers were at the forefront of this effort; clearly, we have had a marked and noteworthy impact on deployed service members, medical and ancillary professionals, and all levels of leadership.

LTC Mike Fravell led an effort to develop and deploy the Joint Patient Tracking Application to the Theater and then to migrate ownership and responsibility to the MHS so all Services could benefit from its capabilities. This is a web-based system that collects, manages, analyzes, and reports healthcare data and information on patients evacuated to sustaining base medical facilities from OIF/OEF.

In addition to GWOT operations, 70D officers

assigned to the 44th MEDCOM in Iraq have been heavily involved in nation building work with the Iraqi Ministry of Health, working to establish communications to support their military and civilian medical functions.

Support to Sustaining Base:
In December 2004, we held a planning off-site with senior military and civilian members of the AMEDD IM/IT community. The focus of the meeting was on developing strategies for reengineering the ways we deliver the basic infrastructure services that account for the majority of our costs and our work. We refer to this functional business area as IT Enabler, and it includes all the devices, networks, and capabilities that support all MEDCOM functional areas. Our target is to have work done in appropriate centers of excellence, freeing local assets to provide more effective and responsive support for local requirements. Throughout the year we have worked to flesh out the details of the broad strategies laid out at that meeting. We have developed initiatives to standardize and centralize many of the IT functions such as desktop management, service desks, security, server operations, and networking. Funding has been made available and we are starting to deploy proof-of-concepts that will serve as the basis for significantly reengineering our delivery of these services throughout the command.

Throughout the year we continued deployment of CHCS II, the MHS flagship application, across the MEDCOM. Twelve additional locations were completed in 2005, leaving only ten sites to complete in 2006. The Army will be the first Service able to take full advantage of this capability. Additionally, we are working with Logistics on development and fielding of TEWLS; with Personnel on DMHRSi; with TRICARE Management on deploying and using TRICARE On Line; with Preventive Medicine on DOEHRS; with Personnel and Operations on MODS/MEDPROS; and with numerous other AMEDD functional communities on enterprise solutions that will support their efforts to improve and standardize business processes across the command. The influence of 70D officers is truly far-reaching and involves all functions in the AMEDD.

Support to Homeland Security:
Following the Hurricane Katrina disaster in New Orleans, and continuing with Hurricane Rita, the 14th Combat Support Hospital was tasked to provide emergency medical support for evacuees and for emergency response personnel. A critical aspect of this mission was to establish communications with the entities

Above: 1. CPT Vicsik with the Iraqi Surgeon General, BG Samir; 2. BG Granger, Commander, Task Force 44th, tests the MC4 in Iraq; 3. CPT Erik Russell (70D) and wife, 1LT Rosario-Ruiz (70B) with Iraqi Surgeon General. Both are with 44th MEDCOM; 4. MC4's Assistant Product Managers MAJ Wilson Ariza (70D) (far right) and MAJ Kevin Watts (70D) (second from left) meet with the MC4 training and support team in Kuwait.

Above: MAJ Tim Rapp, Project Manager, presents the Wireless EIC to General Cody. The PIC and WEIC were selected as one of the "Army's Greatest Inventions of 2005". The PIC and WEIC represents the vision of the President and the Department of Defense. The Wireless Electronic Information Carrier (WEIC) is a wireless data storage device the size of a dog-tag that is capable of storing up to 8GB of data; however, the real power of the WEIC is its ability to securely and wirelessly read & write data within a range of 10 meters of a medical devices such as the Battlefield Medical Information System Telemedicine (BMIST) and the Composite HealthCare System II-T. It also has a universal physical interface which ensures its compatibility with any COTS/GOTS IT products as well as its use when wireless communications are not available.

involved in the relief effort, with supporting civilian and military medical agencies, and with command and control organizations, since existing communications infrastructure was largely destroyed. CPT Todd Snigg, a 70D, was tasked with accomplishing this mission, which was a noted success in the federal relief effort.

Education:

This year's 70D professional short course was held in conjunction with the Annual Conference of the Healthcare Information and Management Systems Society in Dallas, TX. Our Corps Chief, BG Sheila Baxter, was our featured speaker providing insights into Army and AMEDD transformation, financial and leadership challenges we face, and the continually evolving role of the 70D as part of the Corps.

Twelve officers attended the Medical Information Management Course, completing the basic requirements for award of the 70D AOC. This course included four RC officers, continuing the expansion of the AOC into the RC and increasing the integration between AC and RC units and individuals.

One of our 70D officers, MAJ Nanette Patton, was selected for a Rand Corporation fellowship and began that opportunity in July 2005. She is focusing her study and analysis on strategic infrastructure opportunities.

MAJ Eric McClung and CPT Scott Kruse completed their dual track educational program with a Masters of Healthcare Administration from Baylor University and a Masters of Information Systems from the University of Texas at San Antonio.

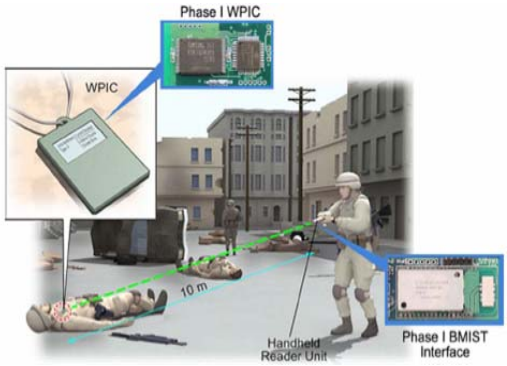
COL Jose Lopez completed his Senior Service College assignment at the Department of Health and Human Services, the second 70D to complete this education, and is assigned as the Deputy CIO and Deputy ACSIM of the MEDCOM.

Recognition:

MAJ Tim Rapp led a team developing the Wireless Electronic Information Carrier (WEIC), which was selected as one of the Army's 10 greatest inventions of the year. The WEIC is a wireless data storage device the size of a dog-tag that stores patient care information and communicates wirelessly with medical devices at all echelons of care. In addition, once the WEIC patient visibility capabilities are activated by the medic, the patient can be tracked in real-time along the evacuation route

and within medical facilities, greatly improving command awareness of Soldier disposition.

MAJ David Broyhill was selected as the outstanding 70D officer of the year for his outstanding work as the Information Management Officer at the Fort Sill MEDDAC.



Seven officers were selected for promotion to Lieutenant Colonel; one Colonel was selected for an Acquisition command position; another Colonel was selected for a TDA command. These successes reinforce the fact that 70Ds are fully competitive for promotion and their contributions to AMEDD missions are understood and recognized.

Conclusion:

The efforts and accomplishments of 70D officers continue to lead the Army and DOD in meeting ever-increasing demands for automation in all its various forms. I appreciate the work you do to ensure the accomplishment of all AMEDD missions.

CPT Mary Johnson (70D, Active Duty) – CPT Johnson was assigned as the Deputy Chief Information Officer for Business Operations at Tripler Army Medical Center and as the Battalion S6 for the 32nd Medical Logistics Battalion during Operation Iraqi Freedom. She oversaw planning and execution of the hospitals Departmental Systems Analyst reorganization, cell phone transition and negotiations for a new Base Operations agreement. While deployed her technical expertise in communications and automation systems ensured sustainment of critical C2 connectivity and medical logistics systems resulting in unprecedented success of combat health logistics. Additionally, she led the outfitting of communications and automation of a new Battalion Headquarters Logistics Support area as well as coordinated for the Battalion to be raised on the base priority list for connection to fiber and copper cable resulting in the installation of digital and DSN phones improving the reliability of daily communications.

CPT Mark D. Mellott (70D, Active Duty) – While serving as the S6 for the 28th Combat Support Hospital , CPT Mellott identified improvement opportunities for the reconstitution of the 28th CSH assets following their redeployment from Operation Iraqi Freedom. CPT Mellott designed a life-cycle replacement pan for existing computer assets, properly documented and transferred over $200,000 in aged and obsolete equipment to the Defense Reutilization and Marketing Office, and received approval for his financing request to upgrade or add 47 new computers to enhance the effectiveness of the newly configured CSH. While deployed to the Joint Readiness Center, he led an undermanned team of junior enlisted signal operators to assemble and provide state of the art communications support such as high speed LAN, video teleconferencing, NIPR and SIPR for the hospital. Throughout his deployment with the 44th MEDCOM he was called upon at different times to assume the duties of S3, Executive Officer, and Company Commander.

Patient Administration (70E), Consultant to the Surgeon General

COL Sheila A. Hobbs

This has been an awesome year for the Patient Administration field. There have been so many changes and greater opportunities to excel. Our promotion potential and relevance to the Army is seen more now than ever before. Key leaders in our Major Command have approached me and expressed to me the truly spectacular achievements being accomplished by our officers. As I come on board I am amazed by the level of expertise exhibited by so many young officers. We are being asked to work in jobs outside of our AOC which is only a testament to the skills and versatility of the officers in our AOC.

Several of our senior officers retired in 2005. COL Carlos Arroyo (our most senior PAD officer), COL Burton Briggs, the former PAD consultant, LTC James Startcher, and LTC Michael Griffin. We bid farewell to these outstanding career PAD officers and wish them well in their future endeavors.

Change of Consultants:

Colonel Burton Briggs handed over the reigns to me in August. PAD's fast moving train was guided very competently by COL Briggs. His leadership was comforting to all of us as we headed into these dynamic times of Army transformation and deployments. BG Baxter has asked each of the consultants to ensure that we are ready and relevant to the needs of today's changing Army. His untiring …initiatives, and selfless dedication to his duties as a consultant, helped to ensure that PAD officers were always placed in positions that best met the needs of the Army Medical Department. We wish Burton and his wife, much success as they transitions to the retirement world. Thanks Burt for all your hard work.

Deployed 70E's:

In keeping with BG Baxter's theme of ready and relevant Corps, we must take the time to salute those officers that are currently deployed and or support other missions. Most recently three PAD officers were deployed to support the Hurricane Katrina disaster. MAJ Stephen Oats and MAJ Alice Ledoux are both serving with their war tracer unit and CPT Joy Williams is currently serving on-board the USS Comfort. LTC Rick Clabaugh, MAJ Raquel Ernest, MAJ Ed Clyatt, MAJ Joseph Williams, MAJ Jeffery Shields, MAJ Richard Wilson, MAJ Mario Mesa, and CPT Pagotto are all deployed in support of operations Iraq Freedom and Enduring Freedom. Each of these officers is showing what the PAD community has always known; quality is high among our officers. We have several PAD's preparing to deploy in the near future. MAJ Ellen Daly, MAJ Marsha Dorough, MAJ William Uptergrove, MAJ John Miller, CPT Robin Williams, and CPT Patrick Musisi, we wish you god's speed and I know that you will all serve us well and we are proud of all of you.

Reserve Component PAD Officers:

As the Global War on Terrorism (GWOT) continues, the lines that used to differentiate the Active Component (AC) from the Reserve Component (RC) become fainter. This meets one of the Corps priorities established by BG Baxter last year, Integration. With this blending also comes a better understanding which improves our communication and leads to the sharing of ideas and concepts which enhances leader development (two more Corps priorities). It is with pride that I say you can't tell us (AC and RC) apart on the "playing field". During FY05, 20 RC PADs (not affiliated with RC units) have been mobilized and/or deployed in support of Operation Noble Eagle (ONE), Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF). CPT H.R. Grimm is with the 228 Combat Support Hospital (CSH) in Iraq. LTC Alvin Tucker is at LRMC. LTC James Earle was in Afghanistan. MAJ Karen Plante was in Kuwait. LT Freya E. Mallow is at William Beaumont Army Medical Center. MAJ Dom Genovese and CPT Alan Harshany are at EAMC. LTC Marvin Alexander is serving on the OTSG-MEDCOM staff. These are just a few of the RC PADs who are serving but they represent many who are ready and willing.

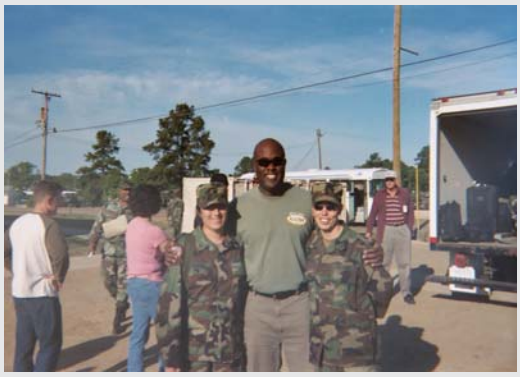
The first Corps Value is Competence. In line with this, the PAD school has trained more than 30 RC PAD officers this year. Also this past year, the 228 CSH (FT Sam Houston), 344 CSH (New York City), and the Division Surgeon cell and Command Health Support Level II of the 42 ID (New York City) received the pre-deployment training conducted in tandem by PASBA and the PAD cadre.

My thanks go out to Army Reserve LTC Chris Martin, II, who retired this year. LTC Martin served as an IMA to GPRMC. It is because of his persistence that the Reserve Training Centers now are providing TRAC2ES training.

To quote LTG James R. Helmly, USARC Commander, "We are no longer weekend Warriors; we are Citizens first, Warriors always. Honor is never off duty."
Promotion opportunities are better than ever for all ranks. The promotion potential of PAD officers continues to hover at 60% for LTC and 80% for MAJ. The key continues to be how well you do in each job and assignment. We have had several officers get selected that have had multiple types of jobs. The 70E histogram shows we are right on target in the majority of our year groups.

We would like to congratulate the following officers selected for promotion to the ranks of MAJ and LTC this year: LTC Gerald Gruber, LTC Reginald Coffey, LTC Christopher Amaker, and MAJ (P) Joseph Graham for their selection to the rank of LTC. There were five officers selected for promotion to Major: MAJ Thomas Porter, MAJ William Uptergrove, MAJ Kirk Webb, MAJ Eric Wallis and MAJ Evans Trammel.

Deployments:
MAJ Raquel Ernest was selected for resident Intermediate Level Education (ILE). I would like to extend a big congratulation to MAJ Ernest as she completes her deployment and continues on to school. We have several officers that are supporting the force in non-traditional PAD assignments. LTC Cheryl Taylor-Whitehead is currently serving as the DCA at Ft. Erwin, CA; LTC Bonita McLarin is serving as a Battalion Commander in Camp Walker Korea; LTC John Alvarez is the DCA at the Health Clinic in Vicenza, Italy; LTC Rick Claubough is serving as the XO for the 249th CSH; LTC Christopher Davis, IG, LRMC; MAJ Deidra Briggs-Anthony, IG, WRAMC; MAJ Michelle Greene is the Executive Assistance to the Deputy Surgeon General and MAJ Carolyn Foto is the XO of the 31st CSH, just to name a few. Congratulations to each of you. You are doing an outstanding job.



Above: 1. Major Geronimo Mateo, 5th from left, Hawaii National Guard at MEDCAP Exercise in the Philippines; 2. COL Pollyanne Marcieski, 1st row holding statue on right; 3. LTC Chris Amaker, center, at JRTC exercise conclusion; 4. LTC Mark White, standing 5th from left, in Iraq with the 28th CSH

Records Management:
On December 13, 2004, the 121st General Hospital's, Patient Administration Division set a precedence in shipping medical and dental records for deployed units. 2nd BCT records were shipped to Ft. Carson, Colorado, where the records are to be maintained until the Soldiers return from their deployment to Iraq. Prior to shipment, each record was inventoried, checked and re-checked numerous times to ensure all were accounted for in the transfer. Transfer of the medical and dental records with the Ft. Carson PAD and DENTAC were coordinated by the 2nd BCT records liaison, SGT Charles Hollingsworth, who was also the NCOIC for the duration of the 2nd Infantry Division SRPs. Upon arrival at Ft. Carson, the medical and dental records were stored in the hospital's logistics area where they were inventoried once again ensuring every record was accounted for. SGT Hollingsworth accounted for 100 percent of the 2nd BCT records turned over to PAD during the SRPs. There were well over 9,000 medical and dental records shipped, this in itself is an outstanding accomplishment considering the number of records and the different personnel involved.

Commercial Patient Movement process at Fort Hood:
Darnall ACH receives patients from OIF/OEF through Germany two to three times a week arriving at the airport in Austin, Texas, approximately 60 miles from Fort Hood. Prior to Aug 05 the process for retrieval of commercially regulated patients was to notify each individual unit and have them send a vehicle to that airport. It was decided that the resources expended through this process were excessive because some flights had patients from multiple units which required that more than one unit send a representative to pick up their Soldier. The drivers changed every day and were not familiar with the routes, parking, etc. Starting 01 Aug 05 the Fort Hood Transportation Motor Pool (TMP) took on this task. They send one vehicle to pick up the patients and deliver them to the hospital. The units are notified and arrangements are made for representatives to be present at the hospital to meet the patients. Since the TMP has become involved, the efficiency of the process has improved dramatically with Kudos from Soldiers, unit representatives, and the MEDEVAC team at Darnall ACH. Another improvement in the commercial flights has been the arrival of the patients at the Killeen-Ft Hood Regional Airport which is a shared facility with Robert Gray AAF about 10 miles from DACH.

New and ongoing initiatives:
The US Army Patient Administration Systems and Biostatistics Activity (PASBA): PAD Tool. The PASBA developed the Patient Administration (PAD) Tool for deployed units that lacked connectivity to the Composite Health Care System (CHCS). The PAD Tool enables the deployed medical unit to electronically capture their inpatient and outpatient workload, and enables the unit to print standard medical forms for the patient's medical record. The PAD Tool was developed to the most common Army desktop image to ensure operational compatibility with deployed hardware. This tool can be used on stand-alone desktop/laptop or a networked server. The PAD Tool will generate an electronic file that emulates a Standard Inpatient Data Record (SIDR) and a Standard Ambulatory Data Record (SADR). Internet connectivity is required to transmit these electronic files to PASBA. The electronic text files are processed into the PASBA SIDR and SADR data repositories when received from the deployed units. This data is used for reporting and trending requests received from Army or other organizations. The PAD Tool was the Army's initial attempt to electronically capture deployed unit medical data. The PAD Tool was being used in 8 of the 9 deployed Level III medical unit sites, as of the end of Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF-2). The PAD Tool has since been replaced by CHCS2T and NT. POC: Mr. Chuck Blagg

On-line Coding Training Program:
The PASBA, working in conjunction with 3M and McStrategies developed an on-line training tool. The intent of the tool is to provide individuals involved with documentation, coding and billing within the Army Medical Department medical treatment facilities (MTFs) training to improve

their skills. For example, it assists coders and billers in improving their skill sets and allows them to prepare for credentialing examinations. The tool is also available to assist physicians in improving their documentation practices. As a bonus, the online availability also provides the opportunity for any service member, retiree or family member with an AKO address that is interested in learning coding skills. POC: Mr. Royce Staley

Coding Compliance Editor (CCE):

The PASBA serves as the AMEDD Functional Representative for CCE. The CCE is a Commercial Off The Shelf (COTS) product with expert system logic-based coding and classification. It provides the Army with a tool to improve coding accuracy and increase data quality. It also facilitates correct coding and billing, and reduces the risk for non-compliance as well as improves revenue generation. During 2004, the Army chose Reynolds Army Community Hospital at Fort Sill, Ok to serve as the AMEDD's Fort, Fit, and Function Site for CCE.POC: Mr. Royce Staley

Deployment Training to support OIF II & III:

The PASBA, working in collaboration with the Patient Administration Branch, AMEDDC&S, MEDCOM and OTSG PAD, developed the Patient Administration Deployment Training to support OIF II and III rotations. Training was provided to all medical facilities (Level II and III) PAD personnel, prior to their deployment, to ensure familiarization with medical records processing, patient evacuation and tracking and other patient administration topics. The "Just in Time" Deployment Training has been credited with improving the readiness of 91Gs and 70Es supporting both operations. POC: MAJ Deborah Wesloh

Deployed Unit Inpatient Records:

In March 2004, PASBA began receiving the inpatient records from OEF/OIF Level III medical facilities. By the completion of FY 2004, PASBA had received over 13,000 records. To date, PASBA has received 27,000 and processed 20,000 inpatient medical records from Army and Air Force Level III MTFs in theater, with the Navy pending. The data extracted from the records is used to populate the Trauma Registry, for OIF/OEF soldier disposition analysis, to determine future casualty models, and decision support for various command issues. POC: Ms. Carolyn Enloe

Data Retrieval and Analysis:

The PASBA provided over 650 data retrievals for the AMEDD. The Customer ranged from OTSG/MEDCOM staff to facility–level customers. The PASBA produced the Military Health System Utilization report which views the top 100 diagnoses and procedures for inpatient and ambulatory care. The report is used extensively by AMEDD MTFs. POC: Mr. Ronnie James

Staff Assistance Visits for Coding, Provider Documentation and Workload:

The PASBA provided Staff Assistance Visits (SAVs) for Europe Regional Medical Command, Fort Sill, Fort Lee, Fort Monmouth, Dwight David Eisenhower Army Medical Center, Fort Belvoir, and Fort Jackson. The SAV consisted of lectures to the senior staff, providers and functional proponent at each facility. The PASBA also provided consultation for specific clinics throughout the MTF. During the SAV's PASBA assessed the facility's changes in coding patterns and workload accounting after implementation of CHCS II. POC: Mr. Ronnie James

Conclusion:

The 70E community continues to provide diverse jobs and opportunities to our officers. I appreciate all the hard work done by everyone. Thanks for a job well done!

Human Resource Management (70F), Consultant to the Surgeon General

COL Larry Bolton

This has truly been a banner year for our profession. In my many encounters with AMEDD leaders, I continue to get positive feedback on the many strong contributions that all of you are making out there in Human Resource Management. Our profession's already tremendous stature continues to grow at an enormous rate. From our most junior officers to our senor HR Professionals, there is a common attitude of "lets get the job done right the first time".

Our successes this past year include 70Fs not only serving as outstanding administrators, but as exceptional leaders as well. In the most recent COL Level Command Board, our 70F officers represented 10% of the selects. This is truly outstanding, and reflects the quality of leaders among us. More specifically, 70Fs command 38 different units, to include 2 Brigade Level 06 Level Commands, 4 Battalion Level Commands, 1 Operational Hospital Command, 13 Troop Commands, 14 Company Commands, 1 Detachment Command, and 3 Recruiting Commands. Hooah!!! This is leadership at its best.

Educationally, we continue to be on point. This year we had 3 officers earn graduate degrees. They are part of the approximately 65% of our profession that have earned graduate degrees. Each year we continue to see an improvement in the professionalism of our specialty. As such, we recognize the certifications within five organizations, as well as certification within three broad areas; Certified Healthcare Executive, Professional in Human Resources and Certified Specialist within the International Public Management Association for HR. I am pleased to report that 5% of our career field has earned their certification.

Our Human Resource Management Course has been a shining example of excellence in military education. Major Cheryl Goggins has done an extremely impressive job with the development and management of the course. She has moved it into the 21st Century as a relevant, thorough, and well coordinated program of instruction. I continue to get rave reviews from our Active and Reserve Component 70Fs on the professionalism and quality of instruction. We had 43 officers (18 Active, 24 Reserve Component and 1 Civilian) graduate from our semi-annual AOC qualification course in 2005. Approximately 56% of our eligible officers (LT-MAJ) have now completed our entry level AOC producing course.

As we look toward the future, our HR community will continue to play a major role in all of our MTFs and TO&E units, helping to ensure the proper training, allocation, and management of Human Resources. I ask each of you to continue to accept the tough HR challenges that come your way, and to seek quality solutions that support the command and our organization.

I am proud to serve as your Consultant, and as a member of the AMEDD HR Team. I look forward to the New Year and to the challenges that face us.

"Communication, Relevance & Professionalism"

Career Field Update

Force Structure: The 70F AOC continues to maintain an exceptional overall force structure consistency as a whole. The AOC is at 99% fill in the aggregate as compared against the Force Model requirements, specifically due to recent AOC commitment from PYG 98 and 99. Overall, many year groups have excellent promotion opportunity potential. As a career field, we should be promoting junior officers that demonstrate human resource management skills, leadership capabilities, and potential in personnel management competencies. It serves as an opportunity for personnel managers to direct the future of the profession, and to acquire junior officers before they commit to other AOCs.

For the junior 70B population, year groups PYG 00 and 01 are ripe with opportunities of career establishment within the 70F AOC. Senior 70Fs should reach out to provide mentorship to those

talented officers who are, as of yet, uncommitted to an AOC. As for the more senior officers, to include PYG's 94 and 95, it is important to note they are currently at 50% and 60% strength respectively. This will likely remain the case through the rank of Lieutenant Colonel, when their overall force structure will decrease to support the 30 year lifecycle model.

Conversely, the 70F career field has been very popular with PYG's 96-99. Overages in these year groups will offset shortages in the PYGs of 94 and 95, and will require management as the group progress through the ranks. For the most part, the AOC has maintained a reliable consistency across the Force Model. As personnel managers, we need to continue to utilize the tools that are readily available to take a proactive approach in personnel management. One such accessible tool is the current AMEDD Histogram, available through the Medical Occupational Data System (MODS) Force Management section of the Personnel / Officer Web Reporting website.

Civilian Education: The 70F career field is continuing to make strides toward educational excellence, which is integral in the demarcation between an occupation and a profession. This year, our specialty had three (3) officers complete a graduate course of study to earn an advanced degree. These officers will make future contributions to the AMEDD utilizing their newly acquired knowledge, skills and abilities. The officers named in the below matrix earned their graduate degree in 2005. Congratulations! Overall, 65% of our AOC now possess an advanced degree (beyond Bachelors degree). This is a true testament to our specialties desire for recognition as a strategically relevant profession. Furthermore, disciplines amongst our advanced degree holders are sufficiently diverse to infuse all the principles of HR within the AMEDD command and management structure.

GRADUATE DEGREE (2005)			
NAME	RANK	DEGREE	DISCIPLINE
SARGENT PATRICK DEBUSHA	COL	MASTERS	NAT SECTY & STRATEGIC STUD
CUMMINGS WALTER GENE SOUTHE	CPT	MASTERS	HUMAN RESRCES
NITER BERNADETTE AGNES	CPT	MASTERS	ORGANIZATIONAL MGMT

Military Education: The 70F AOC has and will continue to compete well for Senior Service College (SSC). Two senior officers completed SSC this year, COL Wendy Martinson and COL Pat Sargent.

SSC - CSC GRADUATES (2005)		
NAME	RANK	MEL
MARTINSON WENDY	COL	SSC
SARGENT PATRICK	COL	SSC
CORROW ANDREW	MAJ	CSC
HALLSTROM LARRY	MAJ	CSC
BRUCH KATHERINE	MAJ	CSC

Congratulations to LTC Patricia Darnauer, who was selected for SSC on the FY05 Senior Service College Board. Although 70F officers are no longer eligible for attendance at the Resident ILE, our specialty graduated three officers from Resident ILE in Summer 2005, MAJ Andrew Corrow, MAJ Larry Hallstrom, and MAJ Katherine Bruch. There are also two 70F officers currently enrolled in the Resident ILE, MAJ Kyle Burrow and MAJ Yolanda Summons. MAJ Shep Gibson, previously selected for Resident CGSC, deferred his attendance. MSC resident seats are now limited to the 70H, 70K or 67J AOCs. The above matrix annotates the 2005 SSC and CGSC graduates. These officers continue to show that the HR profession is relevant and valued by the institution as a whole. Most notable is that 48% (8 out of 18 officers) of the 70F Colonel population have completed SSC to obtain MEL 1 qualification. Additionally, 98% of 70F Lieutenant Colonels and 38% of 70F Major's have completed CSC.

Command: Officers within the 70F AOC are continuing to lead from the front and admirably represent our career field. COL Wendy Martinson is currently the Garrison Commander at Fort Sam Houston, Texas. At the same post, COL Brad Freeman Commands the 32nd Medical Brigade and LTC Trish Darnauer Commands the 187th Medical Battalion. COL John Giddens is the Commander for the 249th

Combat Support Hospital, Fort Gordon, Georgia, currently deployed in support of OEF in Afghanistan. Two of the AMEDD's Recruiting Battalions, the 5th and the 2nd, are led by LTC Clodeth Findlay and LTC Debra Stewart respectively.

Three senior 70Fs were selected for command from the FY06 Colonel AMEDD Command Selection List, which represents 10% of the total number of selections. This is a tremendous accomplishment that reaffirms the value of our personnel and the HR profession. Although there were no 70Fs on the FY06 Lieutenant Colonel AMEDD Command Selection List, of the 13 commands available this year, less than 50% of the commands were 70F eligible commands. Last year, 70F officers represented 33% of those selected and it is likely that 70Fs will secure more positions on the list next year. HR professionals are competitive, possess the necessary skills required for success (communication, human relations decision making), and are recognized by the senior leadership. We are on point for the AMEDD; we recruit the finest citizen Soldiers, we are directly responsible for training and shaping them into viable medical assets, and we command them in the combat zone!

FY06 COMMAND SELECTS			
LEVEL	UNIT	NAME	RANK
O6	WRAMC CENTER BRIGADE	HAMILTON, RONALD	COL
O6	MONCREIF ARMY COMMUNITY HOSPITAL	MUNDY, JAMES	COL
O6	62ND MEDICAL GROUP	SARGENT, PATRICK	COL

COMMAND LEVEL	#
BRIGADE COMMANDER	2
BATTALION COMMANDER	4
HOSPITAL COMMANDER	1
TROOP COMMANDER	13
COMPANY COMMANDER	14
DETACHMENT COMMANDER	1
TEAM COMMANDER	3

Career Development

Promotions: In FY 05, our AOC as a whole achieved the following promotions: 1) Major: three of the six in the primary zone were selected with no above-zone selects 2) Lieutenant Colonel: eight of the twelve in the primary zone and one of the four in the above-zone considered personnel were selected. Below is a historical comparison chart which provides an overall percentage (includes above-the-zone and in-zone personnel) of all personnel considered for promotion. Also, to emphasize the importance of both military and civilian education for success, please note the data from the FY 05 Lieutenant Colonel AMEDD Promotion Board as a standard of achievement. Of the 16 70F Major's considered for promotion, all had completed Command and General Staff College, and all but one of the nine selected for promotion had attained a graduate degree or higher. Bottom Line Up Front: Capitalize on educational opportunities! Complete MEL 4 education as soon as eligibility is manifested, and capitalize on Long Term Health, Education & Training (LTHET) programs, or a personal graduate education program. Although these achievements are not board requirements, the trends definitely construe them as discriminators.

Long Term Health and Education (LTHET): The Health Service HR career remains competitive in its graduate degree program offerings. This year, we offered multiple developmental opportunities for our officers to increase their knowledge, skills and abilities, which will professionally advance our profession's relevance within the AMEDD as a strategic partner. CPT Rachel Weinke is in the process of obtaining an MS in Human Resource Management at Wayland Baptist in San Antonio, Texas, and CPT Rob Tiedemann is attending the University of Texas

70F HISTORICAL PROMOTION ANALSIS									
RANK	FY	IZ CONS.	IZ SEL.	IZ %	AZ CONS.	AZ SEL.	AZ %	BZ SEL.	TOTAL %
COL	02	3	2	67%	9	0	0%	0	17%
COL	03	7	4	57%	8	0	0%	0	27%
COL	04	4	0	0%	8	0	0%	0	0%
COL	05	1	1	100%	6	0	0%	0	14%
LTC	02	5	3	60%	3	2	67%	0	63%
LTC	03	8	7	88%	2	1	50%	0	80%
LTC	04	8	4	50%	1	0	0%	1	56%
LTC	05	12	8	67%	4	1	25%	0	56%
MAJ	02	19	15	79%	8	2	25%	1	67%
MAJ	03	13	8	62%	8	0	0%	1	43%
MAJ	04	5	4	80%	5	1	20%	0	50%
MAJ	05	6	3	50%	3	0	0%	0	33%

70F - Health Services Human Resources

in Austin in his quest for a Masters in Operations Research & Industrial Engineering. MAJ Kelly Moss is in attendance at George Mason University to obtain her MS in Operations Research, while CPT Marcella Feddes is enrolled at the University of Northern Colorado seeking an MS in Applied Statistics and Research Methods. MAJ Donald Fine is participating in the US Army Baylor Healthcare Program to secure his Master's Degree. Additionally, there are other outstanding non-degree producing opportunities for officers within our AOC; Training with Industry (TWI) internship and internal AMEDD HR Internships (Office of the Surgeon General and the AMEDD Personnel Proponency Directorate). The TWI training opportunity is conducted at the Baptist Health System in San Antonio, Texas and produces great results relating to the ability to prepare junior officers for future assignments. The recent HR needs assessment survey further confirmed the validity of the program, with all respondents that had participated in the TWI program responding favorably to the program's ability to prepare them for future assignment. The most recent success story is CPT Michelle Hannon. CPT Hannon finished the program this past summer and has now been assigned as Chief, Personnel Actions Branch, MEDCOM, Fort Sam Houston, Texas. Currently, there are a total of five officers within the 70F specialty that have completed this program and are contributing to the success of the AMEDD in key positions. The AMEDD is capitalizing on their civilian acquired knowledge and experiences of this unique training opportunity to improve business practices. Finally, we have one officer serving in an HR Internship this year, CPT Chris Mayhugh. His internship is within the OTSG Personnel Directorate, Falls Church, Virginia and will provide a wide variety of HR experiences for his development. Congratulations are in order for CPT Matthew Konopa for successful completion of his intern program. CPT Konopa has been assigned as the Deputy G1/Adjutant at the AMEDD Student Detachment in order best utilize his newly acquired skills.

HR Management Course: Two successful iterations of the semi-annual 70F HRM course were conducted at the AMEDDC&S this year. A total of 23 personnel (9 Active Duty, 13 USAR/ARNG, and 1 Civilian) graduated from the Spring Course while 20 personnel (9 Active Duty and 11 USAR/ARNG) completed the Fall course under the capable leadership of Major Cheryl Goggins and her program administrator, Dr. Hope Ruiz. The additional 18 Active Duty 70F officers graduating from the program this year places the resident graduate percentage at approximately

Facing Page: COL Brad Freeman, Cdr, 32nd Medical Brigade; LTC Trish Darnauer, Cdr, 187th Medical Battalion; and COL Wendy Martinson, Garrison Cdr Fort Sam Houston, Texas.

Above: 1. LTC Debra Stewart, (70F) assumes command of the 2nd Medical Recruiting Battalion in June 2005; 2. MAJ Gibson and LTC Darden with the 44th MEDCOM G1 Team, OIF; 3. COL Weatherington speaks at the Women's Equality Observance held at Fort Eustis VA.

Left: Members of 70F Graduating Class 01-05.

56% of all eligible 70F officers. This is a notable accomplishment due to the increased number of 70F AOC commitments in PYGs 98 and 99. It's good to see that 70F personnel are taking the time out of their busy schedules to attend this fundamental course. The established goal is for all 70F officers below the rank of LTC to complete the course.

The HR Management Course concentrates on the most current information available regarding human resource management issues, customer service, and operationally focused automation tools. Throughout the year and during the course, feedback is gathered from the Consultant, from leaders in the field, and from the students themselves regarding the curriculum, course delivery methods, and the actual conduct of the course. As a result, several new items were introduced in the September program: two enlightening VTCs were conducted with cohorts in Iraq and Afghanistan – students were talking about that experience for days! Students also received an HRM "smart-book" with the latest regulations, hot topics, and sample format letters, award examples, etc. Students departed the course with hard copies of the presentations as well as a CD with all the lecture slides. One of the key speakers, a professional motivational speaker, addressed the topics of effectively dealing with "difficult" customers and individuals' communication styles, providing beneficial insight to each student, with a few laughs along the way!

In keeping with the HRM goals of communication, relevance, and professionalism, the program and the ways in which it is communicated, continue to improve. To that end, Dr. Ruiz works closely with the various webmasters so that all HRM course related information is current. She also works with the active duty and USAR/ARNG assignment officers to ensure they have the latest information regarding program eligibility, report dates, billeting, etc.

The AMEDD C&S HRM website (www.cs.amedd.army.mil/hrmc/) is routinely updated so that it can serve as a tool for new students, and a valuable, functional resource for practicing HR professionals. If you have any recommendations, please contact the program director or the program administrator. MAJ Goggins' at (210) 221-6793 (DSN 471) or cheryl.goggins@amedd.army.mil). Dr. Ruiz' can be contacted at (210) 221-6972 (DSN: 471) or hope.ruiz@amedd.army.mil.

Professional Organizations & Certifications: The following list of professional organizations were staffed among the senior 70F leadership and recommended for HR professional affiliation. Affiliation within a professional organization is a hallmark of professionalism and membership and serves as a distinction of commitment to advance the HR profession, as well as a mechanism to improve our career field's efficacy within the Army Medical Department. In addition, the 70F AOC has correspondingly recognized several professional certifications that all HR professionals are encouraged to earn. The premise behind support for these certifications is relevant to the practice of HR within the AMEDD. Certification establishes credibility, illustrates mastery of the HR body of knowledge, infers that the officer is current and adept at emerging trends, officially recognizes professional achievement, and increases 70F career field prestige. Currently, 5% of our career field possesses a professional certification. Most recently, LTC Rick Dickinson and

CREDENTIAL	RANK	NAME
SENIOR PROFESSIONAL IN HUMAN RESOURCES (SPHR)	LTC	DICKINSON RICK GREGORY
	LTC	PISCIOTTA, JOSEPH
PROFESSIONAL IN HUMAN RESOURCES (PHR)	MAJ	BRUCH KATHERINE ANN
IPMA-CERTIFIED PROFESSIONAL (IPMA-CP)	CPT	HAYMAN ALEX LEE
FELLOW OF THE AMERICAN COLLEGEG OF HEALTHCARE EXECUTIVES (FACHE)	COL	WEATHERINGTON LISA
	LTC	FINDLAY CLODETH CHRISTINA
	LTC	DARNAUER PATRICIA
CERTIFIED HEALTHCARE EXECUTIVE (CHE)	LTC	LEDOUX MICHAEL HERBERT
	MAJ	BLACK AMY HANWAY DURAND

LTC Joseph Pisciotta have obtained their SPHR (Senior Professional in Human Resources certification. Congratulations! This additional achievement required these officers to demonstrate senior level technical proficiency by successfully completing a senior level competency examination. The following list identifies all the certifications that the 70F AOC recognizes, as well as the officers possessing them.

Karen Wagner Leadership Award (KWLA): The Karen Wagner Leadership Award was established in 2004 to honor LTC Karen Wagner, a Medical Service Corps, Health Services Human Resources Officer, who was killed on September 11, 2001 while performing duties in the Pentagon. The award is presented annually to recognize outstanding Medical Service Corps Human Resources officers who have demonstrated the characteristics of professionalism, integrity, competence, and leadership that LTC Wagner personified so well. This year's recipients were MAJ Julia Dallman, Active Duty assigned to Human Resources Command, MAJ Annmarie Amaral, Army Reserve assigned to Office of the Surgeon General, and CPT Linda Cunha, National Guard, 118th Area Support Medical Battalion, Connecticut ARNG. Each recipient received a memorandum of commendation from the Corps Chief, and a framed Phoenix Medallion in recognition of their Health Services Human Resources excellence. Congratulations to all three of these fine officers! In order to be eligible for the award, candidates must hold the rank of Major or below, hold the 70F AOC, and meet APFT and height/weight standards. The award program is designed to recognize HR officers from both the Active and Reserve Components. The selection of award recipients is made by a 70F Council of Colonels (Consultant and 3-5 senior 70F's). Selection is based upon the overall leadership and performance of the officer during the calendar year of consideration. Among the factors considered are

Facing Page: COL John Giddens and BG Eric B. Schoomaker during a visit to the 249th CSH in Afghanistan

Above: 1. MSC Officers in OEF: COL John Giddens, 1LT Lionel Lowery, MAJ Chris Gellasch, CPT Lesly Calix, MAJ Ralph Jenkins, CW2 Diego Gomez, CPT Paul Boccio, back row - MAJ Craig Fisher, LTC Rick Clabaugh, CPT Rober Parish, CPT Sang Yi; 2. 70Fs from TF 44th MEDCOM and TF 30th Medical Brigade 70Fs -1LT Carrie Girsch, MAJ Jeff Tessier, 1LT Brian Gliba, MAJ Kristine Pate, LTC Allan Darden, CPT Kendal Kettle, MAJ Andrew Corrow, 1LT Tanya Boob; 3. TF 44th MEDCOM (Fort Bragg, NC) and TF 30th Medical Brigade (Heidelberg, Germany) G1 Transfer of Authority (TOA), 7 October 2005, Camp Victory, Baghdad, Iraq

Left: 2005 Karen Wagner Leadership Award winners CPT Linda Cunha, MAJ Annmarie Amaral, and MAJ Julia Dallman

leadership performance, technical competence, commitment to the Army values, and customer service qualities demonstrated above and beyond expectations. Award recipients are formally recognized at the annual AUSA Medical Symposium.

70F Core Values: In order for the HR career field to maintain its foothold as a strategically relevant partner within the AMEDD, we must focus on our fundamental values and principles; Communication, Relevance and Professionalism. These principles provide the framework to sustain relevance and respect within the AMEDD community: ***Communication*** (Best Practices, Information Sharing and Networking), ***Relevance*** (Knowledge of HR Business, Change Management and Technical Expertise), and ***Professionalism*** (The best at what we do, Professional Affiliation and Certification). Additionally, our principles complement the Corps Chief's uncompromising values: ***Courage, Competence and Compassion***. These core values represent the Courage to do what is right, the Competence inherent with a professional's mastery of knowledge, and the Compassion necessary for selfless service and support to our customers-PEOPLE.

DMHRSi: The Defense Medical Human Resource System, Internet (DMHRSi) is currently in limited deployment at Winn Army Community Hospital, Fort Stewart, Georgia, Keller Army Community Hospital, West Point, New York, and Evans Army Community Hospital, Fort Carson, Colorado. Several key staff members at these organizations, as well as personnel at MEDCOM Headquarters, and the Office of The Surgeon General are aggressively preparing DMHRSi for full deployment. LTC Ric Edwards, 70F, led the initiative for the implementation of DMHRSi for the Army, and now continues in a new role. In September of 2005 he was selected as the Project Manager within the Resource Information and Technology Program Office (RITPO) for all three services. LTC Gilroy Gotiangco from the US Army Medical Information Technology Center (USAMITC) has assumed the role of leading the implementation of DMHRSi for the Army. A date for full implementation has not been established at this time.

CPT Coffin, Tracy (70F, Active Duty) – Over the past year CPT Coffin served in several vital positions in the 44th MEDCOM. As the Medical Operations Officer for the 44th MEDCOM G3, she distinguished herself as a meticulous staff officer who excelled in managing a multitude of current operations and planning complex operations. As the S3 during RSOI operations, CPT Coffin ensured over 3,500 Soldiers, 38 subordinate units, 57 aircraft and innumerable pieces of medical equipment were received and moved forward to multiple locations throughout Iraq across 1,200 kilometers. As a Company Commander of the 601st Area Support Medical Company, CPT Coffin deployed her company from Iraq to Ft. Bragg in February 2005 and immediately began preparing the unit for redeployment in January 2006. In the six month period after redeployment, the 601st ASMC supported over 350 ground evacuations missions supporting the XVIII Airborne Corps during the unit's reintegration period.

CPT Worthy, Carlos (70F, Active Duty) –As the Assistant Brigade S-1 for the 4th Brigade , 78th Division MNCI Surgeon's office CPT Worthy was directly responsible for the flawless coordination, movement, and placement of over 350 PROFIS / 90- Day BOG rotators. He completely revitalized all aspects of medical personnel operations by establishing proper inter and intra theater lines of communication that facilitated personnel support to the MNCI. He was selected by the Chief of Operations to serve as the Current Operations Officer as theater counter insurgency operations required the unit to push officers forward to major subordinate commands and CONUS planning sessions. He has made significant contributions not only to the AMEDD mission, but to the combined joint health service support mission of the Multi National Coalition Iraq.

COURAGE
COMPETENCE
COMPASSION
TO CONSERVE FIGHTING STRENGTH

Plans, Operations, Security and Training (70H), Consultant to the Surgeon General

COL Charles "Chuck" Hightower

This was an outstanding year for the 70H community. Our many accomplishments range from the day-to-day planning of current operations at the operational level to those having a more significant impact at the strategic level. We are deployed around the world supporting the GWOT while simultaneously meeting the demands of uncertain contingencies at home and abroad. Operators are critical to the continued success in the planning, execution and synchronization of resources for the GWOT, Army Transformation and the sustainment of health care operations for an integrated health care system.

70Hs continue to make progress at selection and promotion boards. In 2005, four 70Hs were promoted to Colonel, ten 70Hs were promoted to Lieutenant Colonel, and thirteen Captains were promoted to Major. A picture of the continued success of our peers reveals one 70H attending the Naval War College, nine Majors selected to attend resident ILE-AWOCS at Ft Leavenworth, and ten 70Hs began Long Term Health and Education Training masters programs. The 70H course at Ft Sam Houston completed two iterations resulting in 80 school-trained 70Hs.

MAJ Joel Craddock spearheaded a high quality and functionally relevant Sperandio Conference in 2005. Over 100 operators attended the conference themed "Army Medicine at War and Transforming." This conference was held in San Antonio in conjunction with the AUSA Medical Symposium and continues to improve with each iteration. Many thanks for a job very well done. The next conference will be held in 2007.

Force Management:

Force Management is "on point" for the AMEDD working with the Army DA staff on numerous transformational initiatives including establishing the Army Modular Force, the Future Combat System development, the Army Force Generation model, and the Integrated Global Presence and Basing Strategy. Additionally, as the Army also moves toward becoming a Joint-oriented force, FM actively participated in the DEPSECDEF directed study to determine the viability of a Joint or Unified Medical Command. The results of the study will be presented to the DEPSECDEF in December 2005.

FM also played a pivotal role in the validation of the Army Policy for the use of the Hemostatic Chitosan dressing. The policy applies to units in Southwest Asia and outlines the requirement as one per soldier, three per Combat Lifesaver, and five per 91W (Combat Medic Level I and II). FM diligently worked with OTSG/MEDCOM and the AMEDD Center and School to orchestrate and synchronize the validation of the concept and funding strategy that will establish Medical Simulation Training Centers. This initiative ensures combat medics are better prepared to provide the best combat healthcare to Soldiers in battle.

The Medical Chemical, Biological, Radiological, and Nuclear (CBRN) Branch continued to sustain the initial issue of individual medical CBRN countermeasures for the deploying forces, the Army Emergency First Responder Program, and the Installation Protection Program. These countermeasures included antibiotics for post exposure treatment for anthrax and nerve agent antidotes to treat nerve agent poisoning and associated convulsions. Further, the AMEDD CBRNE Exercise Program supported nine exercises to test and exercise the AMEDD medical CBRNE readiness. With the Army implementation of Draft AR 50-X, Biological Surety, on 5 May 2005, the CBRN Branch updated the MEDCOM Biosurety Policy; conducted Surety Management Reviews; and distributed about $3.5 million in GWOT funding Army wide. Also, Allied Medical Publication-8, Planning Guide for the Estimation of NBC Battle Casualties Volume 2, Biological, was distributed for ratification by all 26 NATO countries. Throughout the year, CBRN Branch supported the Army and the AMEDD with plans for

transformation, the Medical Readiness Review, and the Quadrennial Defense Review.

FM's actions and impacts over the last year spanned the entire Army Such an undertaking required support and coordination from all elements of the DoD, the Army, and AMEDD including OTSG/MEDCOM, the AC&S, regional medical commands, and tactical medical units. Moreover, it required tremendous synchronization throughout the AMEDD. Force Management Division continues to work daily with the AMEDD team to ensure the AMEDD continues to provide the Army, our Soldiers, and our beneficiaries the best health service support in the world.

Emergency Management:

70Hs are more involved with Emergency Management Planning, Preparedness and Response as a result of two devastating hurricanes at the end of the fiscal year. Army hospitals constantly plan, prepare, coordinate and exercise internally and with outside agencies for CBRNE and natural disasters. LTC Krogh, 70H at NORTHCOM, is doing the same thing he did in a hospital in the aftermath of Hurricane Katrina only on a larger scale. He is working with city and state officials as well as FEMA and the Department of Homeland Security on response, planning for rebuilding and preparedness for the next time…Hurricane Rita. As a result, possible changes to Title 32 and Title 10 laws may allow for a more active and aggressive role by active duty forces. It is therefore, imperative that TOE units maintain their sets, kits and outfits at 100% fill. As responders to National Emergencies, we must be able to treat women and children. TOE units should request humanitarian assistance packages from USAMMA and pre-position those assets regionally with units tagged First Responder. 70Hs need to have a thorough understanding of the National Disaster Medical System (NDMS) and how the DOD operates during Natural Disasters. We are working ways to enhance this knowledge in the 70H course. In the meantime, here are some web pages that offer great insights and education: FEMA http://www.fema.gov/; National Response Plan http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml; and the NDMS http://www.oep-ndms.dhhs.gov/.

Joint Operations:

Military operations are, now more than ever, Joint operations. 70Hs need to have a basic understanding of the National Military Strategy, National Security Strategy, National Terrorism Strategy, and all relevant transformation documents. We should think Joint and understand how

Above: 1. MAJ John Casey with COL Chanbancherd, Royal Thai Army, at the 15th Annual Asia-Pacific Military Medicine Conference held in Hanoi Vietnam; 2. LTC Jack Zeto receiving the David Rist Prize at the 73rd Military Operations and Research Society (MORS) Symposium; 3. Task Force 261st ASMB (Airborne); CSM Layman, LTC Terry CDR, CPT Vernon S3 and MAJ Ellis XO; 4. MAJ Chip O'Neal, former Asst. Professor of Military Science at Indiana University of Pennsylvania, with Cadet Becky Robinson who branched MSC.

Next Page: MAJ Mike Smith, Stryker Medical Company Commander in Iraq

interchangeable assets are within the services. 70Hs must understand what Strategic Operational maneuvers mean when deploying a MEF, UEx or Naval Battle Group and know where to find the subject matter expert in each service. At the Regional Combatant Command or Joint Staff level, know what

units can substitute for other units, equipment and personnel…interoperability. The Army produces the only 70H. The Naval Plans, Operations and Medical Intelligence officers are not as well equipped as the 70H. All eyes are on the 70H and as we will always be considered the SME until proven otherwise. Our senior Joint 70H is COL Joseph Harmon, Chief, Health Service Support Division, J4 Logistics Directorate, The Joint Staff, joseph.harmon@js.pentagon.mil. Talk to him about the opportunities available to us all.

LTHET Opportunities

Training With Industry:
The American Red Cross, Training With Industry (TWI) Program provides unique opportunities for the Medical Service Corps Officer. The program provides exposure to the mission, organization, and operation of one of the country's largest non-governmental organizations through both hands on experience and interaction with internal American Red Cross (ARC) departments and activities, as well as, external federal, state, local and private partners. The program places emphasis on domestic disaster preparedness, response and recovery. It also provides an opportunity to observe and participate in organizational management, training and operations business practices, along with, an opportunity for learning through formal training courses, conferences and self-study. At completion of the program, the officer can expect to have received an extremely well rounded hands-on experience and education on national incident response systems, programs, policies, procedures, capacities, and supporting government and private organizations. Read LTC Schwartz's experiences in the 70H newsletter.

Strategic Intelligence:
The Strategic Intelligence Masters program at the Joint Military Intelligence College (JMIC), in the Defense Intelligence Agency provides a rare opportunity for the 70H. The JMIC experience offers fantastic exposure to the Intelligence Community (IC) and the working relationships within. The 70H will take away the learned abilities of the collection, processing, analysis and production, and the dissemination of intelligence at the strategic level. Equally, the relationships established amongst the students and faculty provides valuable networks, both personally and professionally. Utilization tours upon completion of the program offer extraordinary opportunities for the 70H, such as working as an Intelligence Analyst at the Armed Forces Medical Intelligence Center (AFMIC) or as an Intelligence and Operations officer at the Office of The Surgeon General. Both jobs allow the 70H to apply the skills learned at the strategic level. Overall, this is a tremendous opportunity for the 70H to learn to think strategically and to explore additional opportunities, Medical Intelligence, within the AOC.

Medical Simulation Training Centers (MSTC):
The current Medical Simulation Training Center concept was born at Fort Campbell, KY with the establishment of the Rascon Combat Medic Center. Leaders at Fort Campbell realized that standard medical training needed to incorporate the many lessons learned during the early part of the GWOT. The Rascon Center used (and continues to use) advanced medical simulators and a program of instruction based on Tactical Combat Casualty Care (TC3) principles taught by the Special Forces community to prepare the medics of the 101st for combat. The basic philosophy of TC3 is to make the training as real as possible, and to base the scenarios presented on actual experience in theater. In May of 2005, the AMEDD Center & School developed an official TC3 program of instruction, which replaces Trauma AIMS in the overall 91W training regimen.

70H - Plans, Operations, Security and Training

In FY2006 MSTCs will be emplaced at Fort Bliss, Fort Bragg, Fort Campbell, Fort Carson, Fort Drum, Fort Hood, Fort Lewis, Fort McCoy, Fort Parks, Fort Riley, Fort Stewart, Fort Wainwright, Schofield Barracks, Camp Casey, Camp Shelby and Vilseck, Germany. A smaller version will also be placed at Camp Buehring in Kuwait. The primary purpose of these centers is delivery of TC3 and Combat Life Saver courses that prepare Soldier-Medics and Soldiers for combat through the incorporation of tough, realistic medical simulation.

70H Webpage:

The 70H webpage provides a wealth of knowledge and links to important websites. There is direct access to Medical Knowledge at CALL, DA Messages, MSC Branch, MSC Homepage, as well as AARs and Lessons Learned in the GWOT. Additionally, the site offers information on 70H Professional Development, CHS Force Management, and the latest on transformation through the AMEDD Transformation Knowledge Center. On-line collaboration is provided through the 70H-Operations Discussion Threads Channel. To access the 70H webpage, log into AKO and then copy this URL https://www.us.army.mil/suite/page/641. Bookmark the page and it will show up on the "my favorites" pages for quick access. Anyone with ideas or suggestions for additions or improvements to the webpage should contact MAJ Brad Shields at bradley.shields@amedd.army.mil.

Road Ahead:

The year 2006 will prove as challenging and rewarding as 2005. Our commitment to provide operational planning and execution in support of Joint and Combined Operations, as well as, an increased role in Emergency Management at home will not wane. This year offers the 70Hs continued opportunities to make enduring contributions to the AMEDD and the Army.

CPT Fely O. Andrada (70H, Active Duty) – As Operations Officer for the 16th Medical Logistics Battalion, Korea, CPT Andrada planned the Battalions participation in the annual Ulchi focus Lens (UFL) exercise immediately upon arrival to the unit. She also participated in the 18th MEDCOM's Maltese Cross planning exercise where she contributed to the development of the battalion's concept of operation plan in support of 18th MEDCOM's operations plan. CPT Andrada realigned responsibilities within the S-3 section by developing and implementing a matrix to identify mission requirements and track completion of these taskings. CPT Andrada researched and developed the battalion's conversion of its Mission Essential Tasks List (METL) to the Army Universal Task List (AUTL) which led to the approval of the battalion's METL / AUTL by the 18th MEDCOM commander.

CPT Matthew Brooks (70H, Active Duty) – CPT Brooks prepared 3rd Infantry Division (ID) medics for combat operations as the 3rd ID Medical Operations and Plans Officer by coordinated a comprehensive training program integrating them into the Department of Emergency Medicine at Grady Memorial Hospital Atlanta, Georgia. This program provided over 100 medics hands-on trauma management skills and experience necessary to save lives on the battlefield, which was instrumental to the success of the medical mission during OIF 04-06. As the Medical Advisor to the 6th Iraqi army division, he instituted a training program allowing Iraqi Army medics to progress from civilians to qualified medics capable of managing battlefield trauma; this training program was implemented across the 6th Iraqi Army Division. Critical guidance he provided to medical officers and NCO's serving in various embedded transition teams assisted in providing a quality environment for the Iraqi Army to develop.

Health Services Materiel (70K), Consultant to the Surgeon General

COL Michael Johnson

Medical Logistics represents one of the largest and most diverse career fields in the Medical Service Corps. Medical Logisticians provide specialized materiel and services to operate an integrated health care system world-wide throughout the full spectrum of military operations. Core functions include the provision of medical supplies, medical equipment, biomedical equipment maintenance, optical fabrication, blood storage/distribution, and facility management. Medical logistics sub-specialties include contracting, acquisition management, logistics automation, and health facilities management.

Logisticians serve in key positions within the Army's institutional and operational organizations and opt for challenging opportunities in both realms from company through field grade assignments. Officers become 70K medical logisticians by attending the ten-week resident Health Services Materiel Course at the AMEDD Center & School followed by increasingly challenging MEDLOG assignments. We have a great variety of Long Term Health Education and Training opportunities to include a Doctorate program in Business/Information Systems; several Masters programs in Business, Logistics Management, Healthcare Administration, and Information Systems; the six-month Medical Logistics Management Internship Program (MLMIP) at USAMMA; a two-year Procurement Internship in Contracting through the US Army Health Care Acquisition Activity (HCAA); a one-year Acquisition and Logistics Programming Internship Program at the Office of the Surgeon General; and Training With Industry (TWI) at the Logistics Management Institute. As part of the Baylor Program, 70Ks complete a second year residency requirement through either the completion of the MLMIP and a six-month "70A" rotation in medical facilities in the National Capitol Region, or assignment (traditional residency) to a medical facility within the AMEDD.

Medical transformation has yielded a growth in our AOC currently reaching a peak of 518 logisticians in the objective force model for FY 06. Additional funded growth is expected in FY 08 and beyond. Beginning in FY 08, medical logistics (MEDLOG) battalions will be replaced by multi-functional medical battalions. Included in this battalion-level transformation are the evacuation battalions and area support medical battalions. 70Ks will then compete on a "best record" basis for selection for command of any of these battalion structures as the command position authorization is designated AOC immaterial (O5A). Colonel level commands will remain as the US Army Medical Materiel Agency (USAMMA), the US Army Medical Materiel Center, Europe (USAMMCE), and the 6th Medical Logistics Management Center (MLMC). In FY 06, the 6th MLMC command will be DA boarded as command select.

2005 Highlights and Accomplishments:

This past year continued to be shaped by the Global War on Terrorism (GWOT) in direct support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Medical logisticians continue to provide critical support to combat operations in Southwest Asia (SWA), to humanitarian relief efforts both home and abroad, to stabilization of the Balkans, and other contingency operations. These operations placed significant demands and highlighted the need for expertise in the logistics core competencies. Medical Logisticians are the second most frequently deployed specialty in the Medical Service Corps. Since 9-11, our officers, enlisted and civilian logisticians have deployed 455 times for 50,815 deployed days which demonstrates our impact to the deployed force. The lessons observed and learned in meeting the requirements of medical forces employed across a spectrum of military operations from fast moving offensive maneuvers to stability and humanitarian activities will have a lasting impact on future developments in the 70K career field.

MAJ Thayne Jolley, Deputy Chief, Logistics Plans and Readiness Division, and CPT(P) Chris Wilson, Deputy

Chief, AMEDD Logistics Systems Division, OACSLOG MEDCOM deployed to Afghanistan in September 2005 to participate in an assessment of the current operational capabilities of the Afghanistan National Army (ANA) Logistics Command and Control structure. After their initial assessment, team members developed training tasks, identified resources, and developed Statements of Work and Requests for Forces requesting follow-on Mobile Training Teams to help strengthen systemic functional areas in both the national and military medical logistics support structure. After forty-five days the team returned to CONUS where findings and recommendations were presented and approved by the Army Staff.

Medical Logistics Support to JTF Katrina:
Medical logisticians were of vital importance to our own national response for Hurricane Katrina. The hurricane caused catastrophic damage to New Orleans, the Mississippi and Alabama Gulf Coast, and areas as far as 100 miles inland. The Federal Emergency Management Agency (FEMA) requested Department of Defense assistance in responding to the crisis resulting in the formation of Joint Task Force-Katrina (JTF-K). On 5 September 2005 the 591st Medical Logistics Company deployed to Hammond, Louisiana and established a base of operations to provide medical logistics support as the Single Integrated Medical Logistics Manager for JTF-K units. The 591st located its company next to Cardinal Health, a prime vendor for medical supplies, which facilitated a rapid response time for receipt of supplies. Soldiers from the 591st then delivered the supplies to units in affected area ensuring those units were equipped to perform their mission.

Additionally, medical logistics support to Joint Task Force-Katrina (JTF-K) was further expanded with the "first ever" deployment of a MEDLOG Special Medical Augmentation Response Team. MAJ Mark Dick, Chief, Materiel Division, WRAMC deployed the NARMC MEDLOG SMART team, consisting of 6 members to conduct logistics assessments for the JTF-K Surgeon and Commander. The team efforts were lauded by commanders on the ground for the depth of assessment, establishment of MEDLOG electronic ordering processes and on-site TCAM training.

Business Process Improvements:
This past year demonstrated a continuation of business process improvements involving standardization and prime vendor utilization, to mention a few. The Regional Tri-Service Medical Logistics Support Program improved standardization of medical surgical products and medical

Above: 1. MAJ Dave Sloniker, as a part of 3rd ID and the MND-B they are responsible for supporting the 6th Iraqi Army DivisionPakistani President, Pervez Musharraf thanks 212th MASH S-4, CPT Dave Glad for his role in supporting Pakistan during the earthquake relief effort.; 2. Pakistani President, Pervez Musharraf thanks 212th MASH S-4, CPT Dave Glad for his role in supporting Pakistan during the earthquake relief effort. 3. LTG Kiley visits the 32nd Medical Logistics Battalion (FWD); 4. LTG Kiley presents CPT Andrew Allen the Purple Heart in Iraq.

equipment resulting in enhanced-negotiated prices and realizing a cost avoidance in FY 05 of $20.6M, up from $15.7M in FY04. This increase represents not

only the program's fiscal benefit to the MHS but also a sustained commitment across the Services' clinical community to lead this program, reduce duplicative products and continue to seek improved patient outcomes. Again for the third consecutive year, medical logisticians further refined business processes in both institutional and operational settings by increasing prime vendor utilization and electronic ordering in support of both fixed and deployed medical missions. Almost all activities exceeded USA MEDCOM Management Goal of 70%, thereby providing a command-wide product price savings for the year of $16.5M.

Logistics automation systems continue to transform in parallel with Army transformation, focusing on greater functionality in the hands of logisticians from the foxhole to the sustaining base. TAMMIS and TAMMIS Customer Assistance Module (TCAM) continue as the workhorse systems for theater medical logistics operations. Over the next 12-18 months the Theater Enterprise Wide Logistics System (TEWLS) and the DMLSS Customer Assistance Module (DCAM) emerge to bring greater functionality, visibility, and improved performance to the entire medical supply chain with the implementation of enterprise architecture and improved communications capabilities. TEWLS replaces TAMMIS at the intermediate medical logistics activities while DCAM will remain at the Brigade Combat Team and below. DMLSS fielding to all Army medical treatment facilities is complete. This year capability was added through the DMLSS Dental ECAT implementation at all Army installations furthering successful electronic commerce initiatives. The next release of DMLSS serves as the backbone for implementation of the new GEN III contracts at our MTFs, which will provide substantial improvements and efficiencies across the medical supply chain. The medical logistics portal (medlogspt.army.mil) is completely integrated with the AKO medical knowledge network (KN), and users should begin to use AKO as their single source for all Army Knowledge requirements. Data synchronization efforts continue to provide excellent results. The eZ SAVe web tool restarted at a number of MTFs and implementation will continue at those sites where cost savings opportunities are the greatest. All eZ SAVe training was completed through electronic WEBEX capability with great success. We kicked off the physician preference/manufacturer direct data synchronization venture capital program, which will be incorporated into eZ SAVe to further enhance the potential savings to the AMEDD. We continue to develop plans and strategies to apply commercially based logistics programs to readiness requirements and to ensure procedures are in place to synchronize the flow of materiel to the right unit, at the right time and place.

Final Thoughts:

Achieving professional certification is the pinnacle of our medical logistics education process and serves to enhance the impact of our vocation. A number of certifications for medical logisticians were approved this year by the Army's Human Resources Command. For the first time, medical logisticians who have successfully completed any one of the professional certifications will be able to document the accomplishment in their Officer's Record Brief. This

symbolizes a level of professional excellence and a mastery of a body of logistical knowledge. The certifications that are approved for 70Ks are: Certified Professional in Health Information Management Systems (CPHIMS), Certified Healthcare Executive (CHE), Certified Professional Contracts Manager (CPCM), Certified Federal Contract Manager (CFCM), National Society of Professional Engineers (NSPE), Certified Healthcare Environmental Services Professional (CHESP), and Certified Materials Resource Professional (CMRP). Additionally, interested medical logisticians are encouraged to achieve Level II Acquisition Certification through the Defense Acquisition University as another means of advancing logistics education and skills to impact the medical supply chain. Like the previous certifications, once added in the Officer's Record Brief, the skill level designation provides leaders and assignments officers the ability to match required skills to MEDLOG billets to assist in officer career management. Both certification processes symbolize a level of professional excellence and a mastery of logistical knowledge.

Medical Logistics continues to be the cornerstone of the Army's Healthcare System by providing the specialized materiel and services necessary to operate the integrated combat health system world-wide. Everywhere I have recently visited, logisticians are fully engaged with mission support, training and taking care of their teams – soldiers and civilians. This is a busy time for our Army and I don't see it letting up anytime soon. I encourage all of you to take time to talk with your Soldier and staffs to make sure they understand the significance of there roles and tasks in support of the Global War on Terrorism. All personnel involved in the medical logistics vocation must understand how our functions operate in all settings to simultaneously sustain both the institutional and operational forces. This will enable us to continue the quality of MEDLOG support required by our clinicians and commanders.

I once again close with a heartfelt thank you to all the medical logisticians across the Army. Your efforts and accomplishments over this past year will continue to lead the Army and DoD, and ensure that our Service and family members are provided the best healthcare available. Take care of yourselves and your families. Continue to strive for excellence in all that you do!

Thank you!

Facing Page: MAJ Mark Dick, OIC, NARMC MEDLOG SMART Team, establishing TCAM interfaces at 14th CSH, JTF-K; The 591st MEDLOG Company CP collocated next to Cardinal Health to ensure seamless medical resupply from the vendor.

Upper Right: 1LT Christa Campos, 32nd MEDLOG BN, Iraq

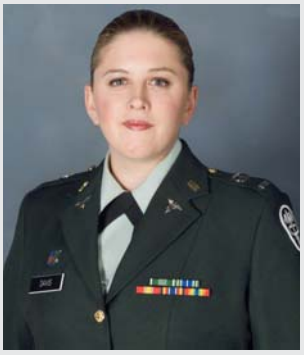
Above: Photo take outside the ANA 400 bed hospital Kabul Afghanistan. From left to right: CPT Wilson, Dr. Retes, ANA Officer (Name unknown), MAJ Jolley, COL Sumati (ANA Chief of Medical Logistics), COL Rauleson (MTT Team Chief)

Junior Officer Highlights

CPT Trent D. Brann (70K, Reserve) – As S-6 for Task Force Medical 344, Abu Ghraib, Iraq CPT Brann immediately assessed the automation needs of the unit at Fort McCoy during a 78-day training period. He designed the communications schematic for NIPR, SIPR and land line connections while coordinating with the RTS- Med site for installation of hardware to support two Forward Operating Bases. Prior to deployment CPT Brann spent numerous hours communicating with his counterpart in Task Force Med 115, which ensured that the 344th had the necessary hardware and software systems in place upon arrival. Additionally, he coordinated for the fielding and training of the MC-4 system in both hospital sites, bringing the Task Force into compliance with 44th MEDCOM policy for patient record automation.

CPT Deidre Lockhart (70K, Active Duty) – Served as the Task Force Logistics Officer/ S4 assigned to Bayne-Jones Army Community Hospital (BJACH), Fort Polk Louisiana and the 86th Combat Support Hospital in Baghdad, Iraq. As the Logistics Officer for the 86th CSH, she requisitioned $1,500,000 of equipment to support a higher standard of care for Soldiers. CPT Lockhart also served as the battalion contracting officer managing seven personal service contracts totaling $614K and saved the government $15K by terminating one contract and reworking the support contract for new trailer housing. She excelled by serving as acting Company Commander for 376 Soldiers for and extended period and Acting Medial Task Force public Affairs Officer when necessary.

1LT Tracy Michael (70K, Active Duty) – As the Medical Logistic Officer for the Special Operations Command, Fort Bragg, North Carolina, CPT Michael provided support to Army Special Operations Forces (ASOF) units fighting the Global War on Terrorism. He facilitated the fielding of over 7,500 Special Operations Forces Individual First Aid Kits valued at $1.4 million to Army elements forward deployed to Iraq, Afghanistan, and the Horn of Africa. CPT Michael provided direct Class VIII support to 30 deploying ASOF units of the Active Component, Army National Guard and U.S. Army Reserve ensuring their arrival into theater with adequate stores of medical material. He facilitated the shipment of over 30,000 pounds of donated medical books to civilian hospitals in Iraq in support of a Civil Affairs mission.



1LT Summer Davis (70K, Active Duty) – 1LT Davis serves as the Wuerzburg MEDDAC's (WMEDDAC) Property Book Officer for a $30 million property book, where she plans, implements and directs all property management functions for the hospital and nine outlying clinics which encompasses an area of 60,000 square miles throughout southern Germany. 1LT Davis was the primary proponent for the medical redeployment of the 1st Infantry Division from OIF II where over 15,000 redeploying Soldiers received exceptional medical care. As OIC for CHCS II implementation, 1LT Davis personally ensured that WMEDDAC was the first in MEDCOM history to finish CHCS II with a zero no show rate, training overt 900 employees.

Health Facilities Planning (70K9I), Consultant to the Surgeon General

COL Richard Bond

Healthcare Rising:

Would you like to make a tangible and lasting difference in Army health care? I'd like to let you know about one of the AMEDD's best kept secrets; one of those organizations that you may never have heard about, but one that has had a direct effect on you and your families from the first day you entered the Army Medical system. Welcome to Health Facility Planning and the Army's Health Facility Planner – the 70K9I. Health Facility Planners are Medical Logistics Officers (70K) who are awarded an additional skill Identifier of 9I based on their unique skills, experience, and qualifications related to the disciplines of architecture, engineering, business solutions, or facilities management. If that description conjures up the image of someone who sits in a nice boring office doing lots of tedious paperwork, think again.

Overview of What We Do

If you like the challenge of talking and planning with the foremost design and construction firms in the world on one day, and the next out helping to rebuild the health infrastructure of other nations, Health Facility Planning may just pique your interest. From the boardroom to the foxhole, the Health Facility Planner supports Life Cycle Management for all of the Army Medical Department's (AMEDD) facilities, and deploys with line troop units or in special teams as part of the Special Medical Augmentation Response Team Health Systems (SMART-HS) providing world-wide support. Experts in the planning, programming, building design, construction, transition, and sustainment of medical, dental, veterinary, research, and other health facilties, the 70K9I is one of the most sought after AOCs in the AMEDD to aid in the reconstruction and medical sustainment efforts in the Global War on Terror. Health Facility Planners continue to deploy to the trouble spots around the world, and have devoted endless hours at personal risk (to include the award of the Purple Heart to CPT Bryan Walrath while in performance of his duty in Iraq) to provide the best possible facility solution in support of national health goals. It's no understatement that when we say we "Bring the Box to the Docs" we mean it in every sense of the phrase.

Past Comes Alive:

2005 saw continuing success and remarkable changes. From the efforts to support the Global War on Terror to the significant challenges posed by the start the Base Realignment and Closure (BRAC) process, I along with the Army Senior Staff, am constantly amazed and impressed with the skill, expertise, and utmost dedication that they demonstrated on a day to day basis under the most adverse of conditions. In the past year, the Health Facility Planning community has:

- sent 10 SMART-HS teams into Iraq, Afghanistan, Kuwait, Kenya, and other world hot spots
- started construction of new Contingency Hospitals in Afghanistan Iraq
- completed a $ 9.8 million replacement of the Ft. Stewart Consolidated Troop Clinic
- completed a $5.8 million renovation of the Ft Sam Houston Veterinary Care Facility
- completed a$5.5 million addition/alteration to the Weisbaden Health Clinic
- completed a $2.3 million renovation of the Walter Reed Army Medical Center (WRAMC) Hospital Brace & Limb / Physical Therapy levels

Bassett Army Community Hospital, Fort Wainwright, Alaska

-completed a $7 Million WRAMC Interim Emergency Generator project

Road to the Future

The future efforts of the Health Facility Planners are set to direct and develop the next stage of Military Health Care by providing cutting edge medical treatment through partnering with the world's leading developers in medical facility design and construction. The Base Realignment and Closing (BRAC) legislation will result in wholescale change in healthcare delivery and training in the National Capital Area and San Antonio, that will drive billions of dollars of new construction, and BRAC and Army Transformation are generating requirements at many other installations. But even today, our portfolio of major projects will directly impact the future of modern healthcare. To name only a fraction of the current projects being managed, there is:

- over $1 billion (yes, "billion") in construction of new cutting edge full spectrum facilities for the US Army Medical Research Institute of Infectious Disease (USAMRIID) at Ft Detrick
- $44 million Enhanced Health Service center in Vicenza Italy
- $10 million Military Amputee Training Center that will strive to bring soldiers back to their pre-injury level of ability
- $215 million Ft Wainwright Hospital replacement in construction
- $62 million upgrade and addition 121 Hospital in Korea
- $16.5 million Ft Hood Bio-Safety Level-3 Labs and Emergency Room additions
- $9.4 million West Ft Hood Health Clinic
- $7.1 million Ft Benning Consolidated Troop Clinic
- $13 million Health/Dental Clinic in Grafenwoehr Germany
- $83.5 million CHPPM Campus on the Aberdeen Proving Ground
- $20 million addition to West Point Hospital

And such a list only tells one side of the efforts the Facility Planners make on an everyday basis to the Regional Medical Commands they support. Dedicated construction managers such as LTC Kent Koger (seen at right briefing SECARMY Brownlee at the New Bassett Hospital Replacement Project), MAJ Mike Brennan (WRAMC) and CPT John Evans (FT Hood) not only are working projects, but provide design consultation to Tri-Service panels and review National Building Code Criteria. The work of LTC Bradley Dunbar, LTC Mia Brennan, LTC Peter Marks, and MAJ Chris Drum provide critical design review and

Above: 1. LTC Peter Marks, Balad, Iraq. 2. CPT Autumn Leveridge, Bagram, Afghanistan. 3. LTC Kent Koger and Secretary of the Army Brownlee, Fort Wainwright, Alaska. 4. MAJ Darren McWhirt, Iraq.

Next Page: 1. SMART-HS Team #1 in Iraq (CW3 Chris Phillips, Craig Ackerman, LTC Peter Marks, LTC Kristen Palaschak, CPT Russ Manning) 2. LTC Bill McCarthy & LTC Alexander Lopez-Duke (Iraq)

planning efforts that support construction efforts from equipment reviews and acquisition efforts to the programming and planning of projects for the years ahead. All these stalwart soldiers demonstrate on a daily basis the 70K9I's efforts that translate into tangible real world applications that benefit not only the Department of Defense, but to local civilian communities as well. To see the full scope of the 70K9I efforts however, you must pack your gear and travel the remote parts of the world to see your fellow Soldiers in action.

Boots on Ground:

While all the work goes on here at home to support the warfighter, the Health Facility Planners have taken their skills forward. Above and beyond filling field positions in TOE units or working as part of SMART-HS teams, the Health Facility Officers continue their work in remote locations such as Afghanistan and

Iraq to build medical infrastructures in support of our Soldiers, allies, and local communities. In Iraq, MAJ Jonathan Sylvie and CPT Russell Manning are managing more than $47 million in construction efforts that range in scope from the construction of an 86-Bed Theater Hospital to assisting the Iraqi Ministry of Health in developing the design and construction management of an unprecedented Iraqi Military Amputee Center. In Afghanistan, Captain Autumn Leveridge spends her days working with local construction crews to manage the increasingly complicated logistical tasks involved in the construction of the new Bagram Hospital No less important is the work of the Health Facility Offices located in Germany, Korea, and Ft Wainwright. In this time of shifting resources and changing military paradigms, these offices led by LTC Dave Giles, LTC Bill McCarthy, CPT Phil Christy, and MAJ Mike Williams help to define what world class healthcare is really all about. Whether on the construction site or in the combat zone, remote Facility Planners remain on target to accomplish their missions.

Is this for You?

The 70K9I Area of Concentration (AOC) is unique in that few other positions in the Army allow a young officer the opportunity to make lasting contributions to the Army, the AMEDD, and to every Soldier and family member serving in any of the United States military services. The 70K9I path provides dynamic challenges for personal and professional advancement. This year our 70K9I project offices alone did close to a Billion dollars worth of world-wide construction efforts, many of which were managed by junior to mid-career Captains and Majors. The 70K9I path offers many schooling opportunities for advanced degrees at a variety of locations across the country. With a host of school options offering Masters or PhD degrees, LTHET programs, and working with Industry options, the 70K9I also remains eligible for all standard 70K school options or non-degree programs such as USAMMA Internship and White House Fellowships. Recently, two officers earned their Masters degrees and three have begun their degrees. The opportunities for advanced credentialing are many with the Architect's Registration and the Project Manager Institute of America's Project Engineering certifications. This training enables the 70K9I to generate unique skill sets that make them invaluable to the Army, both on and off the field. Remember, too, that 70K9I's are also 70Ks and continue to perform logistics jobs in support of the Army Health Care System. Our military ranks are filled with personnel whose experience ranges from fixed facilities to field units in a variety of positions. In all ways the 9I profession remains competitive and a viable path to career success.

70K9I - Health Facilities Planning

How to Become a Health Facility Planner:

At present, to receive the 9I ASI, a Medical Service Corps officer must have one year of experience in Health Facilities Planning plus a Masters degree in architecture, engineering, business administration, health care administration, construction, logistics management, or health facility planning. Alternatively, five or more years of cumulative experience in Health Facility 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 in both TOE and TDA assignments in CONUS or overseas. Currently we are looking to open the 9I identifiers to other Medical Service Corps Officers due to the broad range of missions and skills required. Contact LTC Alex Lopez-Duke or myself for additional information, or visit our website for points of contact and to catch up on the latest facility news.
http://hfpa.otsg.amedd.army.mil/

Continuing the Tradition:

Above all, I thank everyone in the Medical Service Corps for their efforts in providing a lasting and invaluable service to this country. I look forward to the challenges the future brings and stand tall with the knowledge of having the honor of serving with so many dedicated professionals.

CPT(P) Brian Walrath is awarded the Purple Heart for injuries sustained during an enemy attack while serving in the performance of his duties in the nation of Iraq as part of the coalition forces during Operation Iraqi Freedom. CPT(P) Walrath's devotion to duty and selfless service at the risk of his own life exemplify the highest qualities of the United States Army and the United States of America.

Aeromedical Evacuation (67J), Consultant to the Surgeon General

COL David L. MacDonald

Another chapter in the illustrious MEDEVAC history has come to a close with the departure of the 36th Medical Evacuation Battalion from Iraq. From this point forward, the General Support Aviation Battalion (GSAB) under the Combat Aviation Brigade (CAB), will command and control all aeromedical evacuation assets. To ensure a smooth transition to this new way of integrating aeromedical evacuation assets into the Joint Health Service Support (JHSS) system, The Army Medical Department (AMEDD) will retain required influence over these assets through the orders process.

The aeromedical evacuation community, has a responsibility, as professionals, to make the current structure work as well as recommend solutions to improve this structure. To do this, we are educating aviation professionals on the scope, breadth and responsibilities of the aeromedical evacuation mission. All aeromedical evacuation professionals are involved in this process and there are four key talking points that are being emphasized:

First and foremost, the Aviation community has assumed a medical mission performed with aviation assets. Now, Aviation officers must support both the ground tactical plan and the JHSS plan.

Second, aeromedical evacuation assets provide connectivity to the JHSS system as these assets are the primary means of moving patients, medical supplies, blood and medical personnel around the battlefield. These assets also allow The Surgeon General to practice economy of force with other AMEDD assets.

Third, aeromedical evacuation assets are joint assets, not just Army assets. These assets support all members of a CJTF and in some cases the National Security Strategy. The CAB now aeromedically supports both the supported Division and echelons above Division which includes tactical, operational and strategic aeromedical evacuation missions.

Fourth and last, Medical Service Corps aviators must remain AMEDD officers. Aeromedical Evacuation is an implied Title X responsibility of the Surgeon General. Thus the Surgeon General should have control over the personnel executing the medical mission. There is mediation ongoing to ensure a new definitive career progression for Medical Service Corps aviators.

These are the main talking points I would like to get to the field. They are by no means the only talking points. The Army Medical Evacuation Conference (AMEC) in 2006 will help expand these talking points and solicit

others. The theme of this year's AMEC is Medical Evacuation is support of the Joint Force. The conference participants will solicit and discuss idea's to solidify medical evacuation doctrine as well as recommend solutions that will streamline and improve the current structure. I will brief this input to a panel consisting of AMEDD and Aviation General Officers to establish a baseline for the way ahead and eliminate the current confusion that exists.

Other significant developments in the 67J community:

- A revised OBC path for new 67Js is under development. This new plan will allow 67Js to attend the necessary AMEDD courses and all the initial training that our aviation counterparts complete.

- XO, S-3, and CDR positions in the GSAB are currently not coded for 67Js, meaning 67J can not currently fill them. This topic requires further discussion as aviation transformation continues.

- There is uncertainty concerning to the TOE change to the 85 man structure. The Air Ambulance Company consists of 4 FSMTs and a HQ element. The Air Ambulance Platoon and the Air Ambulance Operations Cell are not approved Doctrine.

- As our Companies transform, they will retain a maroon guidon with medical insignia. This issue was addressed by the Institute of Heraldry.

Finally, I would like to applaud all the aeromedical evacuation professionals. Through all the uncertainty over the past eighteen months, you have remained true to the aeromedical evacuation mission and have quietly and professionally executed this mission superbly. You have upheld the highest standards and traditions of your profession. I am proud to be a part of this unique and august group.

Above: MH-60L Air Ambulance prepares to transport a patient in Afghanistan; 2. LTC "Scooter" Drennon and LTC Vince Carnazza in Hawaii; 3. CPT Stogdill gives a presentation at the Captains Career Course, Fort Sam Houston, TX; 4. UH-60 Air Ambulance in flight over Iraq.

Junior Officer Highlights

CPT Michael Allums (67J, Active Duty) – As a Forward Support MEDEVAC Team Leader and Air Ambulance Platoon Leader, CPT Allums was tasked as a key planner in the unit to develop a strategy for the 377th Medical Company (AA) to undergo transformation to Charlie Company 2/52nd General support Aviation Battalion. He spearheaded key training and special qualification of all aviators to assume new mission sets and qualifications. After the Tsunami in Indonesia in December 2004, he served as Company Operations officer and Company Training officer coordinating logistic, administrative and personnel support for the company ensuring all personnel were prepared for deployment. Due to his tireless efforts, the company had 10 aircraft and a 100 Soldier support package comprised of three different units, loaded with all Joint Inspections completed within 96 hours of notification.

CPT Heath D. Holt (67J, Active Duty) – CPT Holt held several key leadership positions within the 50th Medical Company (Air Ambulance). Among many responsibilities as flight Platoon Leader he provided aeromedical evacuation support in combat to the 1st Calvary Division / 3rd Infantry Division, (MND-B). CPT Holt ended his third combat tour to by flying over 4,100 combat flight hours, 3,100 combat missions and evacuating over 4,200 casualties without accident or incident. In CONUS CPT Holt provided support to the 101st Airborne Division (Air Assault), four Infantry Brigade Task Forces, Fort Campbell, Fort Knox, the local community, and the multi-state Military Assistance to Safety and Traffic mission.

CPT Clayton Horney (67J, Active Duty) – As a platoon leader in combat during operation Iraqi Freedom 04-06, CPT Horney led the largest MEDEVAC team in theater. This team consisted of four crews and three UH-60 Blackhawk's totaling over 18 personnel to provide DUSTOFF coverage to the remote Ad-Diwaniyah area of Iraq covering over 14,000 square miles. He was responsible for the busiest coverage area of Central South Iraq. His leadership as the FSMT leader was directly responsible for over 500 life saving missions and 1,200 incident / accident free combat hours conducted under all modes of flight. CPT Horney also bridged an enormous gap between U.S and Coalition Forces by creating and implementing multinational MEDEVAC training with forces of the Polish Air Assault Division. CPT Horney flew over 225 missions and evacuated over 250 patients.

CPT Jeffrey Duncan (67J, Active Guard Reserve) – As Chief of the Clinical Support Division at Reynolds Army Community Hospital, Fort Sill, Oklahoma CPT Duncan is leading the access process improvement project by obtaining and reporting the latest access statistics. This effort has led to the hospital's re-evaluation of its present clinical operational structure as well as an in depth study of provider templates and scheduling. He is a primary coordinating officer for the command and an essential liaison officer between post Agencies. He coordinated the Red Cross Appreciation event, the 27th annual Retiree Open House, and twice redesigned the hospital's VIP tour. Additionally, he participated in several highly visible post-level activities including the Army Family Action Plan and served on the Army Family Team Building advisory board. CPT Duncan was recognized by the Commanding General of Fort Sill and the Commander of the Great Plans Regional Medical Command for his leadership within the Fort Sill community. Finally, he is serving as one of the hospital's liaisons to General Dynamics, Directorate of Information Management and NORTEL on the installation and programming of a new $1,000,000 phone and automated call distribution center.

LTG Ellis D. Parker Aviation Award

The 36th Medical Evacuation Battalion, Task Force 44th

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

The 36th Medical Evacuation Battalion was selected as the top Battalion in the combat service support aviation battalion category. The 36th MEDEVAC played an indispensable part in the success of the 44th Medical Command's mission during Operation Iraqi Freedom 04-06. During their deployment, the battalion's air and ground crews evacuated a total of 33,557 U.S., Coalition, and Iraqi military, Iraqi security forces, Department of Defense civilian, and Iraqi national patients. This remarkable feat was accomplished during what has been described as the worst year of weather conditions in the history of Operation Iraqi Freedom. Soldiers of the 36th Medical Evacuation Battalion are writing the book on the future of Army combat service support operations. The battalion participated intimately with the AMEDD Center & School, Aviation Branch, MEDEVAC Proponency, and the Office of the Surgeon General in the test-bed program for attaching air ambulance companies to the general support aviation battalions (GSABs). The 36th MEB also participated in the test-bed program for the Army's new multifunctional medical battalions (MMBs). Both programs were executed under combat conditions and garnered several useful lessons learned that will be used as a precursor to Army Transformation. The battalion participated in these programs while continuing to carry out wartime operations and without failing to execute a single mission that they were given. The 36th Medical Evacuation Battalion's mission success is directly responsible for Operation Iraqi Freedom having the lowest died-of-wounds rate in the history of modern warfare. The actions of the battalion's air and ground crews have saved countless lives.

The trophy is kept on display at the U.S. Army Aviation Museum at Fort Rucker. A half-size replica of the Parker Award is given to the winning unit each year, and a plaque is given to each runner-up.

Health Services Maintenance Technician (670A), Consultant to the Surgeon General

CW4 Curtis Randolph

"Warrant officers are highly specialized, single tracked specialty officers who receive their authority from the Secretary of the Army upon their initial appointment. However, Title 10 USC authorizes the commissioning of warrant officers (WO1) upon promotion to chief warrant officer (CW2). These commissioned warrant officers are direct representatives of the President of the United States. They derive their authority from the same source as commissioned officers, who are generalists. Warrant officers can and do command detachments, units, activities, and vessels, as well as lead, coach, train and counsel subordinates. As leaders and technical experts, they provide valuable skills, guidance, and expertise to commanders and organizations in their particular field."

This year of 2005, the Health Service Maintenance Technician has demonstrated once again that they are relevant and ready in support to the Warfighter. While the Operational side of the Army was transforming, so was the Institutional medical treatment facilities' medical equipment maintenance service activities. Historically, the civilian medical equipment repairers, (MER), job description was based on a wage grade classification more than 30 years old. A study was directed by the Deputy Surgeon General which concluded that the Medical Command,(MEDCOM), medical maintenance workload was 35% wage grade, (WG), level work and 65% general schedule, (GS), level work. Technology had pushed the workforce to the higher technical skill sets, without proper classification. Thus, the reorganization of the medical maintenance activities took place. Coordinating with the various human resource activities, classifications were determined using the GS system and applied across the MEDCOM. The outcome was a true MEDCOM benchmark for the medical maintenance activities. This action returned to the workbench the more experienced technicians from administrative duties and provided cost avoidance of contract dollars for maintenance services. The maintenance officers, senior noncommissioned officers and civilians managed this significant change with dignity and respect, while not disrupting medical maintenance services to their customers.

The MERs are Soldiers first and technicians second. The Army Medical Department, (AMEDD), Warrant Officers have served not only as the Chief of Medical Equipment Services, which include managing the property-book, but also as the safety officer, facility project officer and even the Chief of Logistics on the Institutional side of the Army. In the Operational environment, the AMEDD Warrant Officer have served as the Battalion Maintenance Officer, Motor Maintenance Officer, assisting with power generation, water distribution, laundry & bath, the safety officer and even serving as the S4. The flexibility of the AMEDD Warrant Officer clearly demonstrates Soldier first, technician second.

The Army maintenance community changed from a four level maintenance methodology to a two level methodology called Field and Sustainment, to support the Modular Army. This methodology is a reversal of the fix forward concept taught for a decade. The process today is really "exchange forward" and "repair in the rear". CW4(P) Bill Gasaway, 226 Medical Logistics Battalion's Maintenance Officer made the following observation:

Operational Readiness Float (ORF) is a critical component of Combat Health Service, (CHS). It is the issuance of a loaner item of equipment to a unit while its organic equipment is being repaired. It is done when critical items cannot be repaired in a timely manner. This is done on a case by case basis by the senior maintenance manager using input from the command. The 226th modified this doctrine by using a Direct Exchange (DX) methodology. This improved service and safety in several ways:

a. Reduced transportation requirements
b. Reduced administrative tracking:
c. Increased reliability and Mean Time Between Failures (MTBF):
d. Faster turnaround time:
e. Quicker repairs:

This is an example of innovation in the battlespace. Doctrine is lagging the rapid change in technology and the process improvement made by the Soldiers, however, doctrine is changing. The AMEDD Warrant Officers are integrating lessons learned from the combat zone into the classroom and the requirements document of Directorate of Combat and Doctrine Development, (DCDD). CW3 John Burgess is leading the sanity check to determine if this is a unique lesson learned or should doctrine, materiel, and training be changed for future conflicts. The program of instruction for the Warrant Officer Education System, (WOES), changed this year. It was determined from a survey involving more than 10,000 participants that the WOES minimally prepare Warrant Officers for non-technical roles and responsibilities. This has lead to the integration of the WOES into the Officer Education System, (OES), where appropriate. This shared training opportunity will better prepare the Warrant Officer by branch ownership and shared knowledge. There will remain a technical track, but the mandatory Training and Doctrine Command, (TRADOC), tasks will be shared. The first integrated Captains Career Course in the AMEDD is scheduled for the fourth quarter of FY06.

The AMEDD'S Warrant Officers are technology managers leading the medical equipment repairers with results that save lives in both the Institutional and Operational Army. All medical equipment is technically inspected prior to entering the Army's inventory. In the Institutional force the Medical Equipment Service Branches manage all equipment from cradle, (acquisition) to grave, (turn-in). The Warrant is a team member when a hospital must pass the various certification requirements, such as the Joint Commission for Accreditation of Hospital Organizations, (JCAHO). In the healthcare industry, one third of accreditation failures are attributed to the equipment management program, but that is not the case with the MEDCOM. We have not failed a certification in any of our medical treatment facilities this year. The United States Army Medical Material Agency's MERs inspect, calibrate, and electrical safety test prior to all medical equipment prior to placement in the medical material sets or issuance

Above: 1. Sgt Chris O'Connell and SPC Roberts perform ventilator calibration at Bagram, Afghanistan; 2. Medical Equipment Repairer performs a repair of an oxygen generating system; 3. COL Johnson, Assistant Surgeon General for Logistics, provides mentorship to CW4 (P) Gasaway and CW2 Burrhus in Iraq. 4. The TF Med set-up in the Superdome, New Orleans, LA.

to level I, level II or level III medical treatment activities, such as the combat support hospital. The medical logistics companies and medical logistics battalions that deployed this year provided area-wide maintenance support in the combat environment, to include forward deployed teams to units without organic medical maintenance capability. The sustainment base that supports the field element begins in the Institutional,(fixed facilities), medical treatment facilities daily operations. They provided support to units while in garrison and prior deployment. The Institutional base provides a filler system for unit's personnel shortages or specialty requirements…ie, CW3 James Young deployed with the 2nd Medical Brigade from Ft. Jackson Medical Activity. The Institutional activity also provides a rotational base and training ground, that WOES does not provide, for the Operational Army. The Warrant Officers at the United States Army Medical Center, Europe, the United States Army Medical Materiel Center- Southwest Asia, the 6th Medical Logistics Materiel Center, have clearly provided sustainment maintenance to medical equipment that have affected the life of our Soldiers in Iraq and Afghanistan.

The sustainment of the medical equipment in use in the combat zone has saved the lives of thousands of Soldiers, Sailors, Airmen, Marines and Civilians this year. Let us take for example the hundreds of ventilators that have been calibrated to sustain a patient's life until they are strong enough to breath for themselves. The preventive maintenance and calibration of intravenous pumps, (IV), to ensure the invasive procedure to the patient provides only the amount of fluids or medication the clinicians prescribe. The calibration of radiological equipment that allows for noninvasive diagnosis of injuries, without over exposing the patient with radiation, leading to radiation burns. One specialty piece of radiological equipment is the computerized tomography, (CT), scanner. The Army first deployed this system during Desert Storm and has since become the standard of care as evidenced by the use in Operation Enduring Freedom, Operation Iraq Freedom and Hurricane Katrina. The CT scanner allows the clinician state of the art diagnosis of internal soft tissue damage, for instance from shrapnel, to the examination of organ functionality. The sustainment maintenance of the CT scanner requires original equipment manufacturer, (OEM) training. This training given by the OEM to MERs is now tracked by an additional skill identifier,(ASI), effective 1 October 2005.

Laboratory equipment is critical to patient care and will yield erroneous results which can and do affect patient outcomes, if were not for those unsung heroes, providing preventative maintenance, calibration checks, and electrical safety testing of this medical equipment.

Oxygen, (O2), on the battlefield has long been a concern to logisticians. The footprint to store, distribute, refill and return the total oxygen requirement is not feasible with today's asynchronous warfight. Point of use oxygen generation is the standard in the theater of operation and centralized oxygen generation using the expeditionary oxygen concentration system, (EDOCS). These systems allow operating rooms and wards to receive piped in oxygen and refill the oxygen bottles that are in-use. The medical equipment repairers remedial repair and PMCS of this oxygen generating equipment is difficult under the arduous conditions, but definitely reduced the logistic footprint.

This year has really provided stretch goals to the medical maintenance community. The Warrant community started the year at 66% strength. We provided medical equipment services to the Air Force, Navy, Marines and Coalition Forces. We continued to field and develop a maintenance management using the Standard Army Maintenance Information System, (STAMIS), as an interim until a joint enterprise wide medical maintenance system is developed. USAMMA completed the fielding of more than 200 Unit Level Logistics System, (ULLS). The 6th MLMC conducted the ULLS training, established connectivity of the systems and receive daily maintenance data from the theater of operation. The AMEDD Warrant served as a member of the development team during the blueprinting phase of the Global Combat Service Support –Army, known as GCSS-Army/Field Tactical. The maintenance activities are averaging a completion rate of 500 work orders per month. Manhours are in the thousands with little rest. We had 38 deployments. The Health Service Maintenance Technician, (670A), along with their team of medical equipment repairers perform the services they do because, " AS IRON SHARPENS IRON, SO DOES ONE SOLDIER SHARPEN ANOTHER" Excellence Through Service".

Assistant Corps Chief for Medical Allied Sciences

COL James Romano
Assistant Corps Chief
for Medical Allied Sciences

What an amazing year for the officers in the Medical Allied Sciences Medical Functional Area (MFA). This group of highly trained and motivated individuals again demonstrated their leadership by addressing, describing and solving the problems that face the Army's key weapon system and our nation's primary deterrent – the American Soldier. Our officers have made phenomenal contributions this past year to the Medical Service Corps, the AMEDD, the Army, and the Nation.

The unwavering dedication and commitment to our Soldiers and Nation is evident in the continued number of deployments and personal hardships that are officers are willing to endure for their family, friends and country. As many of you prepared to deploy or had just returned from a deployment, you answered your Nation's call and supported the massive relief efforts in the wake of Hurricanes Katrina and Rita as well as the earthquake in Pakistan. Your selfless service has not gone unnoticed and it is evident that our officers live the Corps Values of Courage, Compassion, and Competence every day.

Whether in support of the Global War on Terrorism, homeland security, or disaster management, our officers continue to go above and beyond what have been their traditional doctrinal duties, setting new standards for the generations that follow. Those who did not deploy or operate in direct support of these operations are no less engaged in them.

The 71 series MFA has a proven record of being adaptable and successful in both technological as well as administrative positions. Our officers are extremely valuable and their skill sets are sought by unit Commanders. Our officers serve as subject matter experts, supervisor,s managers or staff officers. Our young officers represent the finest this nation has to offer – patriotic to the core, deploying to hostile environments- yet highly skilled by any technical standard. As you will see as you read the individual AOC reports, our young officers are recognized by their scientific societies, or published in the Nations best scientific journals, attesting to their high level of technical accomplishment.

In conclusion, 2005 was a banner year for MFA 71. You will see in the pages that follow that the individual and collective accomplishments of our officers are phenomenal. Thank you for all you do for this great Nation. You continue a legacy of professionalism and leadership that will transform our Army into the future.

Microbiology, Parasitology, Immunology (71A), Consultant to the Surgeon General

COL David Craft

In the midst of transformation, the diversity of our mission has not changed. Our AOC provides subject matter expertise ready to deploy, advise or implement military relevant scientific and acquisition expertise in support of (1) patient care diagnostics and consultation, (2) detection and confirmation of biological warfare / endemic disease, (3) inspection and consultation related to weapons of mass destruction, and (4) technical oversight and resource management of microbiological research in the Army. The achievements and opportunities that follow offer insight into the assignments and mission critical jobs that microbiologists in the Army are performing everyday.

In May 2005 a mobile training team from the **Army Medical Department Center and School** led by Major Kozar deployed to Kabul, Afghanistan. The team conducted an in-depth assessment in and around Kabul of the laboratories in comprehensive health care centers and district hospitals. Working with the USAID and staff of the Rural Expansion of Afghanistan's Community-Based Health Care Program (REACH) the team devised and implemented a laboratory refresher training program for Afghan laboratory technicians and laboratory science faculty at Kabul's Institute of Health Sciences. The team presented their observations and recommendations to Afghanistan's Minister of Public Health who expressed his sincere thanks in this important step to rebuild the country's medical infrastructure.

Clinical Microbiologists continue to lead in patient care and graduate medical education at our **Regional Medical Centers** (MEDCENs) as they bridge the gap between the patient, clinician and the laboratory. In some MEDCENs, clinicians round with microbiologists on a daily basis to discuss complicated cases and the clinical interpretation of the laboratory data as it supports therapeutic decisions. Increasing rates of multi-drug resistant microorganisms in many tertiary care centers providing care to our war wounded soldiers have put clinical microbiologists at the leading edge of research, infection control and consultation to the care provider. At Walter Reed Army Medical Center (WRAMC), a number of collaborative efforts with academia and industry are underway to characterize Acinetobacter infections. At WRAMC microbiologists also collaborated with the Walter Reed Army Institute of Research (WRAIR) to support the FDA trials of the clinical efficacy of a new adenovirus vaccine.

In our public health mission, our scientists lead and interface with state and federal public health laboratories to develop and validate new testing methodology for select agents and emerging infectious diseases. MEDCEN microbiologists continue to implement the CDC certified laboratory response network and provide surge capacity testing to protect the force and the civilian public health in support of the Global War on Terrorism (GWOT). We still await the delivery of modular BSL-3 laboratories to the Pacific theater, with plans to provide BSL-3 facilities at MAMC, DDEAMC, WAMC, WBAMC and DACH. As always, MEDCEN microbiologists continue to make significant contributions to training AMEDD medical students, interns, residents and fellows during their post-graduate education.

As clinical microbiologists support the war fighter on the ground, the AMEDDC&S combat developer is refining clinical microbiology augmentation to OIF and staffing doctrinal changes to provide organic capability for future missions. And microbiologists assigned to the 1st and 9th **Area Medical Laboratories (AML)** specifically support the 18th Airborne Corps with far forward analysis and detection of select agents and endemic disease.

In the **Medical Research and Material Command** (MRMC), where approximately half of the Army's microbiologist are assigned, our leadership in science is multifaceted. Two microbiologists serve at the MRMC staff under the Military Infectious

Diseases Research Program. They assist in managing research for the DoD on naturally occurring infectious diseases with a focus on protecting the war fighter through development of vaccines, drugs, diagnostics and vector control.

At the **Walter Reed Army Institute of Research** (WRAIR) in Silver Spring, MD, twenty assigned microbiologists conduct biomedical research that delivers life saving products including knowledge, technology, and medical materiel that sustain the combat effectiveness of the war fighter. In the Division of Communicable Diseases & Immunology, microbiologists use traditional and molecular techniques to lead in vaccine and drug development for adenovirus, dengue, malaria, Enterotoxigenic *E. coli*, *Shigella* species and *Neisseria meningitidis* group B. In the Division of Retrovirology, our scientists led in HIV treatment and vaccine research to include developing a new Good Laboratory Practice (GLP) laboratory for the production of HIV vaccines. Additionally, microbiologists study the liposome containing epitopes of HIV membrane protein GP41 and support vaccine trials in East Africa.

This year the WRAIR awarded the Myron G. Radke award for excellence in overseas research to one of our own, MAJ Norman Waters, in the Division of Experimental Therapeutics (ET). In ET, functional genomic and microarray technologies are used in the DoD antimalarial drug discovery program and malarial clinical trials in East Africa. In addition, we are using crystallography studies to characterize toxins and microbial virulence factors. Of note, ET scientists were granted the first full drug IND filed by the US Army for malarial treatment in the last decade. By collaborating with the microbiologist assigned to the **US Army Medical Material and Development Agency** (USAMMDA), a real time PCR assay developed for the diagnosis of leishmaniasis in soldiers returning from theater has been submitted to the FDA for approval. The Leishmaniasis Diagnostic laboratory remains the only CAP certified leishmaniasis lab in the country.

Other unique achievements for WRAIR microbiologists include a selection for company command; a scientific liaison to the Biological Weapons Proliferation Prevention Program of the Defense Threat Reduction Agency mission to the former Soviet Union; malaria research liaison with the Australian Army; and three officers completing airborne school.

Microbiologists assigned to the **Armed Forces Research Institute of Medical Sciences** (AFRIMS) in Bangkok, Thailand lead in research of endemic viruses and support of vaccine and treatment trials to include dengue, influenza and viral encephalitides. Molecular studies are used in prospective analyses, incidence of disease, disease management support and cluster investigations. Collaboration with local, national and World Health Organization public health practitioners has recently led to increased detection capabilities for influenza in the Philippine Islands, Nepal and Thailand. Lastly, a new MSC Silver Caduceus Society has been started by the microbiologists assigned there.

The **U.S. Army Medical Research Institute of Infectious Diseases** (USAMRIID) at Fort Detrick, MD is the DoD's lead laboratory for development of medical counter measures against biological threats.

The Institute continues as a member of the newly organized National Interagency Biodefense Campus (NIBC) at Ft. Detrick, consisting of USAMRIID, the National Institute of Allergy and Infectious Diseases (NIAID), the National Cancer Institute (NCI), the Department of Homeland Security, and the Department of Agriculture. The NIBC partners are creating a collaborative environment to enhance the development of biodefense products and short development times.

Key projects for microbiologists assigned at USAMRIID include the development of vaccines, therapeutics and diagnostics against bacterial and viral threat agents to include the Biosafety Level 4 (BSL-4) filoviruses (Marburg and Ebola) and arboviruses (WEE, EEE, VEE). A microbiologist was selected this year to serve as the biosurety officer for the Institute, navigating the federal regulatory requirements to maintain worldwide collaborations with select agents. Of practical importance, the Diagnostic Systems Division continues to drive bench science to products with precise detection capabilities that can be used far forward on the battlefield. Among their many customers are the 44th MEDCOMs AMLs and the CDC. In the Bacteriology Division, a major focus is vaccine development using ongoing pathogenicity and virulence studies of select agents. In the Virology Division, vaccine and therapeutic protocols continue for viral hemorrhagic fevers and other emerging infectious diseases. Microbiologists continue to engineer high quality antibodies against biological threat agents for optimal use in immunoassay platforms. These efforts include anti-botulinum and anti-Marburg virus IgMs as whole human IgG1 antibodies for therapeutic utilization and diagnostic agents.

At the **Armed Forces Radiobiology Research Institute** (AFRRI) in Bethesda, MD, microbiologists continue to develop treatments and countermeasures against the lethal effects of combined radiation and bacterial pathogens (including *Bacillus anthracis*) of military importance as well as post-irradiation sepsis.

Reserve 71As are also meeting mission critical needs. Many of our officers serve in their civilian positions at the CDC, DTRA, USAMRIID, State Public Health Labs and large, tertiary care, teaching hospitals. One or our officers has been selected to be the G-7 for the new AR MEDCOM headquartered in Tampa, Florida. In addition, we have senior officers serving in the positions of Medical Brigade Commander and Assistant Division Commander. Many of our officers serve in Medical Readiness Groups and

Facing Page: CPT Max Wu (left) takes company command at the WRAIR, MAJ Mike Kozar, SFC Duncan and SFC Martin in Kabul, Afghanistan.

Above: CPT Smith and MAJ Kapydlowski brief BG Schoomaker 2. MAJ Mike Kozar, SFC Duncan and SFC Martin in Kabul, Afghanistan. 3. Major Mike Kozar instructs at the teaching laboratory at the Institute of Health Sciences, Kabul.

Next Page: MAJ Mike Ingram of the 1st Area Medical Laboratory (AML) demonstrates field employment of the Joint Biological Agent Identification and Diagnostic System (JBAIDS) for BG Tom Travis, commander of the 311th Human Systems Wing.

TPU billets as laboratorians, but also as commanders, operators and planners overseeing health care and mobilization missions.

Microbiologists continue to excel in HRCOM sponsored promotion, command and training boards. This year, six officers were selected for promotion to Lieutenant Colonel and one to Colonel. Two senior field grade officers are command select list selections for Scientific and Technical Commands in FORSCOM and Acquisition. Two officers were selected by the FY05 AMEDD LTHET board for PhD training while five officers are in various stages of completing their LTHET funded PhD programs. In addition, one officer was selected for a post-doctoral fellowship in clinical microbiology and one will complete her fellowship at the Mayo Clinic next summer. This training continues to provide the AMEDD with an interface to academia, tertiary patient care, and public health focused on conserving the fighting strength. Lastly, five (4 Active Duty and 1 Reserve) of our senior officers were selected for the A proficiency designator by The Surgeon General, signifying academic excellence at the professorial level.

Army microbiologists are eminently trained, highly skilled, professional and motivated officers that serve war fighters in the field, patients in our hospitals and science in our research institutes. The nation continues to call on our experience as we support the Global War on Terrorism. We stand ready to meet those continued challenges and adapt as the Army transforms to support our national defense.

CPT Donald Huddler (71A, Active Duty) – As the Chief, Macromolecular Structural Biology Laboratory and Deputy Department Chief, Department of Medicinal Chemistry at Walter Reed Army Institute of Research, CPT Sturton is the subject matter expert for the $2 million Macromolecular X-ray Crystallography MRMC Center of Excellence, which is the only center with this capability within the DoD. CPT Huddler developed and executed a reorganization plan that reduces the overall cost and increases the efficiency and responsiveness of the molecular modeling program. CPT Huddler is the WRAIR liaison to the joint Biotechnology High-Performance Computing Software Applications Institute, working directly with BASHI developers to produce a HPC docking application to meet the Division's virtual library screening requirement. This has made positive impact on accomplishing WRAIR's mission of developing therapeutic agents to protect the warfighter from infectious diseases as well as chemical and biological agents.

Biochemistry and Physiology (71B), Consultant to the Surgeon General

COL Ronald Shippee

As I enter my second year as the consultant for biochemistry and physiology I continue to be impressed with the technical expertise, military professionalism and high level of enthusiasm that I have seen within the 71B AOC. I could not be prouder to serve as the consultant for such an impressive group of Soldier scientists that are involved in a broad spectrum of military relevant biomedical research, development and acquisition programs.

The AOC has over 90 biochemists and physiologist that serve in both TDA and TOE locations around the world. Historically the high interest in Army careers by graduates has allowed the AOC to maintain a level of 97% officers with a PhD degree. This trend continued with the eight accessioned 71Bs during this fiscal year. The new officers bring a high level of academic background from such prestigious institutes as the Karolinska Institute, Stockholm, Sweden; Harvard Medical School, Cambridge, MA; and National Institute of Drug Abuse, Bethesda, MD.

Our officers perform in positions that span the full spectrum of the biomedical profession to include basic research, advanced applications, clinical investigations, clinical laboratory, and medical intelligence analysis support, as well as research, development, and medical logistical procurement.

A few of our 71Bs have volunteered to take a temporary leave of absence from the comfort of their laboratories and serve as members of the Field Assistance in Science and Technology Teams (FAST) that have been developed by the Research, Development and Engineering Command. These teams serve on 120-day rotations in Iraq with the mission to provide direct support to Soldiers and the war fighting headquarters of brigade and division-sized units. The teams travel through out the combat zone to report on the needs of the Warfighter and to follow-up on actions emerging from their observations. One member of our AOC has been deployed as a FAST member over the past few months and three more have completed the necessary preliminary training and are scheduled to serve on upcoming deployments. After action reports from the deployed teams are showing critical observations about what is working and what is not working concerning deployed biomedical technology.

Scientific Action Officers are supporting many efforts with Department of Defense (DoD) agencies such as the Defense Intelligence Agency, the National Geospatial-intelligence Agency, the Central Intelligence Agency, and the Combating Terrorism Technology Science Working Group. This support has involved transitioning research and development technologies to combat operations, coordinating with industry for the medical intelligence community requirements, development of operation plans, and direct support for special operations.

Many of our captain and junior major grade scientists are actively involved in "hands on" laboratory research in the various research laboratories within the U.S. Army Medical Research and Materiel Command (MRMC) and the clinical investigation departments at military medical centers around the world.

Officers assigned to the US Army Research Institute of Environmental Medicine (USARIEM) have conducted important laboratory and epidemiological studies on the effects of hydration status in hot and cold environmental extremes on physical and mental performance. These studies have lead to the important observation that heat injury hospitalizations are on the rise during military training despite continued awareness and command emphasis on environmental injury, indicating a need for individual monitoring technologies to help soldiers in training. This line of investigation is assisting bio-engineers in their efforts to reduce the size, mass and power requirements of personal cooling systems. Military research physiologists in the Thermal Mountain and

Medicine Division are involved in a multidisciplinary team with national leaders in mineral metabolism to examine the effects of heat acclimation and prolonged exercise on sweat mineral concentration, a potentially critical question for soldier performance optimization in harsh environments. Biochemists in the Nutrition Division conduct complicated human studies to develop data to support the continued refinement of the Meal-Ready-to-Eat, a combat ration recognized as the standard for military combat feeding. The USARIEM deployed a 71B as the executive officer of a foreign Army training team. USARIEM has the additional distinction of having the first military physiologist to be assigned to the French counterpart of USARIEM, Centre de Recherches du Service de Sante des Armees, La Tronche Cedex, France.

Biochemist assigned to the US Army Research Institute of Infectious Disease (RIID) continue to work under Cooperative Research Agreements with academic institutions and industry partners to develop and test the efficacy of purified protein vaccines. The 71Bs at RIID are collaborating on new generation vaccines against some of the most deadly agents. This line of research could enhance vaccine efficacy, provide protective immunity and prove more difficult to counter. Collocated with the RIID is the US Army Medical Material Development Activity (USAMMDA). Officers at the USAMMDA serve as program managers providing oversight for the development and procurement of vaccines and other biomedical products. An example of the critical work performed by these officers involves the cutaneous leishmaniasis threat to the force in Iraq. Over 1000 soldiers from OIF have been evacuated to the United States for treatment. Current treatment is with a drug that can only be administered at a state side medical center, which has cost over $10M in evacuation expenses. Army biomedical researchers in collaboration with industry are developing and procuring a first line treatment product. USAMMDA recently received $1.9M through the Defense Acquisition Challenge Program to continue this effort. This award was one of only 4 out of over 420 applicants. Another USAMMDA 71B officer involved with vaccine procurement was nominated for the 2004 Medical Service Corps Award of Excellence for his work as product manager of the Adenovirus Vaccine Development program. His work has resulted in numerous high level briefings to the Assistant Secretary of Defense for Health Affairs and the Staff of the Senate Armed Services Committee.

Officers at the US Army Institute of Chemical Defense (ICD) focus on neurobehavioral and molecular changes that follow repeated exposure to low-level organophosphate compounds, in particular chemical warfare nerve agents. Military physiologist at ICD have established a vascular organ bath apparatus and an isolated cardiovascular systems laboratory to broaden the Institute's functional isolated organ measurement capabilities. These efforts have identified profound alterations on the integrity of vascular structure and functionally related proteins after exposure to chemical warfare agents. This information is essential to the development of the next generation of effective medical countermeasures.

Assignment to the U.S. Army Institute of Surgical Research (ISR), Brooke Army Medical Center, provides the unique opportunity to work both the research and the clinical side of the profession. The 71Bs at the ISR are using animal models to identify early physiological predictors of circulatory collapse after injury. Officers in these positions also have the opportunity to serve in positions such as Chief of Biochemistry and Microbiology Services providing microbiology surveillance for the ISR's burn care unit in the Brooke Army Medical Center. Biochemists assigned to the Core and Reference Laboratory, Brooke Army Medical Center (BAMC), San Antonio, TX have been responsible for supporting the Army-mandated glucose-6-phospatase dehydrogenase (G-6-PD) screening program. The G-6-PD enzyme, if not present in sufficient levels in an individual may cause hemolytic anemia after anti-malarial prophylaxis-treatment. Because Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) involve countries that pose increased risk for contracting malaria, this core laboratory capability is extremely critical to the war effort.

The 71Bs assigned to the WRAIR have been instrumental in the expansion of the Division of Experimental Therapeutics. This Division provides complex analysis in support of drug development both in early and late preclinical development. These efforts have significantly contributed to recent grant proposals to the Medicines for Malaria Venture,

Defense Advance Research Projects Agency (DARPA), and the Gates Foundation.

Biochemists and Physiologists are also working at all of the Army Medical Department Centers and Activities in support of Clinical Investigation Departments or in high volume clinical support laboratories. These laboratories support day to day routine and critical care, particularly to battle field causalities. For instance, the 71Bs stationed at Landstuhl Regional Medical Center (LRMC), Germany manage laboratory services that include high risk obstetrics, oncology, and an extensive trauma care team in addition to providing routine and specialized health care to DoD beneficiaries. The LRMC typically receives 30 to 60 patients four to five times each week from OIF and OEF.

With the formation of the 1st and 9th Area Medical Laboratories (AML) out of the stand down of the 520th Theater Army Medical Laboratory (Aberdeen Proving Ground, MD), opportunities have increased for 71Bs to serve in a TOE medical unit. The AMLs are subordinate to the 44th Medical Command, 18th Airborne Corps, Fort Bragg, NC. Members of these AMLs must meet the same demanding physical requirements as the other members of the Corps and be prepared to deploy their complex diagnostic capabilities rapidly all over the world, often in austere environments. The 71Bs assigned and designated by the Professional Officer System (PROFIS) to the AMLs manage highly skilled teams of military technicians responsible for providing confirmatory analytical capabilities for chemical warfare agents in the theater of operations.

A unique opportunity to serve a critical function in support of our goal of a drug free military, and one which requires the 71B AOC, is assignment to one of the Forensic Toxicology Drug Testing Laboratories (FTDTLs). In this fast paced, high volume, zero defects environment, our 71Bs provide the critical toxicology and management expertise, which enable the Army and all of the military services to maintain drug use rates that are significantly lower than those in the civilian population. State of the art immunological and chemical analysis techniques are used under strict forensic criteria to screen over two million urine specimens a year for drugs of abuse such as marijuana, cocaine, PCP, LSD, and amphetamines. The FTDTL also provides the only opportunity for MAJ and LTC 71Bs to command a laboratory, which is reflected by the fact that as of 1 Jan 05, five of the nine 71Bs in the grade of COL had commanded a FTDTL at one time in their careers.

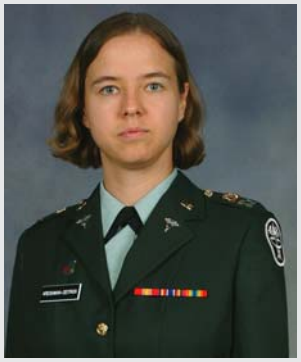
Our senior 71Bs continue to distinguish themselves and the AOC by filling high level leadership positions and making important contributions in science that impact both the military and civilian biomedical community. During fiscal year 2005, 71B COLs commanded two of the six major research laboratories, one was selected to serve as the Commander of the Center for Health Promotion and Preventive Medicine (Japan) and three out of 12 subordinate commands at MRMC. The position of Deputy Chief Medical Examiner, Armed Forces Institute of Pathology and the Department of Defense Drug Demand Reduction Program Manager are currently performed by COL 71Bs. Due the 71B's leadership at the US Army Center for Environmental Health Research (USACEHR) the institute won the USAMRMC's only 2004 RDA and SBIR Phase II Quality Awards. Our senior officers have had major leadership roles in critical programs such as the Defense Women's Health Research Program Review, Future Force Warrior/Land Warrior and Defense Advanced Research Program Programs, Installation Board of Directors, and key briefings designed to leverage opportunities to identify USAMRMC products in support of Army Transformation Program.

Officers within the AOC not only excel within their military responsibilities but also outside the military environment. One example is that one senior 71B was recognized by the University of Lousiville, School of Medicine as a 2005 Alumni Fellow. The Alumni Fellow is a lifetime award given to alumni who have made substantial contributions in their professional fields. Recently the College Sports Information Directors of America Academic All-America Hall of Fame inducted one of our 71B for her ability to excel in soccer, softball and basketball while maintaining a 3.72 GPA during her undergraduate studies. Known as one of the most prolific goalkeepers in Western Maryland College history, she still holds the school record for single season save percentage and saves in a single game.

71B - Biochemistry and Physiology

The accomplishments highlighted above demonstrate the high levels of complexity and responsibility entrusted to the 71B AOC. It is important to realize that many of these positions involve a multi-disciplined approach to medical research and clinical care, supporting a "one team" concept across multiple laboratories and medical centers as well as industrial and academic partners. Additionally, many of the positions are providing our scientists with valuable experience in management and leadership. The 71B in today's fast-paced, multi-tasking, digitized Army, truly epitomizes the concept of "an Army of One".

CPT Tiffany N. Heady (71B, Active Duty) – As the Chief, Small Molecule Synthesis at Walter Reed Army Institute of Research, CPT Heady directs a team that participates in multiple projects worth over $1.8 million in funding. She serves co-PI on three military infectious disease proposals and one NIH pre-proposal. She has three publications this year and multiple publications in progress. These research activities have a major impact on accomplishing the WRAIR mission. She leads the Divisions effort to re-examine over 6,000 radioprotectants as possible prophylactics against ionizing radiation. These drugs are the critical first line of defense for the warfighter and the civilian population in the event of the explosion of a "dirty bomb".



CPT Mara Kreishman-Deitrick (71B, Active Duty) – CPT Kreishman-Deitrick served as Chief of Laboratory Operations, Department of Medicinal Chemistry at Walter Reed Army Institute of Research. She is working as co-PI on a new malaria drug discovery project. This program addresses the need for the development of new drugs that act via novel mechanisms to replace existing antimalarial drugs used by the warfighter. She also designed and supervised the establishment of a new laboratory for protein and biochemical research. CPT Kreishman-Deitrick served in a leadership role in the Chemistry-Parasitology Research (CPR) group on the PfKASIII Target-based Discovery project to foster open collaboration between the Departments of Parasitology and Medicinal Chemistry. This collaboration resulted in the down-selection of three lead compound classes to progress into structure-based optimization.

CPT Kirsten Smith, (71B, Active Duty) – CPT Smith is assigned to the Walter Reed Army Institute of Research (WRAIR) as Chief, Bioanalytical Chemistry and Project Manager for the Novel Macrolide Project. While Serving as Joint Project Leader and Joint Operating Committee member for WRAIR to develop a macrolide antimalarial she was able to obtain $2.8 million in funding. Under her guidance, the lab is currently working on three major projects totaling $658K for FY'06 and $1.8 million over a total of three years. Additionally, she completed the Contract Officer's Representative course, served as the representative to the WRAIR library committee, served as a member of the WRAIR Awards Board, served as a representative to the Institutional Animal Care and Use Committee, all while maintaining 100% accountability of a Pharmacology hand receipt totaling $1.4 million.

Clinical Laboratory (71E), Consultant to the Surgeon General

COL Noel Webster

This is my third time to write for the Medical Service Corps Annual Report. It is indeed an honor to inform the reader about the Clinical Laboratory Science specialty. In reviewing the previous two years annual reports and then looking at future Army transformations, it is clear to me the clinical laboratory science officers are making significant accomplishments in their areas of expertise and they are ready for the challenges we face in healthcare, both in our fixed facilities and our deployed medical units. I would like to share with you in this report 3 major areas of concentration: Some of our more common facts and accomplishments for the last year, then focus on how Army transformation is affecting the clinical laboratory scientist specialty, and then provide the reader some of our major accomplishments for the AMEDD and Army overall in the last year.

Facts and Accomplishments:

We currently have 123 clinical laboratory scientist officers in the Corps. Each comes into the Army with a Bachelor of Science degree in a clinical science field along with national certification as a Medical Technologist by a national certification agency as well as prior laboratory experience. Twenty-one of these officers have a designated additional skill identifier of 8T denoting they are Specialists in Blood Banking. Each of these officers has a Masters degree and additional national certification in the blood banking specialty. An additional 32 officers have a Masters degree in medical technology and/or hospital administration. Three of our officers have a PhD in a medical technology field. Approximately 10 to 15 officers are pursuing additional degrees in any given year.

This last year also witnessed two of our Clinical Laboratory Officers, LTC Lori Hull and LTC Daniel Jimenez becoming Battalion Commanders. This is no doubt a great honor individually, but also a true reflection of the clinical lab officer strength overall. Also, COL William Boisvert became the Executive Officer at WRAIR, a significant opportunity and one that shows the wealth of experience and leadership our officers convey to the rest of the AMEDD. LTC Marilyn Brew not only was the past year's president for the Society of Armed Forces Medical Laboratory Scientists, she also became our first executive officer for an Area Medical Laboratory.

Training is a pillar that continues to provide us with the best laboratory managers and scientists possible. This year we witnessed four officers being selected for the Tri-Service Specialist in Blood Banking Fellowship at Walter Reed Army Medical Center. This fellowship is affiliated with the Georgetown University and provides a Masters level education. In the past, we received only one or two slots. This increase is due to our increased field mission in blood banking of which I will discuss later in this report. Another first in training was our "Training With Industry" program selection. My efforts in working with the American Red Cross (ARC) to provide a training slot for blood bankers was accepted by the Department of the Army and LTC Michael Lopatka became our first fellow in this program in the blood services division. The ARC also accepted LTC Ken Pell to be a fellow on the disaster relief division of the organization. There is no doubt both of them will return with additional expertise to provide our AMEDD. Considering their efforts in working with the ARC in the Hurricane Katrina and Rita assistance efforts will pay huge dividends in the future.

In addition to some key assignments as well and training, the Clinical Laboratory Officers' general mission is to manage our medical treatment facility clinical laboratories. In the last 12 months our 35 main medical treatment facility laboratories have performed over 15,400,000 procedures with approximately 1,767 full time equivalents at a cost of around $154,500,000. The majority of the testing is performed in our laboratories. When testing needs to be performed in a more specialized laboratory, my office provides a centralized civilian reference laboratory contract for each facility to use. That contract sees over $12.4 million dollars in test

referrals from not only the Army, but also the Navy, Air Force, Coast Guard, VA, and other government labs combined. This workload does not even cover our testing provided in research and field operations which are at their highest levels in some time.

Army Transformation:

Overall, the Army's transformation is redesigning the way we do business in providing laboratory testing and blood collection and distribution. One of the first things our field needed to do to assist in this transformation was to assign a clinical laboratory officer with a great background in field and hospital laboratory equipment to USAMMA to assist in the redesigning of laboratory equipment sets and the distribution of new laboratory equipment to field facilities. CPT April Harris met this challenge head on and has performed brilliantly at USAMMA in working to get laboratory equipment updated from the lowest unit lab up to the largest labs in our inventory.

The Combat Support Hospitals (CSH) have changed in personnel strength to accommodate a more flexible capability. Thus, we now have two clinical lab officers in each CSH. One is a field grade officer with more extensive clinical laboratory experience. The other is a company grade officer to learn the skills needed for field testing and being able to split a small section of the lab from the main core of the hospital with a rapidly deployed smaller hospital package that can meet quick reaction requirements. We are seeing a transformation of our laboratories in Iraq and Afghanistan based on a new mission of taking care of detainees, Iraqi police, Iraqi soldiers, government civilians, and contract workers, as well as our own soldiers. More automated and faster throughput equipment with more testing capability is required. We have seen the incorporation of more automated chemistry analyzers to provide additional testing required under the circumstances. In December of 2004, we witnessed the first plateletpheresis blood donor collections in a CSH in Iraq. MAJ Emmitt Gourdine's thesis work as an SBB as well as his being the chief of the CSH in Iraq led to this change in doctrine that is definitely saving lives. A new analyzer for determining use of adequate blood products is also being used for the first time in all CSHs in Iraq.

Transformation is also requiring us to change our blood distribution system. Our old blood platoon structure has a clinical laboratory company grade officer. The mission was to receive, store, and distribute blood products. Their expertise and capabilities were limited. The transformation replaces the blood platoon with a blood detachment. This unit includes a field grade level clinical laboratory officer with a specialty in blood banking as the commander well as an additional company grade clinical laboratory officer. This expertise now allows the unit to collect blood in a field environment. Also being modularized it can be split-based to accommodate joint operational requirements. The commander can also accept the additional duty as the Area Joint Blood Program Officer. There are currently plans for six blood detachments. Two have already been activated. The 440th blood detachment is at Fort Sam Houston, TX. And the 932nd Blood Detachment is at Fort Hood, TX. The 440th has already seen combat action and part of its modular force is in Afghanistan in support of OEF.

The Army's transformation is a reflection of many things that have recently occurred. One part of this puzzle is the threat of biological agents as well as chemical agents. The Chemical Corps continues to be a prime operator in the field for these events. Our two Area Medical Laboratories stand ready as confirmatory labs in this field environment. On a more clinical based biothreat capability, we have been working since January of 2002 to increase our clinical testing capabilities. Our first modular Biological Safety Laboratory (BSL-3) was just completed in August and is ready to be shipped to a major medical center. There are three more to be built soon as well as two fixed facilities that will break ground this Autumn. There are no doubts our capabilities are increasing. This is our lab transformation for our future based on the Army's requirements to combat a biothreat scenario. Along with 28 LRN Sentinel Labs, these additional confirmation laboratories may become our first detectors and confirmations of a biothreat agent. What we have found with our incorporation with the Center for Disease Control and Detection's (CDC) Lab Response Network (LRN) and our expanded BSL-3 level labs is it is allowing us to also provide testing not only for closely monitored biothreat agents, it is also allowing for the testing of possible pandemic diseases such as SARS and Avian Flu.

Our blood donor centers continue to transform to

meet the expanded numbers of safe blood products for our transformed Army. This last year, the Army began a new frozen red cell collection procedure that will be considered a closed system. The benefit of this closed system is that it will allow the final product of deglycerolized red cells to be stored at 4 degrees centigrade for up to 14 days instead of the current 24 hours. This 14 days allows the military blood distribution system to be able to better utilize these frozen red cells during a contingency. Also, testing is becoming even more complex. Fort Hood's blood testing center just updated to a more automated ELISA system that will provide better sensitivity as well as faster turn-around-times. Fort Knox's donor center was just approved MEDCASE funding for the same instrument. Our blood testing labs are at the cutting edge with nucleic acid testing. Fort Hood's Robertson Donor and Testing Center will be one of the first of any military and civilian sites in the country to receive an advanced fully automated testing system for HIV, Hepatitis C, West Nile Virus, and possibly hepatitis B under an investigation new drug protocol with the Food and Drug Administration. We are in transformation and we are leading the way!

The Future:

I have provided the reader with facts within the Clinical Laboratory Scientist field as well as shown how this field is transforming along with the military. I would now like to address some key accomplishments in the last year that stand out for the Medical Service Corps as well as the AMEDD and Army. They are the blood inventory program and the Six Sigma training program.

The Blood Tracker wins the prestigious Army "Greatest Invention" award. LTC Kevin Belanger, while assigned to the Directorate of Combat and Doctrine Developments and later as the Commander of the 440th Blood Detachment worked in coordination with the Telemedicine and Advanced Technology Research Center at Ft. Detrick, MD to build the Blood Information Program (BIP) This device has three small programs: a blood inventory program, blood report generator, and a transfusion/disposition module. The entire BIP is loaded on an iPAQ for easy manipulation. A barcode scanner is also used for scanning blood bags into and out of inventory saving time over manual entries. The inventory section is very easy to use and generates inventory reports including; unit number, product type, blood type expiration date, unit location and shipping facility. One of the most user friendly features is that all of the above information is editable and is not required for unit entry. The blood

Above: 1. LTC Danny Deuter, Multi-National Forces-Iraq Blood Program Officer in the Embassy, Baghdad. 2. LTC Kevin Belanger, Commander of the 440th Blood Detachment. 3. 2LT Lionel Lowery, deployed in Afghanistan is presented a certificate from the Egyptian Hospital Commander. 4. CPT John Nuchols, CPT Anna Marie Sterling and Ms. Patricia Fishback during the graduation ceremony in July 2005.
Next Page: 1. COL Noel Webster and LTC Donna Whittaker. 2. The first modular Biological Safety Laboratory Level 3 laboratory just completed in August 2005.

request report section is extremely easy to use and can be generated is just a few minutes. The report can either be e-mailed or printed and faxed requiring only a few taps with the stylus. The disposition report section is by far the best section within the BIP. This report tracks the unit from the time is was entered into the BIP to the time the unit was shipped, destroyed or transfused. The exciting part about this is that the end user can enter information regarding the transfusion of the blood product such as name, SS# and diagnosis. The hand held and barcode scanner is approx $1000.00 compared to the enormous cost of having a server and or lap top with blood software. You can teach a soldier to use the BIP in about 1 hr. The information and or reports can be e-mailed or printed with ease. The handheld fits into the soldiers cargo pocket and can be used either at the job site, sleeping quarters , mess hall, or wherever the soldier travels therefore, not being tied down to a computer in a tent. The vision is to have this device in all the Blood Support Detachments, FSMC, FST and Special Operation Units

The MEDCOM Laboratory Program Office wins the Army Surgeon General's 2004 Excalibur Award for the Active Component non-MTF category. One of our most exciting initiatives this past two years has been the incorporation of six sigma training methodology. Six Sigma is a measure of quality that strives for near perfection and a commitment to excellence, customer focus, and process improvement. It is a data-driven approach for eliminating defects in processes. To achieve Six Sigma, a process must not produce more than 3.4 defects per million opportunities. The goal of Six Sigma is the implementation of a measurement-based strategy that focuses on process improvement and variation reduction through the application of improvement projects. Training in Six Sigma methodology is done at different levels. The training level achieved is denoted by a belt color, with the highest training being a black belt. The implementation of Six Sigma processes in an organization is done by green belts, and supervised by black belts. To understand the impact of Six Sigma in an organization, black belts can save companies approximately $230,000 per project and can usually complete 4-6 projects a year. General Electric alone estimates benefits on the order of $10 billion during the first five years of implementation. Given the impact of this emerging Performance Improvement Process, Army laboratorians are adopting this emerging methodology at our MEDDAC and MEDCEN's, to set even higher standards of accuracy and efficiency. We now have trained a select group of clinical laboratory officers, chemists, microbiologists, and laboratory civilians, and enlisted medical laboratory technicians as green belts and black belts. These people have in turn trained over 200 people as yellow belts, not only in the laboratories but in other sections of the hospitals as well as in the Air Force and Navy. Over $2.5 million has been saved in our MTF laboratories with the incorporation of Six Sigma.

Thus, a Clinical Laboratory Officer's career is diverse. Not only must all these officers be soldiers, they are also experts in the whole realm of laboratory testing, federal healthcare regulations, managing military and civilians, some managing labs with over 200 personnel, and some in charge of phenomenally complex research projects. It is one with knowledge in science and administration, spent in both field and hospital duty, demanding leadership and management skills, and always devoted to taking care of the soldier far forward on the battlefield to all our beneficiaries at home. The Clinical Laboratory Officer is a major player in the Medical Service Corps and continues to make advancements not only for the Army, but the world as well.

Research Psychology (71F), Consultant to the Surgeon General

COL Paul Bartone

It's been another remarkable year for 71Fs – Research Psychologists, conducting studies and building programs on a range of topics, all aimed at enhancing the effectiveness of our warfighters. For example, as of this writing, three of our 71Fs (CPT Oscar Cabrera, MAJ Jeff Thomas, and LTC Paul Bliese) are deployed to Iraq as part of the third and latest Surgeon General's "Mental Health Advisory Team" – MHAT-III. Army research psychologists provide the MHAT with critical scientific research skills, including extensive experience in conducting behavioral research in the field. This allows the MHATs to rapidly identify critical trends and factors affecting soldier morale, well-being and mental readiness, and then to provide data-based recommendations for strategies to preserve and enhance the mental resiliency of warfighters. Previous MHATs have included 71Fs CPT Dave Cotting, MAJ Dennis McGurk, and LTC Carl Castro.

At the U.S.Army Research Institute for Environmental Medicine - USARIEM, MAJ Gina Adam is hard at work investigating the effects of increased cognitive demands on multiple task performance in warfighters, research that makes use of USARIEM's state-of-the-art marksmanship simulator. MAJ Adam's research aims to explain why some soldiers experience performance decrements under increased cognitive load, while others do not. Understanding of these individual differences will lead to better training programs to maximize warfighter performance under a variety of high-stress conditions. Other studies that MAJ Adam is involved with are yielding new insights into the effects of extreme cold, food and water deprivation on the warfighter's cognitive and military task performance. Meanwhile at USARIEM's lab in Fort Bragg, MAJ Lolita Burrell is conducting a critical study addressing the challenge of understanding and reducing serious injuries among warfighter vehicle maintenance workers. With colleagues at Ft. Bragg, MAJ Burrell's research aims to: 1) Identify injury rates in this soldier population; 2) Quantify how injuries relate to physical fitness and performance; and 3) Develop new and effective injury prevention tools and strategies. MAJ Burrell is also conducting several investigations aimed at improving physical fitness and optimal weight maintenance in warfighters.

71Fs are also active in critical training, prevention and education efforts around the world. For example, MAJ Sandra Escolas of USAMDA's Force Health Protection Branch (Ft. Detrick), recently led a team of Subject Matter Experts (SMEs) on a mission to the 121st General Hospital (GH) in Seoul, Republic of South Korea to train personnel in the use of Force Health Protection (FHP) contingency protocols. Similar training missions were conducted in Landstuhl, Germany, and are planned for other key facilities. As a result of this training, military medical personnel there can now apply state-of-the-art technologies to treat and prevent a range of medical threats including Smallpox, Hemorrhagic Fever with Renal Syndrome, Smallpox Vaccine Adverse Events, Botulism intoxication, and various adverse reactions to Vaccinia Virus. MAJ Escolas' work in this area highlights the versatility of the 71F series, and our expertise in translating medical knowledge into training programs that are maximally effective in human populations. MAJ Escolas is the Product Manager in Force Health Protection Branch of USAMMDA, helping to prepare DOD to respond effectively to possible biological warfare and terrorist attacks involving agents such as smallpox, anthrax, botulism and hemorrhagic fever.

At the WRAIR, 71F, LTC Sharon McBride is conducting research to evaluate the cognitive and motor functioning of individuals under various dosages of IV ketamine. This effort is part of the U.S.Army Medical and Materiel Command Combat Casualty Care Directorate (RAD 2)

Above: 1. CPT Dave Cotting in Iraq, serving with the Surgeon General's MHAT-II (Mental Health Advisory Team); 2. MAJ Dennis McGirk in Afghanistan during his service with the Surgeon General's MHAT; 3. MAJ Sandra Escolas, Product Manager in the Force Health Protection (FHP) team at USAMMDA, is pictured here with FHP team members Marianne Erlichman and Intisar Abbasi; 4. BG(P) Schoomaker is briefed by 71F MAJ Gina Adam on some of the research projects now underway at the USARIEM.

research program. Nasally delivered ketamine may be an excellent battlefield alternative to morphine for battlefield pain control, with a number of important advantages over morphine. LTC McBride's study will evaluate possible cognitive effects of proposed field doses of ketamine. Research volunteers will receive the ketamine in doses that are close to those proposed for fielding, and then complete a detailed battery of cognitive tests including immediate and delayed memory tests, learning tests, spatial planning, visuospatial ability, reaction time and motor coordination tests. Results will have a direct and significant impact on the AMEDD's ability to care for traumatic casualties on the battlefield. Also at WRAIR, MAJ Scott Kilgore is working with LTC McBride on the ketamine and cognitive functioning study. In addition, MAJ Kilgore is conducting other important and relevant research including studies of sleep deprivation and cognitive functioning in Army aviators in Iraq, and of the effects of several stimulant drugs on reaction time and decision-making ability. Based upon these and other excellent research contributions that will benefit the warfighter, MAJ Kilgore won the coveted WRAIR Edward L Buescher Award for Excellence in Research by a Young Scientist for 2005.

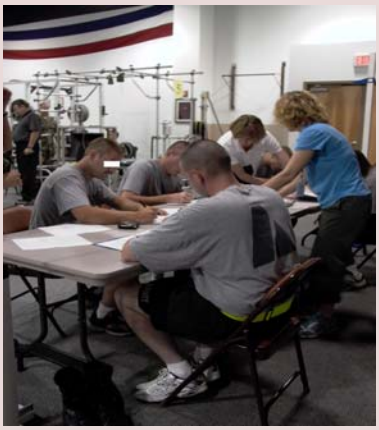
LTC Carl Castro continues to head one of the largest studies ever done of soldier stress, health and adaptation, dubbed the "WRAIR Land Combat Study." This ambitious project has many aspects, and is yielding new insights into how to keep the warfighter healthy under battlefield stress conditions. Other 71Fs involved are CPT Dave Cotting, MAJ Dennis McGurk, MAJ Jeff Thomas, and CPT Oscar Cabrera. Multiple reports from this study were presented at the April 2005 Convention of the International Applied Military Psychology Symposium in Washington DC, also organized and hosted by the WRAIR. Published reports have appeared in several journals including Military Medicine, and the influential New England Journal of Medicine.

Other 71Fs further demonstrate our ready adaptability and flexibility, bringing their talents to serve the warfighter in a wide variety of ways. 71F MAJ Melba Stetz, last year's winner of the American Psychological Association's prestigious Arthur Melton Award in Military Psychology, has moved to Fort Rucker and is Detachment Commander at U.S. Army Aeromedical Research Laboratory. MAJ Stetz also continues her research activities, as reflected for example in a recent (July, 2005) article in the journal Aviation, Space and Environmental Medicine, on "Psychiatric diagnoses as a cause of medical

evacuation" in OEF and OIF. MAJ Maurice Sipos at the Army Physical Fitness Research Institute, Army War College, Carlisle, PA, has played an instrumental role in developing a new, automated AWC assessment package that integrates physical health indicators with leadership and personality measures, providing current and future generations of Army leaders with an extremely valuable tool for self development and enhanced leader effectiveness. At the U.S. Military Academy, West Point, LTC Jim Ness is leading similar efforts to bring scientifically-based tools and assessment strategies to the critical task of developing future Army leaders. By applying their research skills and knowledge in the "schoolhouse" environment, these 71Fs are helping to optimize the future effectiveness of thousands of Army, Joint and interagency leaders. LTC Ross Pastel continues his integrative research into psychological aspects of bioterrorism, while also serving as Deputy Commander for Safety, Biosurety, Operations, Plans and Security at the U.S. Army Medical Research Institute for Infectious Disease (USAMRIID) at Ft. Detrick. LTC Charles A. Salter of the Armed Forces Radiobiology Research Institute (AFRRI) also served this year as Vice-Chair of an important NATO Research Task Group (RTG) 099, on Radiation Bioeffects and Countermeasures. And LTC Mark Vaitkus continues to provide a critical bridge between the Army's Medical Research and Materiel Command, Ft. Detrick and the Future Force Warrior acquisitions program, as the Deputy Technology Program Manager for the PM Soldier Warrior program. In this key role, LTC Vaitkus brings his extensive research and organizational acumen to the task of moving promising new technologies and products from the idea stage to actual fielded products that benefit the warfighter.

This is just a sampling of what Army 71F Research Psychologists are currently bringing to the fight. What an impressive array of MS officers, engaged in a range of activities, united by their commitment to improving the health, effectiveness, and resilience of today's (and tomorrow's) warfighters through the timely application of advanced psychological research and knowledge.

U.S. Army Research Institute of Environmental Medicine (USARIEM)



Above (L): Soldier fitness and performance measures are collected as part of USARIEM's study of injuries and prevention in wheeled vehicle mechanics. The study, conducted by 71F MAJ Lolita Burrell along with research colleagues at Ft. Bragg, aims to 1) Identify injury rates in this soldier population; 2) Quantify how injuries relate to physical fitness and performance; and 3) Develop new and effective injury prevention tools and strategies.

Above (R): Soldiers complete questionnaires as part of USARIEM's study aimed at reducing injuries in warfighter vehicle mechanics.

Assistant Corps Chief for Preventive Medicine Sciences

COL John Ciesla
Assistant Corps Chief
for Preventive Medicine Sciences

The Preventive Medicine Sciences (67C) career field is composed of five Areas of Concentration (AOCs). These AOCs include Nuclear Medical Science (72A), Medical Entomology (72B), Audiology and Hearing Conservation (72C), Environmental Science (72D), and Environmental/Sanitary Engineering (72E). Officers assigned to this career field support the AMEDD's Preventive Medicine and Force Health Protection Programs by actively seeking to minimize the threat of disease and non-battle injury to any deployed force as well as optimizing the health and safety of Soldiers and DA Civilian personnel around the world.

Officers in the 67C career field plan, lead, administer, manage and participate in activities relating to various facets of nuclear medical science and health physics, medical entomology, hearing conservation, environmental health, sanitary engineering, and epidemiology. Assignment opportunities include command, staff, and technical assignments involving the recognition, evaluation, and control of risks in the environment to the morale, health, and effectiveness of personnel for whom the Army is responsible.

During the past year, the MSC Preventive Medicine Sciences community has continued to provide outstanding leadership and technical support in the most demanding operational environment since World War II. In the following pages my fellow Consultants and I outline only a portion of the myriad contributions and achievements that our officers have made in support of winning the Global War on Terrorism, ensuring the occupational health and safety of Army personnel around the world, providing humanitarian assistance and relief, and participating in the ongoing effort to transform America's Army.

Despite the challenges posed by a high operational tempo coupled with operational requirements – particularly in the CENTCOM Area of Responsibility – the support provided by 67C officers remains critical to the force health protection mission of the AMEDD. And these officers are rising to meet that challenge every day.

Nuclear Medicine Science (72A), Consultant to the Surgeon General

COL Robert Eng

2005 was a year of many challenges and opportunities for Nuclear Medical Science Officers (NMSOs – AOC 72A) with deployments to Operation Iraqi Freedom, support of deploying and returning soldiers at the medical treatment facilities, pre-deployment training of soldiers at the AMEDD Center and School (AMEDDC&S) and at the U.S. Army Chemical School (USACMLS), contributions to Homeland Security, leading and deploying with emergency response teams, maintaining strong occupational radiation safety programs at medical treatment facilities (MTFs) and other units, maintaining a robust Army Knowledge On-Line nuclear/radiological medical website, conducting numerous training exercises (including intensive training at the Idaho National Environmental and Engineering Laboratory), and addressing Base Realignment and Closure (BRAC) issues. An ancillary benefit of these activities is the opportunity to meet peers and establish communication channels to improve our medical readiness.

Operation Iraqi Freedom (OIF):

Nuclear Medical Science Officers deployed in a number of roles in support of OIF. CPT Ricardo Reyes deployed with the 44th Medical Command as the Command Radiation Safety Officer (CRSO). He addressed orphaned radiation sources in Iraq, established the radiation safety program for medical treatment facilities, and dealt with Soldier radiation exposure incidents. CPT Reyes briefed general officers and Iraqi representatives on radiation safety and protection of the war-fighters at the Multi-National Corps – Iraq Surgeon's Medical Synchronization Conference. He was also in charge of inspecting Vehicle and Cargo Inspection Systems (VACIS). The mobile VACIS use radiation imaging to screen vehicles for contraband.

LTC John Mercier replaced CPT Reyes at the 44th MEDCOM as the CRSO. He created an operational scheme for transfer of abandoned radioactive material to the new Iraqi government to ensure safe storage. LTC Mercier established the combat zone limits of the VACIS and trained VACIS operators throughout Iraq on radiation safety and the optimal techniques for credible threat device imaging and detection. He provided oversight and training to two dozen medical units on all aspects of implementing radiation dosimetry programs for their area of operations. LTC Mercier spearheaded web-based radiation safety training for deployed and deploying forces. In addition, he conducted numerous surveys for orphaned radiation sources and radioactively contaminated sites.

1LT Chris Pitts and 1LT Kari Andersen deployed to Iraq on a mission to survey the VACIS and MTF x-ray systems. They also conducted site surveys for orphaned radiation sources and contaminated areas.

2LT Michael Moser deployed to Camp Arifjan, Kuwait to conduct a radiological survey of the Army Contaminated Equipment Retrograde Team (ACERT) collection point. The ACERT used the site to stage contaminated vehicles and damaged radioactive commodities for return shipment to CONUS. 2LT Moser lead a three man team in conducting the close-out survey in preparation for returning the site to the Kuwaiti government.

MAJ Rob Prins deployed to Camp Arifjan, Kuwait, as the Army Materiel Command Radiation Safety Officer responsible for addressing all issues relating to Army radioactive commodities.

LTC Gary Matcek deployed with the 30th Medical Brigade as the CBRN and Health Physics Officer, building on the work performed by CPT Reyes and LTC Mercier.

MAJ Paul Argo deployed with the 4th Infantry Division as their Headquarters Preventive Medicine Staff Officer.

Emergency Response Teams:
LTC Mark Melanson and LTC David Rynders are the NMSO leaders for the two Radiological Advisory Medical Teams (RAMT) located at North Atlantic Regional Medical Command, and the CHPPM – Europe, respectively. The RAMT mission is to respond to radiological emergencies involving nuclear weapons, radiological materials, and radiation exposure to provide advice and assistance to DoD and civilian medical responders.

NMSOs are also members of the Medical Radiobiology Advisory Team (MRAT) at the Armed Forces Radiobiology Research Institute, and DTRA's Consequence Management Advisory Team (CMAT). The MRAT provides medical advice and guidance to senior government officials on the consequences of human radiation exposure. The CMAT provides analytical support to combatant commands, DoD organizations, and federal agencies responding to WMD events. MAJ John Cuellar is a member of CMAT. In addition he is the DoD liaison officer to the State Department's Consequence Management Support Team.

Many 72As stationed at MTFs and CHPPM are members of the SMART-NBC and SMART-PVNTMED teams ready to respond to CBRNE and other emergencies. In addition serving as the Operations Officer for the Western Regional Medical Command SMART-NBC team, CPT Michael Stewart served as the technical advisor for the Pierce County, Washington Exercise Planning Committee on radiation and dirty bombs. He trained the Fort Lewis Fire Department in radiological response and survey instrument selection.

1LT Rezentes, RAMT health physicist, supported the operations center for the Presidential Inauguration in January 2005.

Exercises:
As a controller for the Pacific Guard 2005 Exercise at Fort Lewis, COL Eng guided the exercise scenario to prompt I Corps staff to respond to the consequences of a nuclear power plant disaster. The developing crisis required response in the areas of command and control, communications, medical, logistics, transportation, and force health protection. COL Eng's AAR recommended pre-exercise training, more injects, and a more realistic scenario as improvements for future Pacific Guard exercises.

LTC Mark Bower, Command Radiation Safety Officer for Pacific Regional Medical Command, conducted quarterly exercises with the Navy in Honolulu dealing with radiologically contaminated casualties. 1LT Ioulia Baldock played in the exercises, recording casualty information and assisting in the patient flow through the emergency room. A State Department representative observed the last exercise.

Under the leadership of LTC Boatwright the NBC Sciences Branch at the AMEDD C&S participated in three installation WMD exercises. Other participants included the BAMC SMART-NBC Team and installation first responders.

The Radiological Advisory Medical Team (RAMT) deployed in support of Dingo King 2005, a national-level interagency nuclear weapon (BROKEN ARROW) exercise that required intense medical play to deal with radiological patient management and treatment and assessment of the health risk to adjacent civilian population as well as force health protection issues of the responding force. The exercise was conducted at Kings Bay Submarine Base. LTC Mark Melanson led the RAMT, which consisted of two 72As, five 91SN4s, and one Nuclear Medicine Physician. The RAMT provided follow-up support for the evacuation of contaminated casualties, and guidance for the collection of urine and fecal bioassay samples. Feedback from the exercise controllers was overwhelmingly positive and the team received excellent training. MAJ Jason Dunavant, Army Material Command RSO was an exercise controller.

MAJ Chris Pitcher, RAMT XO, participated in the Autumn Fox (Radiological Attack) Table Top exercise at the Pentagon.

Training:
Under the leadership LTC Annette Boatwright and MAJ Rodrigo Chavez the NBC Sciences Branch at the AMEDD C&S developed and refined doctrine and training in support of current operations and

the Global War on Terrorism. The transition from NBC training to CBRNE training was completed for the Officer Basic Course and Officer Advanced Course. The NBC Sciences Branch trained over 20,000 personnel in CBRNE subjects. Branch NMSOs analyzed lessons learned from OEF and OIF and identified the necessary skills required for deployed 72A and 72D/E for detection of radioactive sources and agents commonly encountered in radiological incidents. A new course, developed in direct response to recent missions conducted by 72As, is conducted at Idaho National Environmental and Engineering Laboratory. The course teaches participants to locate, identify, and quantify radioactive sources using field survey techniques and equipment. Over 70 percent of active duty 72As have received this training.

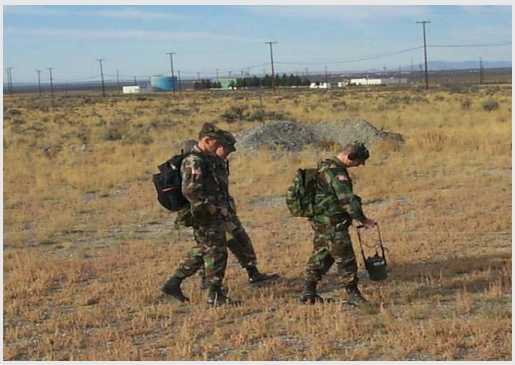
NBC Sciences Branch assisted other federal agencies in support of Joint Task Force Six, Northern Command, in developing a well-trained Border Patrol EMT corps to meet surges in healthcare demands resulting from catastrophic events on US Borders. This focus of this partnership is:

- Training Border Patrol EMT leaders in weapons of mass destruction (WMD) and chemical, biological, radiological, nuclear and explosive (CBRNE) response and crisis management;

- Adapting military CBRNE education and training materials to civilian needs, with emphasis on curricula for first responder and EMTs;

- Creating a civilian-military academic fellowship program for WMD training and policy formation.

MAJ Kevin Hart is the Chief of the Technical Training Department at the US Army Chemical School. Selection by the Chemical Brigade Commander for this position over Chemical Corps officers is a tribute to his leadership and technical skills. His accomplishments include completion of the revised Programs of Instruction for the Operational Radiation Safety Course and the Radiological Safety Course, and standing up the Joint Biological Point Detection System course. He led the way in revising all technical instruction in biological, radiological, nuclear, and CBRN reconnaissance for the Chemical Officer Basic and Career Courses. MAJ Hart is leading the revision of the CBRN reconnaissance functional course for the CBRN Reconnaissance System (Fox) with the



Above: 1. 1LT Chris Pitts and 1LT Kari Andersen surveying an area in Iraq for radiological contamination; 2. 1LT Chris Pitts surveying a Vehicle and Cargo Inspection System using in Iraq for screening contraband; 3. Documentation of Patient Information during a radiological exercise by 1LT Ioulia Baldock

addition of convoy operations, sensitive site exploitation, amphibious operations, and digital command and control systems (FBCB2). He is standing up the L6 ASI course for the CBRN Reconnaissance Vehicle (Stryker). MAJ Hart is a strong advocate for synergy between the US Army Chemical Corps and the AMEDD in protecting the force from CBRN threats.

LTC Melanson assisted the United Nations Environmental Program in teaching a course to Iraqi physicians and scientists on conducting environmental monitoring for depleted uranium (DU). The course had high-level State Department support. This first module of training was held in Amman, Jordan, and focused on field survey techniques and sampling. The second module, conducted in Geneva, focused on performing environmental surveys for DU in urban areas. There were 16 Iraqi physicians and scientists in the training program.

MAJ Paul Argo, the Command Radiation Safety Officer at Brooke Army Medical Center, developed a radiological decontamination plan to rapidly re-establish normal hospital operations following a response to a radiological/nuclear contingency.

Army, Joint, Office of the Secretary of Defense, Federal, and International Initiatives:

Many 72A's supported deployment efforts and major Army initiatives. In January 2005, CPT VanHorne-Sealy attended the NATO NBC Defense Training Working Group Conference to aid in planning for the first international NATO NBC medical training workshop. The group planned for presentations, static demonstrations and two field training exercises. It will focus on radiological decontamination following a WMD event. The workshop allowed NATO countries to demonstrate different techniques for decontamination, different types of equipment and different solutions for problems encountered.

LTC Boatwright served as the head of a three-person US Delegation to the first bi-annual NATO NBC Defense Medical Training Exercise in Vienna, Austria. The US delegation included an Air Force Medical WMD representative, and CPT VanHorne-Sealy of the AMEDD Center & School. The Austrian Armed Forces hosted over 125 delegates from 14 NATO and Partnership for Peace countries. Briefings were presented on the Austrian, German, British, and the Netherlands' patient decontamination methods, treatment for mustard agent exposure, and various types of equipment. Demonstrations included decontamination equipment and tools, combined military and civil response, and an Austrian military response to a radiological dispersal device. The training exercise included multinational decontamination teams working together. Working group meetings resulted in several proposals for the NATO NBC Medical Group.

MAJ Ray Morton is the medical CBRN defense staff officer at OTSG. He managed the implementation of the Biological Surety Program for 15 MEDCOM facilities. MAJ Morton coordinated MEDCOM support to Army Materiel Command, Army Test and Evaluation Command, and 8th US Army laboratories with biological surety programs. MAJ Morton managed the FY05 $38M medical CBRN budget, successfully reducing a proposed $12M decrement to about $5M in this fiscal year. He also managed the $15M Biosurety budget and obtained $5M in GWOT funds. MAJ Morton is the US lead for the NATO NBC Medical Working Group and the BIOMEDAC Group taking responsibility for four STANAGs.

COL Robert Eng, Director of the Proponency Office for Preventive Medicine – San Antonio (POPM-SA), worked with MEDCOM Plans Division and various SMEs, to develop four Avian Influenza/SARS scenarios upon which spreadsheet templates will be developed for MEDCOM/Army, installation, and local public health immediate response actions. The goal is to populate the template with specific, immediate responses and use it as the basis for table top exercises. Critical to this process is addressing the lessons learned from

Hurricane Katrina on the delay of response assets, with a goal to minimize mortality and morbidity.

MAJ John Cuellar at DTRA is a member of the Federal Radiological Monitoring and Assessment Center (FRMAC) committee. In this capacity he provided comments and advice to the committee as they developed their operating manual. He also served as the DoD liaison officer to the FRMAC for nuclear weapon accident responses.

MAJ Jason Dunavant served as a member of ANSI-32.40, Performance Criteria for Non-Intrusive Security Inspection Equipment and ANSI N43.16 Committee for Radiation Safety for Non-Intrusive Security Inspection Equipment. The goal is a consensus standard for systems such as security x-ray systems and vehicle inspection systems currently used in Iraq.

Depleted Uranium (DU) Medical Issues (OIF):
COL Eng developed the MEDCOM DU Policy for screening, identifying, and classifying redeploying Soldiers potentially exposed to DU. He provided oversight on the analysis of bioassay samples and reporting requirements. LTC Mark Melanson (CHPPM), the AMEDD's DU expert, briefed congressmen and their staffs on the management and care of Soldiers in the Army's DU medical follow-up program. All Command Radiation Safety Officers provided support in monitoring redeploying Soldiers for potential exposure to DU.

Support of Clinical Operations:
There were no violations noted by the Nuclear Regulatory Commission (NRC) for any of the AMEDD NRC Medical Licensees, a remarkable achievement. Nuclear Medical Science Officers provide NRC license oversight for use of radioactive materials for diagnostic, therapeutic, and research procedures at MEDCENs and MEDDACs, and support MG Webb, Chair of the MEDCOM Radiation Safety Council. In addition, 72As provided occupational radiation protection services throughout the AMEDD and the Army, contributing to worker safety and radiographic quality assurance and ensuring all Federal Regulations and JCAHO requirements relating to radiation protection were met.

Active Recruiting Efforts:
U.S. Army Recruiting Command and 72As have been aggressive in recruiting potential 72A candidates. In FY05 only one of five recruitment allocations were filled,

Above: 1. 2LT Michael Moser (72A), SPC Sean Mangan (N4), and 1LT Gary Hall (72A) during a radiological exercise; 2. 1LT Ru Zhao (72A), 1LT Kimberly Alston (72A), and PFC Brian Demeio (N4) during a radiological exercise; 3. LTC Mercier using a High-Purity Germanium (HPGe) gamma spectrometer to identify Radium-226 as the source in a discarded Iraqi lightning arrestor located in a scrap pile on a military base in Baghdad. 4. LTC Mercier taking a dose rate reading with a UDR-14 atop the bombed Russian IRT-5000 reactor core located at the Tuwaitha Nuclear Research Center, Iraq.

Facing Page: LTC Mercier recording the gamma spectra with a Cadmium-Zinc-Telluride (CZT) probe atop the bombed Russian IRT-5000 reactor core located at the Tuwaitha Nuclear Research Center, Iraq.

but two worthy candidates will be reviewed by the next Accessions Board. Although this data may seem disappointing, the positive twist is that nine additional qualified candidates have been identified and are considering active duty as a 72A. Our new accession is 2LT James E.Wilson, a prior enlisted Soldier with a Combat Infantryman's Badge.

Professional Filler System (PROFIS):
The 72A's have nine PROFIS positions and one Army Code 50 position (Code 50 positions are analogous to PROFIS positions). The PROFIS units are the 9th AML, 1ST AML, 331st Medical Group, 3rd Medical Command, 18th Medical Command, 30th Medical Hospital Center, and 44th Medical Command. The Code 50 position is with the Nuclear Disablement Team (NDT) of the CBRNE Command in Aberdeen Proving Ground, MD. A second NDT will be formed and maintained at the US Army Nuclear and Chemical Agency at Fort Belvoir, thus requiring another 72A officer. In response to Hurricane Katrina, MEDCOM Personnel developed a PROFIS list of specialties for immediate fill to respond to NORTHCOM taskers. Two 72As were named to that list to deal with the potential for displaced industrial and medical radiation sources. An identical PROFIS list was developed for Hurricane Rita.

Research:
COL Walt Loring, Deputy Scientific Director, Armed Forces Radiobiology Research Institute (AFRRI), is assisting the transformation of the science directorate at the nation's premier radiobiology research facility. COL Loring is helping to prepare AFRRI for significantly increased budget and manpower resources as the institute ramps up to meet the nation's need for radiation countermeasures. COL Loring is molding, organizing and leading the expanded staff of the Scientific Director during this period of unprecedented expansion. Using his long experience in the Nuclear Regulatory Commission (NRC) regulatory environment, COL Loring provided leadership for a work group that reorganized management of AFRRI's radiation source program. Wearing a second hat as the Head, Scientific Research Department, COL Loring standardized performance plans for technicians and scientists at each General Schedule grade level represented at AFRRI, greatly facilitating civilian resource management of the scientific research staff.

Base Realignment and Closure:
LTC Melanson and staff are addressing the planned closure of Walter Read Army Medical Center in terms of Nuclear Regulatory Commission License termination. They are working closely with MEDCOM, NARMC and CHPPM on cost and requirements. MEDCOM will reallocate 72A assets to meet increased radiology and nuclear medicine workload at Walter Reed National Military Medical Center and at Dewitt ACH. LTC Melanson is also planning for the relocation of the RAMT to best support the NCR for radiological and nuclear emergencies.

Installation Protection Program:
MAJ Morton was heavily involved at OTSG in assisting installations to prepare for Chemical, Biological, Radiological, Nuclear and High-Yield Explosive (CBRNE) incidents. He coordinated with the Army G-3, Army G-8, and the Joint Program Manager - Guardian to develop the Army Installation Protection Program. This program provides for the enhancement of equipment and training and consists of the Army Emergency First Responder Program (AEFRP), the Installation Support Team (IST) and the DoD Installation Preparedness Program (IPP). OTSG establishes medical policy and objectives, validates resource requirements for staffing and administration of the program, and establishes policy governing development of the Army CBRNE installation preparedness medical doctrine and training

Army Knowledge On-Line 72A Website:
MAJ Craig Moss continued to maintain the 72A AKO website. This website provides access to operational radiation safety information for 72As and others no matter their location throughout the world. One of the OIF lessons-learned is that SIPRNET is employed almost exclusively for electronic communication in theater, and from theater to CONUS and other areas. NMSOs are establishing SIPRNET AKO accounts to provide a reach-back capability for our medical Soldiers in the theater of operations.

The 72A Junior Officers (JO) established an AKO website to address their concerns and needs. In addition they have established a JO Council to share information and discuss issues to bring forth to the 72A Consultant.

LTHET as a Recruiting and Retention Tool

Long Term Health Education and Training (LTHET) is the best opportunity for officers to earn their Masters Degree in health physics or associated radiological sciences to qualify for the 72A AOC. It is also an ideal way to earn a Ph.D. for assignments requiring higher radiological technical and operational skills at U.S. Army Nuclear and Chemical Agency, Uniformed Services University of the Health Sciences (USUHS), the Military Academy, AFRRI, and the large MEDCENs such as WRAMC and BAMC. Many 72A authorizations and special assignments require a Ph.D. to demonstrate technical competency and credibility in deployments with United Nations teams, briefings to NATO, and interactions with the World Health Organization. LTHET is a great recruiting and retention tool but is also the means to enhance medical radiological readiness. USUHS offers a Masters of Public Health with Health Physics emphasis that partners closely with the nuclear/radiological operational mission of AFRRI. This is the only program that has such a heavy medical nuclear/radiological operational component, in which the graduate students participate in table top and operational exercises, and may assist AFRRI deployers on real nuclear missions. In FY05 one 72A started his doctorate program at USUHS, the first 72A to enter this program. One officer applied for an FY06 masters start.

1LT Theresa McDonald (72A, Active Duty) – 1LT McDonald served as the OIC of the Department of Radiology for Reynolds Army Community Hospital (RACH), Ft. Sill, Oklahoma. Immediately she was put to the test as her section had been without an NCO for over six months. Despite the underlap in coverage, 1LT McDonald completed all radiation surveys on time ensuring RACH's Nuclear Regulatory Commission accreditation and licensure was maintained. As Radiology OIC, she guided her department through a period of significant upheaval when the department Chief deployed and ensured this critical ancillary service was provided with little or no disruption to provider support and patient care services. 1LT McDonald ensured that Soldiers within the Preventive Medicine Department were trained in order to provide backup in the event of future staffing shortages.

Medical Entomology (72B), Consultant to the Surgeon General

COL Stephen Berte'

As with the Army as a whole, Medical Entomologists are keeping quite busy. Worldwide missions, overlain by Operations Iraqi and Enduring Freedom, are demanding the skills of medical entomologists to combat many preventable disease threats and our entomologists are stepping up to the plate.

Leader Development:

The silver lining of a higher operational tempo is that it provided abundant leadership development experiences. Both individual Entomologists and the specialty as a whole are benefiting as officers at all levels have been and are gaining valuable experience due to their deployments.

Entomologists continue to be selected by Department of Army selection boards to fill command positions. COL Tom Logan is commanding the 9th Area Medical Laboratory (AML) and COL Scott Gordon was selected this year and assumed command of the remaining, AML, the 1st. Both of the Army's AMLs are located at Aberdeen Proving Ground in Maryland and are now commanded by entomologists. Additionally, COL George Korch was chosen by the Medical Research and Materiel Command to command the U.S. Army Medical Research Institute of Infectious Disease (USAMRIID) at Fort Detrick, Maryland.

Entomology promotions continue as COL Leon Robert pinned on his current rank. Other field grade promotions included LTC Sonya Schleich and MAJs Tony Schuster, Brian Evans and Mark Potter. Company grade officers also moving up to new ranks were CPTs Peter Nunn, Owen Price, Joshua Bast, Jorge Lopez and Karl Korpal.

Medical entomologists at the AMEDD Center and School's Medical Zoology Branch (MZB) provide critical leader development training on several levels. Although the MZB has long certified military and civilian entomologists, technicians and civilians at Fort Sam Houston courses to be pesticide applicators, they have added off site training as well to support the Warfighter. They have conducted outreach training in such places as Korea, Kosovo, and others. This year they traveled to Forts Stewart, Lewis and Hood to teach the DoD Pest Management Certification Course. Entomologists at the Center and School are also developing a distance learning tool to push Pesticide Applicator Recertification training to the Force. That should help raise certification maintenance levels, especially for 68S technicians, to near 100%. The MZB has also stepped up its training of AMEDD Officer Basic Course officers in personal protective measures and arthropods and vector-borne diseases of military importance to ensure our incoming officers are fully informed on how to protect themselves from preventable disease carried by insects. The MZB is also renewing a collaborative relationship between it and the USDA-Kerrville for the new military entomologists to learn about current knowledge and research on medical and veterinary entomology.

Integration:

Recruiting is essential to ensure we keep a pipeline open to sustain our ranks by integrating new people into the Army medical entomology community. To that end, we have again met our recruitment goal of four new entomologists per year. This year's accessions include 1LT Hee Kim (Texas A&M University) whose first assignment was to the 38th Med Det in Korea. Others who at this printing had signed oaths and were in or programmed for initial training are Wesley McCardle (Hood College), 1LT Patrick Sarmiento (branch transfer from Field Artillery), Silas Davidson (Colorado State University).

The aerial spray pesticide dispersal unit (PDU) has officially been removed from the Army inventory. FORSCOM has sent turn-in instructions to affected units in June 2005. The infrequency of aerial spray missions and the fact that fixed and rotary winged capability exist in other Services lead to the decision to drop this capability from the Army inventory. The removal of the PDU was significant in that it reduced the deployment weight and cube of MTOE detachments making them more agile.

The entomologist and other preventive medicine personnel in the AMEDD Center and School's Directorate of Combat and Doctrine Development (DCDD) coordinated equipment updates as part of an integrated 3-year cyclic review process that conclude in 1st Quarter FY06. Entomological items reviewed include items such as: MES Rodent Trap Set, MES Rodent Survey Set, and definitive placement of the Stinger hydraulic pesticide sprayer in preventive medicine detachments.

Successes:

Medical Entomologists continue to achieve success as a community due to their devotion to duty and flexibility that comes from being drawn to a field with literally millions of different species of insect to study! Army medical entomology succeeds because it is a well integrated team that consists of uniformed and civilian entomologists from both the Active and Reserve Components. Army Entomology is also tied into the larger DoD preventive medicine mission through its integral involvement in the Army Forces Pest Management Board (AFPMB) process. Here are some recent success stories.

Entomologists continue to deploy in support of OEF/OIF and other worldwide missions. At any given time, we have about 10% of our roughly 60 officers down range. That means a lot of folks have been deployed supporting the Warfighter and the quality of their support has been and continues to be outstanding.

On the home front, an Army entomologist assigned to the AFPMB was responsible for establishing and coordinating a consortium of federal agencies, professional organizations and private industry to address short-term and long-term requirements in the chemical control of arthropods that transmit diseases of military significance. This supports efforts under the AFPMB's Defense Warfighter Protection Program to develop pest control solutions to the field. AFPMB entomologists were also involved in working with NATO allies to update "A Med P-3 (A) (STANAG 2048), Chemical Control of Insects and Rodents". The STANAG facilitates the interoperability of US and NATO allied forces with respect to control of arthropod-borne diseases of military significance on deployments.

The Walter Reed Army Institute of Research (WRAIR) in partnership with the U.S. Army Center for Health Promotion and Preventive Medicine has continued their sand fly surveillance program in support of OIF/OEF. Deployed preventive medicine units collect sand flies and ship them to WRAIR, where they are tested for the

Above: 1. Medical Entomologist MAJ Jamie Blow with boy afflicted with leishmaniasis in Afghanistan; 2. Medical Entomologist MAJ Amy Korman collects ticks during disease vector research in Kenya; 3. LTC Eric Milstrey (72B) briefing combined U.S./Iraqi audience on leishmaniasis in U.S. forces in Iraq; 4. CPT James Meckel (72B) instructing a student in larval mosquito collection techniques.

Above: 1. MAJ Jason Richardson (72B) developed valuable technical skills while conducting medical entomology research as part of the Long Term Health Education Training (LTHET) program; 2. COL Tom Logan, Medical Entomologist & Commander, 9th AML overseas palletizing of unit equipment; 3. Medical Entomologist LTC Sonya Schleich with a Swedish public health officer in Kosovo.

presence of *Leishmania* parasites using a Real-time PCR assay. The goal is to provide results back to the deployed units within two weeks of receipt of specimens at WRAIR. Deployed units can use information on sand fly infection rates to prioritize their control efforts. To date (2003-2005), over 130,000 sand flies have been collected and shipped to WRAIR. Over 5,000 pools containing 50,000 sand flies have been tested for *Leishmania* parasites — 662 of these pools were positive. While many of the *Leishmania*-positive pools contain parasites that are not a threat to humans, a number of sand flies have been found infected with *L. infantum* (the parasite that causes visceral leishmaniasis) or *L. major* (the parasite that causes cutaneous leishmaniasis).

WRAIR entomologists, with support from overseas Army laboratories, continued efforts to develop a Dengue Vector Control System. The goal of this effort is to develop an integrated system that could be used by Preventive Medicine personnel to conduct surveillance for dengue vectors to support vector control programs. Progress is being made on the development of a number of individual components that make up the system, to include: a) an identification guide to world-wide dengue vectors; b) a prototype field-deployable kit that is used to test mosquitoes for the presence of the dengue virus; c) a trap for the collection of *Aedes* mosquitoes; d) the initiation of an effort to produce a comprehensive guide on how to control dengue vectors. The WRAIR team continues efforts to develop a series of vector assays. Malaria, West Nile virus, Eastern Equine Encephalitis virus and Saint Louis Encephalitis virus VecTest assays have already been developed though the Malaria assay was recently discontinued due to low demand. However, efforts are underway to re-initiate production of this product and additional assays under development include those for dengue virus, Japanese encephalitis virus, Ross River virus, Rift Valley fever virus, and Leishmaniasis. Finally, WRAIR entomologists continued efforts to develop a new insect military repellent, with focus on the development of a relatively new compound that is a promising alternative to DEET. Field studies conducted in Kenya, Egypt, Peru, Belize and Virginia demonstrated that two formulations of this product were as effective as the current extended duration military repellent.

Medical entomology has been involved in supporting DoD efforts with regard to the Endangered Species Act as the command entomologist for the Defense Logistics Agency is working to conserve the Palos Verdes blue butterfly. President Bush signed Executive Order 13352 on Aug.

26, 2004, which directs the Departments of the Interior, Agriculture, Commerce, Defense and Environmental Protection Agency to implement laws relating to the environment and natural resources in a manner that promotes cooperative conservation, with an emphasis on local inclusion. The DLA effort is setting the standard for cooperative work between the government and civilian organizations. The Palos Verdes blue butterfly, federally listed as endangered in 1980, was presumed by many experts to be extinct. In March 1994, the butterfly was rediscovered at Defense Fuel Support Point San Pedro. By 1997, the butterfly population had increased to about 500 as a result of conservation measures. The project to save the Palos Verdes blue butterfly has enlisted the support of DLA; the Palos Verdes Peninsula Land Conservancy; Urban Wildlands Group; University of California at Riverside and Los Angeles; San Diego State University's Soil Ecology Restoration Group; U.S. Fish and Wildlife Service; and Naval Engineering Facilities Command, Southwest.

Future of AOC:

Medical entomologists are doing a superlative job of supporting the Warfighter. The outlook for the career field is bright as the specialty will remain an integral part of the Army preventive medicine team under Army transformation initiatives. When the Army considers officers for promotion, they look to past performance as an indicator of the potential an officer has to perform in the future. The past performance of Army entomologists indicates that 72Bs will continue to be a significant combat multiplier for the Army irrespective of what configuration the Force takes on in the future.

CPT Lesly Calix (72B, Active Duty) – As the Entomologist and Executive Officer of the 71st Medical Detachment (Preventive Medicine), CPT Calix determined all supply, maintenance and unit movement requirements for the unit's deployment to Operation Enduring Freedom. As Unit Movement Officer, she executed the unit movement plan and included coordination with the local Branch Movement Control Team for inspection and loading, resulting in 100% of the detachments MTOE equipment and vehicles were loaded and shipped. Upon arrival in Afghanistan, she completed a complex report of survey when it was discovered that most of the unit's equipment had been stolen from the MILVAN's. Her attention to detail ensured that there was no financial liability to members of the unit. CPT Calix relocated to Forward Operating Base Salerno and led a 5 Soldier PM Team to provide both basic PM and entomology assistance. She collected and identified 1,353 mosquitoes and 593 sand flies and sent the specimens back to CONUS to be analyzed for malaria and leishmaniasis. CPT Calix selected to lead an investigation related to a falciparum malaria case and traveled to several remote areas near the Pakistan which resulted in the reduced incidence of malaria among US. Soldiers in Afghanistan.

Audiology (72C),
Consultant to the Surgeon General

LTC Kathy Gates

The 72C AOC remains committed to protecting the Army's most precious resource, its soldiers, by protecting a combat and life critical sense, their hearing. In the proud tradition of the Medical Service Corps (MSC), 72C officers continue to actively demonstrate their relevancy to Combatant Commands, the AMEDD and the Army by providing hearing conservation and hearing readiness services in support of current operations, peacekeeping missions and the Army Transformation. The 72C AOC remains focused on, and committed to, MSC priorities.

Operation Iraqi Freedom and Enduring Freedom Hearing Conservation (HC) Mission to Afghanistan. CPT Kel Kratzer, USACHPPM EUROPE HC Program Manager (HCPM), established a HC test site at Camp Bagram. This newly established test site provides HC and readiness services to personnel located within the 12th Aviation Brigade and provides pilots with HC support to maintain their flight status. CPT Kratzer also conducted a 40-hour HC Certification Course, successfully certifying 7 medics as HC technicians at the BAS. CPT Kratzer also conducted a site visit to review all aspects of the HC mission (e.g., noise issues, hearing protection, and command support). Major concerns corrected included: hearing protective equipment not being worn; excessive noise at some Forward Operating Battalions; location of the generator field; and the airfield proximity to sleeping quarters. CPT Kratzer addressed all these issues and recommended relocating the major sources of hazardous and nuisance noise.

HC Mission to Iraq. CPT Lisa Whitney, currently assigned at the 86th CSH, provides hearing treatment services to Soldiers, marines, coalition forces, and contractors who have encountered acoustic injury/trauma as a result of blast or other noise-related exposures. CPT Whitney provides diagnostic hearing evaluations and notes that her patients fall into two distinct categories: those who regularly wear hearing protection and those who don't. However, she is beginning to see an increased awareness from both patients and commanders of the importance to maintain good hearing and the need to protect it. In addition, other health care providers appreciate having a 72C on staff to provide clinical and preventive services. CPT Whitney has provided HC services and was responsible for setting up and implementing three HC test sites within OIF. She has found that stressing the importance of maintaining good hearing throughout one's military career is critical to the soldier's performance and to the Army's mission success.

Force health protection and hearing readiness success stories exist at all Army installations that have a 72C serving as the HCPM. The 72C plays a vital role in ensuring that our soldiers maintain their critical sense of hearing.

Fort Stewart successfully deployed 3rd Infantry Division (ID) soldiers in support of OIF, ensuring they were provided appropriate hearing protective equipment, health education, and a recent hearing test (DD2215 or DD2216). The HC team at Fort Stewart and Hunter Army Airfield completed 12,281 hearing tests during a 7-week SRP. As a result of their pro-active efforts, six percent of soldiers seen at the SRP site were referred for diagnostic audiograms and 87 soldiers were fitted with hearing aids. Most importantly, 252 profiles (H-2, H-3) were generated, giving commanders an assessment of the potential risks that hearing loss would pose within their units. As a result of Fort Stewart's pro-active hearing readiness role in the SRP process, 3rd ID soldiers deployed with no undiagnosed hearing losses. All soldiers were properly fitted with the Combat Arms Earplugs (CAE), and the command staff was briefed on the importance of maintaining good hearing for mission accomplishment.

Fort Hood's HC team has also been an integral part of the readiness mission. They provide HC and hearing readiness support through their active participation in the SRP mission. Approximately

45,000 active duty soldiers and a large number of National Guard and Reserve forces have been processed and provided HC services. Additionally, Fort Hood supported the redeployment of 4th ID soldiers with re-deployment hearing tests. The HC team also fitted preformed earplugs at the SRP site. The 72C officer assigned to Preventive Medicine provides follow-up support to soldiers identified as high-risk or needing medical referral. The 72C is responsible for assessing each soldier's hearing status prior to deploying through diagnostic evaluations and the fitting of hearing aids, when applicable.

Fort Lewis continues to support OIF/OEF with a staff of four audiologists (including one GWOT position), led by LTC Dale Ostler. The MAMC Audiology Clinic team has been able to meet the Commander's mandate for providing 72-hour appointments for all soldiers deploying or re-deploying, while maintaining the Tricare policy of seeing all appointed patients within a 28-day window. CPT Dan Ohama actively manages the Fort Lewis HC mission. In FY05, he created a Unit Compliance Report that is provided to Commanders to assist them in ensuring that their soldiers complete the annual HC exam and earplug re-fitting. As a result of his efforts, Commanders at Fort Lewis are able to track their unit's HC compliance.

Fort Benning implemented some changes to their current ATC mission regarding HC. MAJ Kevin Hannah worked with the 30th AG operations section, as well as the Cadre, to ensure their understanding of the importance of conducting the baseline audiogram as part of the HC mission. In addition, he provided additional training for his HC staff. As a result of these changes in FY05, Fort Benning's HC mission compliance significantly increased from 54% to 90%. This increase indicates that ATC soldiers are being provided high quality HC services. The goal of the HC team is to help each soldier understand the need to protect their hearing, not only during basic training, but throughout their military career.

Hearing Loss Treatment, Evaluation & Rehabilitation As casualties return from OIF and OEF, regrettably, there have been significant increases in the number of patients who we evaluated and treated for hearing loss during FY05. Army audiologists have continued to provide the highest echelon of clinical services and technology to evaluate and treat soldiers, and return them to duty as quickly as possible. 'One-Stop' soldier support centers established at Forts Drum, Stewart, and Campbell, among other installations, now provide more accessible annual hearing screening and diagnostic audiology services for the soldier.

Above: 1. CPT Whitney supervises a hearing exam at the 86th CSH in Iraq; 2. CSM Michael Grant (WMEDDAC CSM), COL Linda Pierson, BG Carla Hawley-Bowland, and 1LT Nichole Pressler, Wuerzburg, Germany; 3. Hearing Exam Training at the 12th Aviation Aide Station, Bahgram Air Base; 4. COL Jeffrey Davies hands the guidon to MG Farmer during the Water Reed Army Medical Center Garrison Command Change of Command Ceremony.

Research:

Acoustic research conducted at the US Army Aeromedical Research Laboratory (USAARL), Fort Rucker and at the US Army Research Laboratory (ARL), Aberdeen Proving Ground, has continued to develop technology to protect a soldier's hearing while enhancing their communication ability and situational awareness. The aviator's Communications Earplug (CEP), developed at USAARL, attenuates aircraft noise, protects hearing, and improves radio communication ability. Army audiologists assigned to USAARL's Acoustics Department have been very active in research that supports the modern day soldier. Current efforts include measuring the long-term effects of hazardous noise exposure on the vestibular system. The vestibular system has similar cell structures as the cochlea and can be damaged by intense sound. Dizziness does not immediately occur with this type of vestibular damage because the central nervous system adapts to compensate for the weakness by relying on input from the visual and proprioceptive systems. However, as the visual and proprioceptive systems decline with age, these injuries become evident and the long-term quality of life declines. Prevention is paramount because there is no cure for this type of injury.

Another active endeavor is spatially separating radio messages under headphones to improve communication. Aviators are simultaneously bombarded with several competing messages while flying combat operations. It is important that a pilot be able to distinguish his or her call sign and the message that follows it. Aviation communications are delivered monaurally through headphones. This method introduces a large margin for misunderstanding due to the cumulative effects of energetic and informational masking. If aviation communication could be improved upon using 3-dimensional technology, the safety of the passengers and crew could drastically increase.

Leader Development:

The 72C AOC continues to serve the MSC and AMEDD in leadership positions, as evident from the contributions and achievements of our officers during the past year. COL Jeff Davies, former garrison commander for Walter Reed Army Medical Center, assumed responsibility as Executive Officer for The Army Surgeon General. On 19 August 2005, COL Linda Pierson, a 72C, assumed command of Kenner Army Health Clinic, Fort Lee, VA. MG Kenneth Farmer, Commanding General, North Atlantic Regional Medical Command, presided over the ceremony. This is COL Pierson's third command assignment, having previously commanded the Wuerzburg MEDDAC and the Kitzingen Health Clinic in Germany. She is the first uniformed audiologist to serve as a clinic commander. COL David Chandler, former Director, Army Audiology and Speech Center for Walter Reed Army Medical Center, assumed responsibility as the Director, Executive Agency, Office of The Army Surgeon General.

We continue to invest in developing future leaders by establishing educational programs that ensure their professional development and success.

Under the direction of COL Clyde Byrne, the AMEDD Center & School has added HC to the 91W preventive medicine curriculum. As of August 2005, soldiers enrolled in the 91W course receive a block of instruction on HC that includes how to select and fit preformed earplugs. In-service training was provided to thirty instructors on the proper selection and fit of hearing protective devices in support of this new initiative by MG George Weightman. All 91W Soldiers will be trained to select and fit preformed earplugs. A 10 minute video was made in conjunction with the AMEDD TV and Multi-Media Branch that provides instruction on the proper way to perform an otoscopic inspection. Plans are in effect to continue to partner with the AMEDD TV and Multi-Media Branch to create more instructional videos for the course. Strides are being made toward establishing a HC Center at Fort Sam Houston. The go-ahead has been given to establish the plan for subsequent approval by the AMEDD C&S and BAMC.

The 72C AOC also leads the profession of audiology as it transitions to the Doctorate of Audiology (AuD) as the preferred entry-level degree. A 12 month residency training program follows completion of three years of required academic coursework at an accredited university, and focuses on mastery of "core" clinical skills to identify, assess, and manage auditory and balance disorders. For the military, the Army is the only Service that has a clinical residency program, located at the Audiology and Speech Center, Walter Reed Army Medical Center. After successful completion of training, residents become 72C officers with a 3 year active duty obligation. FY05 graduates were 1LTs Elizabeth Somrack and Kara Delaney.

Current Challenges:

The current Army HC Program focuses on garrison missions and generally excludes training and deployed missions, indicating a major shortfall within our AOC. The HCP must extend beyond the garrison setting in order to prevent hearing loss and injuries to our soldiers in both training and deployed situations. We must protect each soldier's critical sense of hearing throughout their military career no matter where they work. Until the early 90s and before the force was downsized, 72C authorization strength averaged 70. Currently, the 72C AOC has just 25 authorizations. Occupational noise exposure is greatest during tactical operations where hearing can become instantly impaired, either temporarily or permanently. The risk of soldiers incurring combat noise-induced hearing loss is higher now that it has been in more than 30 years. Given the current combat operations in OIF/OEF, the increased number of combat arms soldiers, the extended periods of weapons training, and the deployment of new and more intense weapons systems, vehicles, and aircraft, noise from combat operations is possibly the single greatest occupational hazard to our deployed military personnel. Traumatic brain injury, with associated adverse effects on the auditory and vestibular system, has been recognized as the signature health issue of OIF (Key Iraq wound: brain trauma. USA Today, 4 Mar 05, page 1). The 72C AOC is working with DCDD on a DOTMLPF analysis to determine how to transform the Army HCP to meet the challenges of today's and tomorrow's battlefield in an effort to protect soldiers from hearing loss injuries and to enhance hearing ability for increased communication capabilities in garrison, training and in combat. We continue to work towards transforming our AOC to meet the needs of the Army Transformation.

The Way Ahead:

Several new HC initiatives have been instituted to increase support and emphasis for hearing readiness of our deployed soldiers. They are being implemented and supported by our 25 full-time military audiologists.

(1) Warfighter Hearing Enhancement Protector Device. The Multi-Service Solutions Task Force looked at acoustic trauma based on lessons learned from the Battle of Fallujah. Soldiers sustained acute acoustic blast trauma, ruptured eardrums, and hearing loss because they were not properly wearing the CAE. Although Marines were issued the CAE, they were not provided training on how to properly use them. In fact, Marines split these earplugs in half and used them that way. On 24 May, The Service Chiefs Forum directed a Multi-Service Solutions Task Force to conduct field-testing of Commercial Off-The-Shelf hearing protective and communication enhancement devices to find the next generation hearing protector for the dismounted soldier/marine. Field trials will be conducted across multiple sites to include Forts Benning and Polk, and the Marine Corps Base Quantico. The Army has the lead and COL Chandler is the Chair of the Warfighter Hearing Enhancement Working Group. Results will be briefed to the Service Chiefs 30 November.

(2) Army Training Center (ATC) Initiative. In April 2004, MEDCOM & TRADOC established that 100% HC services would be provided at all Basic Training Sites. Forts Benning and Sill have a 72C authorization and are active in this mission. A 72C was assigned to Fort Jackson in August 2004 to initiate and support a similar mission, despite having no (72C) authorization. Fort Jackson's ATC mission for HC will become fully operational in FY06 with the receipt of additional funds and resources. Fort Leonard Wood has agreed to provide an authorization for a 72C and they will become operational in FY06 as well. We continue to work this initiative and hope to be at 100% for all ATCs by the end of FY06.

(3) Hearing Conservation Sites. We continue to increase our HC services and support to the deployed force by setting up sites in Iraq, Kuwait, Kosovo, Bosnia and other countries. At these sites, soldiers receive hearing protective equipment, health education training, counseling, testing and other hearing services from 72C officers and/or trained technicians.

(4) The Army Individual Medical Readiness metric includes hearing and vision as individual metrics. Creation of a Hearing Readiness (HR) Module in MEDPROS is our newest initiative. This HR module will provide valuable readiness data to commanders to ensure their soldiers are "hearing ready" for any operational mission. The Defense Occupational Environmental Health Readiness System-Hearing Conservation (DOEHRS-HC) Data Repository will interface with the Army's Readiness Tracking System in order to automatically populate HR data into the module. This will eliminate the need to manually enter

and track data. The creation of the HR module will provide a critical tool for tracking individual soldier HR at the unit level as well as provide valuable information regarding hearing trends of soldiers at the MEDCOM and Army level. Currently, we are unable to completely report the hearing trends in our deployed soldiers.

(5) Redesign of the Combat Arms Earplug (CAE). Dr. Doug Ohlin, the USACHPPM Hearing Conservation Program Manager, Aberdeen Proving Ground, reports that Aearo, the manufacturer, is redesigning the CAE. The soldier will be able to switch back and forth between the nonlinear (level dependent) and linear modes without having to remove the plug. A filter with a reduced footprint has already been developed, tested and found equivalent to the current one. The goal of this re-design is to ensure that soldiers are able to understand how to properly use the CAE and to make sure they are easy to use.

Reference Websites:
Army Knowledge Online (72C Community Page) and www.MilitaryAudiology.Org

CPT Jillyen Curry (72C, Active Duty) – CPT Curry served as the Chief, Hearing Conservation, Ft. Stewart MEDDAC. Immediately upon arrival to the unit, CPT Curry sought assistance in planning for the 3rd Infantry Division's second OIF deployment. In a ten week period the Hearing Conservation (HC) team completed 12,000 hearing tests, which was in compliance with the 2004 SERMC SRP Mobilization directive to provide baseline hearing testing and annual testing to those who have not been tested in the past 6 months prior to a deployment. CPT Calix procured financing from 3rd ID purchase combat arms earplugs which enhanced Command and Control communication and detection of enemy sounds while Soldiers were on patrol and wearing earplugs. During her tenure she has conducted hearing tests for over 25,000 Soldiers, testing of 4,000 mobilizing troops with the 48th Brigade. In anticipation for 3rd ID's return she has requested re-screening of all 3rd ID Soldiers returning from Iraq and the completion of a HC survey to assist and triage Soldiers immediate needs to document the importance of hearing on the battlefield.

CPT Lisa Whitney (72C, Active Duty) – CPT Whitney served as Audiologist to the 86th Combat Support Hospital in support of OIF. During her tenure she developed a patient handout for "acoustic trauma follow-up" that has been utilized by the 86th CSH EMT. She also assisted with the development of a "Combat Sounds" CD which has become a training tool used to help Soldiers identify friendly verses enemy systems. CPT Whitney has provided multiple in-service programs to teach other providers and medical personnel about the basics of hearing loss, reading audiograms and required follow-up. She took her skills outside the Forward Operating Base to provide training to Soldiers on the use of DOD Occupational and Environmental Health Surveillance Hearing Conservation System, which has allowed units to provide some testing at far forward sites, reducing Soldiers travel time and eliminating the need to fly to Germany to have this test performed. As Staff Consultant in Audiology to the 44th MDOCM, she was voted "Medical Service Corps Provider of the Month" due to her tireless efforts, assessment and treatment of Soldiers presenting associated ear or hearing problems.

Environmental Science/Engineering (72D/E), Consultant to the Surgeon General

COL John Ciesla

The Environmental Science and Sanitary/ Environmental Engineering specialties continue to provide critical support to the Army Medical Department (AMEDD) and the Army at war. The 72D AOC is one of four specialties in the Medical Service Corps that has seen tremendous growth in the past year as a result of Army Transformation and will continue to increase in numbers dramatically over the next several years. Environmental Science (AOC 72D) and Environmental/ Sanitary Engineers (AOC 72E) continue to provide technical and military leadership across the operational spectrum. Whether deployed in support of the Global War on Terrorism, providing technical support for Homeland Defense activities, or guiding day-to-day efforts at Army installations around the world aimed at protecting the health and readiness of our soldiers, civilians and family members, our personnel have never been more important. The following items are only a sample of the myriad activities in which environmental science officers and sanitary engineers involved.

Homeland Defense / Humanitarian Assistance:
Providing public health and preventive medicine support to communities and populations affected by natural disaster has always been an important job for 72D/E officers. In 2005, our officers were called to provide assistance in the wake of natural disasters that ranged from earthquakes in Pakistan to hurricanes that ravaged the U.S. Gulf Coast.

The aftermath of Hurricane Katrina left hundreds of thousands homeless, with no power, scarce food supplies, with stagnant flood waters throughout the region. A Special Medical Augmentation Response Team – Preventive Medicine (SMART-PM) deployed to New Orleans to conduct occupational and environmental health surveillance (OEHS) as part of the DoD response to this disaster. Team members MAJ Bill Bettin (72E), MAJ Dennis Palalay (72D), and CPT Alex Giambone (72E) collected soil samples as part of the comprehensive OEHS mission of a previously occupied base camp in the Saint Bernard's Parrish. Water samples in samples were also taken in New Orleans to characterize the risk to service members who were working in the flood waters performing search and recovery operations.

Environmental and public health expertise is increasingly called upon to augment the growing response to the threat of terrorists' potential use of weapons of mass destruction. In an example of this, the 223rd Medical Detachment (PM) Commanded by MAJ Jim Flanagan was selected by Forces Command and put on CONUS deployment orders to be part of Joint Task Force Civil Support (JTF-CS). JTF-CS is headquartered out of Fort Monroe, Virginia and their primary mission is to plan and integrate DoD support to the designated Lead Federal Agency for domestic Chemical, Biological, Radiological, Nuclear and high yield Explosive (CBRNE) consequence management operations. The 223rd MEDDET was part of the Initial Entry Force (IEF) of Task Force Medical (TF-MED). The MEDDET's mission was to provide initial support to the IEF and follow-on forces in the event of a terrorist attack or during a humanitarian assistance mission.

The Global War on Terrorism:
Direct mission support within the CENTCOM AOR continued unabated in 2005 and included missions to Afghanistan, Iraq, Kuwait, Uzbekistan, and Saudi Arabia. These missions were critical to the identification of occupational and environmental heath hazards and the development of risk mitigation measures to protect the health of the deployed force. These missions (which could vary in duration from weeks to more than a year) were accomplished by 72D/E officers assigned to Preventive Medicine Detachments, Division and Special Forces Preventive Medicine Sections, and USACHPPM.

As the first 72D Officer assigned to the 322nd Civil Affairs Brigade, MAJ Lisa Forsyth led a Public Health team charged with the responsibility to identify issues and challenges with civilian health care and to develop,

in conjunction with U.S. and Iraqi medical planners from Multinational Corps-Iraq and Multinational Forces-Iraq, a strategic engagement plan for resolution of public health problems. The two enduring challenges confronting the Iraqi health care system are salary for health care providers and the distribution of medical supplies. Future civil military operations and medical support planning rely on first hand knowledge gained from direct interaction with local civilian leaders and on-scene assessments of the infrastructure.

MAJ Aaron Silver (72D) succeeded MAJ Tim Bosetti (72E) as the CFLCC Force Health Protection Officer at Camp Arifjan, Kuwait. MAJ Silver, along with MAJ Roberto Torres (72D), 62d Medical Bde, continued to guide the integration of a U.S. Navy Forward Deployed Preventive Medicine Unit (FDPMU) into Theater force health protection efforts, heralding what will undoubtedly become a common operating picture for U.S. Forces: joint and interoperable preventive medicine support.

Within Iraq, MAJ Clarence Thomas (72D) succeeded LTC Mike Swalko as the Force Health Protection officer for the Multi-National Force-Iraq (MNF-I) Headquarters in Baghdad. MAJ Tathetra Joseph (72E) replaced MAJ Jennifer Caci (72D) in a similar role for the Multi-National Coalition-Iraq (MNC-I), also headquartered in Baghdad. In Afghanistan, MAJ Mark Ireland guided force health protection efforts as a member of the Combined Joint Task Force – 76 (CJTF-76) Surgeon's Cell. And at CENTCOM Headquarters, COL Brian Commons (72D) served as the Deputy CENTCOM Surgeon along with LTC William Darby, Force Health Protection Officer.

These officers – along with their colleagues assigned to brigade combat teams, Division Headquarters, Special Forces Groups and preventive medicine detachments operating in Iraq and Afghanistan – provided invaluable technical guidance and assistance in the most demanding and complex operational environment since the Vietnam War.

72D/E Officers continue to serve at other Combatant Commands as well, with MAJ Jose Castro (72D) at SOUTHCOM; MAJ Mike Salamy at SOCOM; LTC(P) Clark Weaver (72D) at STRATCOM; and LTC Mike Swalko (72D) at JFCOM.

Support to Army Transformation:
The 72D/E officers assigned to DCDD at the AMEDD Center & School – LTC Tom Delk (72D) and MAJ Paul

Above: 1. MAJ Lisa Forsyth, 322nd Civil Affairs BDE, Iraq; 2. CPT Alex Giambone, SMART-PM, New Orleans; 3. CPT Price and CPT Sherbert in Ambriz, Angola; 4. CPT Ryan Bible, in flight to Balad, Iraq.

Lyons (72D) have been working closely with personnel at POPM-SA, USACHPPM, and ASD (Health Affairs) in the development of OEHS documents. They assisted with the development of the Army's Deployment Occupational and Environment Health Risk Management (DOEHRM) plan. The DOEHRM is a DA G-3 lead document, but AMEDD personnel conducted most of the writing and staffing in an effort to expedite the process. DCDD personnel have written the draft MEDCOM implementation plan for DOEHRM, which will be staffed after publication of the Army's DOEHRM plan.

Personnel at DCDD are attempting to accelerate the incorporation of Health Surveillance into the Army.

DCDD continues to monitor, improve and update the Army Medical Department (AMEDD) Field Manuals (FMs). FM 4-25.12 (formerly FM 21-10-1), Unit Field Sanitation Team, and FM 21-10, Field Hygiene and Sanitation, are being combined into one comprehensive document: FM 4-25.10, Field Sanitation Team & Preventive Medicine Measures. In addition to combining the information from these two manuals, other significant changes will include: information on Detainee Operations, increased instruction on burnout latrine safety, and information on Occupational Health. DCDD hosted numerous subject matter experts in an effort to completely revise FM 4-02.17, Preventive Medicine Services. The first draft is complete and is presently being formatted by the Doctrine Literature Division. The draft will soon be out for initial review.

Efforts also continue to monitor and upgrade preventive medicine sets, kits, and outfits (SKO). This fiscal year, DCDD's PVNTMED Combat Developers and Medical Materiel Branch, along with the US Army Medical Materiel Agency (USAMMA), began a cyclic review of all level II and level III preventive medicine SKOs. PVNTMED SKO modification goals & objectives were to: focus on Level II & III PVNTMED service support, base all modifications on current & future requirements, add, delete, consolidate, & substitute equipment *(as needed)* to meet these requirements, consolidate capabilities into common SKOs, reduce redundancies among SKOs & lighten the load, capitalize on current & future technology, existing & COTS items, & computer automation, and minimize hazardous materials *(whenever possible)*

As part of the FM 4-25.10 (Field Sanitation Team and Preventive Medicine Measures) development process, DCDD is updating the FLDSAN TM equipment and supply list. The PVNTMED Combat Developers solicited and received input from the PVNTMED community, and they plan to staff this list of proposed items through the AMEDDC&S, FORSCOM, and OTSG prior to incorporation into the new FM. The new list of Field Sanitation Team equipment and supplies will provide Unit Field Sanitation Teams with enhanced Level I PVNTMED support capabilities to further protect Soldiers' health in the field.

Support for Health and Readiness Worldwide: 72D/E Officers and enlisted Preventive Medicine Specialists assigned worldwide to MEDDAC Preventive Medicine Services continued to provide critical support for health and readiness through our installation based environmental health and industrial hygiene programs on a day-to-day basis. Many of these personnel have been tasked to provide operational

support away from the installation to which they are assigned as the Chief of Environmental Health.
CPT Diana J. Parzik (72D) from the Center for Health Promotion and Preventive-Europe (CHPPM-EUR) in Landstuhl, Germany, served a six month tour, January 2005-June 2005, at Joint Task Force Bravo (JTF-B) Soto Cano Air Base, Honduras. During her deployment she served as the JTF-B OIC of a Pediatric-Nutrition Medical Readiness Exercise (MEDRETE) in the La Paz, Honduras AO. This mission was conducted per the request of the Honduran Ministry of Health to conduct surveillance of malnutrition in this particular region of the country. This MEDRETE was a joint effort by Honduran health workers, JTF-B local nationals, the Honduran military, and US military pediatric doctors, dieticians, and other logistical personnel.

A Water System Vulnerability Assessment (WSVA) was performed at Soto Cano Air Base, Honduras, in Support of SOUTHCOM Joint Task Force Bravo (JTF-Bravo)
CPT Mike Greifenstein (72D) deployed from USACHPPM-South to Soto Cano Air Base, Honduras, to assist CPT Diana Parzik (72D), JTF-Bravo Chief of Preventive Medicine, with the Department of Defense required Water System Vulnerability Assessment (WSVA). The efforts of CPT Mike Greifenstein and CPT Diana Parzik helped identify potential vulnerabilities, threats, and physical security issues throughout the Soto Cano Air Base water system. The WSVA considered potential attacks to the Soto Cano Air Base water system from outside organizations, petty crime and vandalism, and from insiders working on Soto Cano Air Base. At the conclusion of the assessment, recommendations were made to the JTF-Bravo Commander through both an on-site classified out-brief and through a classified follow-on formal report outlining ways to reduce or eliminate the risk to soldiers and airman stationed at Soto Cano Air Base from the identified vulnerabilities and potential water system attack scenarios.

CPT Jesse Kooker (72D), CHPPM-PAC, assisted the Deputy Chief of Staff, Force Health Protection, 18th Medical Command, Korea, in developing a Human Use Protocol for a Chlamydia trachomatis surveillance program. The program will screen all incoming female Soldiers, age 25 or younger, that will be assigned to the Eighth US Army, Republic of Korea. The purpose of the program is to gain specific prevalence information on Chlamydia, and to develop measures of surveillance and control. The project is sponsored by the Department of Defense Global Emerging Infections Surveillance and Response System (DoD-GEIS). The protocol will be

Facing Page: CPT Diana Parzik, JTF-Bravo

Above: 1. Occupational and Environmental Health Surveillance (OEHS) in Afghanistan; 2. LTC Scott Weight, Camp Victory, Iraq; 3. CPT David Derrick, Fort A.P. Hill, VA; 4. CPT Mike Greifenstein, JTF Bravo

Above: 1. CPT Tom Sherbert, Caboledo, Angola; 2. MAJ Gellasch and SGT Fitzgibbon, Ghazni, Afghanistan; 3. PFC Bateman, CPT Derrick, and CPT Clark at Fort A.P. Hill; 4. LTC Bill Darby, LTC Aaron Silver, and MAJ Greg Kimm at Camp Ali Al Salem, Kuwait

reviewed and approved by Walter Reed Army Medical Center, Department of Clinical Investigations. On 27 January 2005, CPT Kooker also responded to a suspected influenza outbreak occurring during the Yama Sakura Bilateral Field Training Exercise (FTX) conducted between the Japanese Ground Self-Defense Force and US Forces participating in the exercise. The FTX occurred in the Hokkaido Prefecture of Japan. CPT Kooker worked with on-site medical staff to conduct a comprehensive epidemiological investigation. More than 250 survey questionnaires were completed and collected. Initial analysis identified the majority of cases as Influenza-B. CPT Kooker's rapid response, initiatives and applied epidemiology expertise assisted in minimizing potential spread of the virus to healthy Soldiers participating in the FTX.

1LT Sarah Solli (72E), and SGT Guillory (91SN4), participated as members of the CHPPM-PAC SMART-PM in the Tri-Service Mass Casualty Exercise conducted on 4 Nov 05 at the Atsugi Naval Base, Japan. The CHPPM-PAC SMART-PM provided water and food service consultation and technical assistance to the Incident Commander and to personnel operating the Emergency Operation Center. The purpose of the exercise was to test the capabilities of the medical community to provide combined Tri-Service support to a mass casualty event occurring at one of the installations in Japan.

CPT Thomas Sherbert (72D) , CPT E. Owen Price (72B), and SGT John Russell (91S20), deployed to Angola to support Joint Medical Task Force 212th during MEDFLAG 05. The team deployed for 30 plus days (Aug –Sep 2005) while providing consultation and support in the areas of field preventive medicine, public health and infectious disease outbreaks, health risk communications, force health protection, medical entomology, and deployment environmental health surveillance.

Finally, two 72D Officers assumed CSL command in 2005 with COL Steve Jones at CHPPM-Europe in Landstuhl, Germany, and LTC Dennis Brown at CHPPM-North, Fort George G. Meade, MD. COL Laurie Cummings (72E) was selected for O-6 CSL Command and has been slated to take command of Kimbrough Army Community Health Clinic in 2006.

Education and Training:

The Environmental Quality Branch (EQB) led by LTC John Teyhen (72D) continues to provide the most up to date training based on the current operating environment.

Course content and scenarios are updated dependent upon the lessons learned from our 72D/Es out in the field to provide the most realistic training to the newest members of the preventive medicine family. Several new initiatives were the focus of the past year to include the rewrite of a FM 8-250, the Field Sanitation Team (FST) Distance Learning product, and the integration of Warrior Tasks into the MOS 91S Program of Instruction (POI).

In the past year, approximately 48 preventive medicine science officers graduated from the Principles of Military Preventive Medicine Course (6A-F5), five from the Preventive Medicine Senior Leaders Course (6A-F6), 154 soldiers from the MOS producing Preventive Medicine Specialist Course (91S10), and 65 from the Basic Industrial Hygiene (BIH) Course. For the second year in a row, the BIH Course went on the road to bring the training to the soldiers. This year they went to Germany and the cost saving has enabled the AMEDDC&S to centrally fund additional students to Fort Sam Houston.

EQB has partnered with CHPPM to rewrite FM 8-250, Preventive Medicine Specialist. The new document will be a Training Circular (TC 8-250) and broken down by volumes according to subject area. This will enable soldiers to use those TCs that are applicable to their work. TC 8-250 will serve as a reference handbook for the Preventive Medicine Specialist (skill levels 1-5). This will be the first rewrite in almost twenty years. In addition, the AMEDDC&S was awarded money to produce a FST distance learning product that will be web-based and accessible to soldiers worldwide. As part of the contract, a CD-ROM version will also be produced for students without sufficient bandwidth or internet connection.
EQB has purchased over $200K worth of new equipment and classroom furniture. This will enable students to train with recent updates to equipment in the inventory, and be better prepared to accomplish the mission. Also, warrior tasks have been incorporated into the 91S Preventive Medicine Specialist Course. This will allow the soldiers to maintain soldier skills while learning their technical specialties.

MAJ Leona Tolle (72D) and MAJ Hugh Bailey (72E) are new additions to the staff, both coming from Command of preventive medicine detachments. Their real world experience and technical abilities will benefit EQB tremendously.

Above: 1. MAJ Greg Kimm, COL John Ciesla and CPT Autumn Leveridge at Bagram Air Base; 2. MAJ Aaron Silver, MAJ Roberto Torres at Camp Arifjan, Kuwait; 3. MAJ Chris Gellasch, Bagram, Air Base; 4. CPT Paul McBride, Afghanistan

Conclusion:

The future for environmental science officers and sanitary engineers in the Medical Service Corps and Army will continue to be exciting and full of enormous potential for personal and professional development. With the increased emphasis by the Army on Force Health Protection in a global environment, our officers will continue to play an indispensable role in the AMEDD's mission to "protect the fighting strength." I am both humbled by and grateful for the dedication and sacrifice exhibited by our officers at all levels, every day. There has never been a better – or more important time – to serve our nation.

CPT Jason Faulkenberry (72D,Active Duty)- As Brigade Preventive Medicine Officer and as the Chief, Field Preventive Medicine Division assigned to (CHPPM)-West at Fort Lewis Washington, CPT Faulkenberry deployed with the 3rd Brigade, 2nd Infantry Division Stryker Brigade in support of OIF. He developed an extensive PM program to provide the full spectrum of PM at 13 locations across the Arrowhead Brigade battle space. His plan incorporated Base Camp Assessments, chemical and bacteriological water analysis test, water tank inspections and inspections on dining facilities and local national café's. He also conducted a myriad of training on field sanitation, Leishmaniasis, hot and cold weather injuries, and other topics pertinent to sustaining the Brigade. He also served as the Medical Company Executive Officer and directed operations for a unit spread over 200 miles occupying two operating bases.

1LT Jason Krantz (72D, Active Duty)- As Chief Field Preventive Medicine Division assigned to the (CHPPM)-North at Fort Meade Maryland. 1LT Krantz provided Deployment Occupational and Environmental Health Surveillance Training, which includes air, water, soil sampling/monitoring, pest management, and industrial hygiene surveys to 11 Active Duty, 11 Reserve, and 6 National Guard PM units an sections located in a northeaster United States encompassing 21 states. He developed the first ever Course Catalogue, which identified training blocks to ensure that field preventive medicine personnel knew what training was available, allowing PM units to prioritize and schedule training blocks focused on their needs. Additionally, he successfully coordinated instructor support for the North Atlantic Regional Medical Command's PM staff.

Junior Officer Highlights

CPT David Zinnate (72D, Active Duty) – As the 7th Special Forces Group Preventive Medicine Officer, CPT Zinnate provided support to the Combined Joint Special Operations Task Force- Afghanistan in support of Operation Enduring Freedom. Under his supervision, over 1,000 Soldiers were safely vaccinated and protected from exposure to a multitude of deadly disease causing agents. He deployed to several locations in Afghanistan to conduct disease investigations, health risk assessments, drinking water surveillance, food safety inspections, vector-borne diseased monitoring and control and environmental hazard surveillance. As the 224th PM Detachment commander, CPT Zinnate deployed with 60 % of his authorized personnel in support of Hurricane Katrina relief efforts as part of JTF Katrina and LTF Lone Star where his unit performed over 60 major PM missions in the Greater New Orleans area.

1LT Christopher Lindley (72D, Active Duty) – As Company Commander of the 793rd Medical Detachment (PM), 1LT Lindley was responsible for providing Level III Preventive Medicine (PM) support to over 44,000 troops in over 9 major commands assigned to the Multinational Division during OIF. He traveled to over 22 Base Camps monthly to visit every Soldier in his unit. While deployed, the 793rd executed 105 combat convoys, over 10,000 vehicle miles of combat convoy operations, 170 air movements, 113 Base Camp Assessments and over 15,000 PM inspections all without injury. In December 2004, while at FOB Diamondback, FOB Marez was attacked by a suicide bomber, 91 patients were taken from the Dining Facility to the Combat Surgical Hospital at FOB Diamondback, where 1LT Lindley provided assistance with the triage of casualties. During the triaging, the hospital was mortared and took a direct hit, with additional rounds in the immediate vicinity. Along with others, he, spearheaded the immediate movement of patients from the initial triage area to inside the hospital; and he was personally responsible for the movement of five patients to cover inside the hospital while under fire.

1LT Eric Torrado (72D, National Guard) – 1LT Torrado deployed with the 411th Civil Affairs Battalion and was immediately selected to assist with the transition of the 415th Public Health Team to the 411th. Upon completion of this transition, he was selected to serve as the Assistant S-5 of the 2nd BCT, 1st Infantry Division (ID) and participated in Operation Baton Rouge in Samarra; the largest kinetic operation conducted by the ID during OIF. His assessment of medical treatment facilities in Samarra formed the basis for the restoration of medical services in the city, where he spent 16 days coordinating a MEDCAP for citizens of Samarra with the ID Surgeon. During this mission, he was involved in a HMMWV accident while on night patrol with resulted in injures to all four passengers; he performed triage to determine the extent of injures. In a separate incident, he treated a Sheikh that was wounded by gunfire. For his actions in combat, he was awarded the Combat Medical badge. 1LT Torrado initiated and completed 25 water filtration projects totaling $2.5 million, which provided safe drinking water to over 20 villages in the Balad area. Additionally, he was actively involved with gathering pallets of backpacks and coordination for their distribution to Iraqi children.

CPT Jacqueline Smalls (72D, Active Duty)- CPT Smalls is assigned to the Proponency Office for Preventive Medicine (POPM), OTSG, Falls Church, Virginia where she routinely provides assistance to DA and DoD Staff and Secretariat, in the development of plans, programs, policies, and directives that affect the implementation of the Army's PM programs. CPT Smalls guided the development and publication of policy on medical standards for water quality related issues to the recycling of shower and laundry wastewater in the field that had been delayed for almost five years. Additionally, she developed, researched and conducted briefings for The Surgeon General on the status of converting pre- and post- deployment health assessments from paper to electronic format and the conduct and effectiveness of vector control activities in Iraq. As Executive Assistant to the Assistant Chief of the MSC for PM Sciences, she consistently reviewed, managed, and distributed the most accurate and up to date assignment information for more than 400 officers in the 67C multifunctional area (MFA), directly contributing to the career management, mentoring and networking of officers in that (MFA).

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

COL Michael Kaminski
Assistant Corps Chief
for Social Work, Clinical Psychology,
Pharmacy, Optometry, Podiatry

Social Work, Clinical Psychology, Optometry, Pharmacy, and Podiatry successfully continue to actively support Soldiers from the training base to fighting the war on the frontline. Our disciplines are critical components to the Army Medical Department. Amidst the Army and Nation at war, we continue to transform into an Army of meeting today's real time missions as well as future missions. Creating larger pools of combat units by the retraining and reallocation of thousands of current positions is a major goal of transformation. This reallocation has directly affected the composition of our AOCs and will further affect us in the future. Opportunities within the new modular construct has allowed for growth in some AOCs while others will see a transition from uniform support of the fighting force to civilian support. Change can surely be challenging.

2005 is yet another year of many successes and enormous contributions from the officers of the Medical Service Corps! Each consultant in the following pages will describe the year 2005 and detail the specific accomplishments of their respective AOCs.

We must remember it is the sum of all of our individual contributions that makes the Army Medical Department highly successful in achieving its mission. Thanks to all of you who have contributed in making a successful year!

Pharmacy (67E),
Consultant to the Surgeon General

COL Isiah Harper

During the past twelve months, the Army Pharmacy team (Active and Reserve), have continued to serve the Soldier on point and beneficiaries, at home and abroad, ensuring appropriate and safe medication therapy to America's finest, thus ensuring our Soldiers are a healthy and medically fit force.

Supporting Transforming Army Missions:

Over forty active duty Pharmacy Officers have deployed to OIF/OEF from 1 January 2002 through 30 September 2005. During the same time span, ninety-one Reserve Pharmacy Officers have deployed to OIF/OEF or been mobilized as backfill. Most recently, LTC Brett Kelly was selected to replace LTC Marc Caouette as the senior pharmacist in theater and the Multi National Corps Iraq (MNC-I) pharmacy consultant. In this capacity, he will continue to ensure appropriate and safe drug therapy to our deployed Soldiers, other service members, coalition forces, civilians, host nation personnel, and others each and every day. Although this senior pharmacist position in theatre since 2004 is relatively new, Army pharmacy has continued to rise to the challenge by placing a senior Pharmacy Officer at the Multinational Corps Headquarters in Iraq to champion pharmaceutical care, appropriate medication use standards, quality pharmacy support, and to represent the needs of our deployed pharmacy personnel, medics and Soldiers.

CPT Alvin Blackmon serving as the senior pharmacist assigned to the United States Army Medical Material Center – South West Asia (USAMMCE-SWA) continued to provide pharmacist leadership in the critical area of Class VIII pharmaceutical supply.

Army Pharmacists continue to be actively engaged and continue to provide extraordinary leadership in assignments to USAMMDA, DMSB, and MRMC. COL Jerry Pierson is the first pharmacist as the Commander of USAMMDA. COL Don Goode as the Deputy of USAMMDA was responsible for drug and other product development and was also the Deputy Director at DMSB overseeing such important pharmacy issues like the management of the joint deployment formulary (JDF). MAJ Paula Doulaveris at USAMMA as Chief of the Pharmaceuticals Directorate, was responsible for the coordination of Anthrax, Influenza and other centrally managed vaccine distribution, the management of the cold chain process for vaccines and other temperature sensitive drugs and biologicals and was responsible for the worldwide Medical Material Quality Control (MMQC) program for drug and other medical product recalls and alerts. MAJ Jorge D. Carrillo continues to lead the Clinical Advisory Support Division at the U.S. Army Medical Materiel Center in Europe (USAMMCE) in Pirmasens, Germany. The pharmacy-led clinical division now has, in addition to the Pharmacy Officer, a Pharmacy Technician (Navy NCO), a Registered Nurse, a Licensed Practical Nurse, a Laboratory Technician and a Dental Technician. The clinical division has been recognized for increasing the availability of medical supplies and implementing cost-saving processes in support of over 1,300 Tri-Service and State Department customers in Europe, Africa and Southwest Asia (OIF and OEF).

Our Reserve Pharmacy Officers must be singled out for their sustained support to America's Global War on Terrorism. Leadership and dedicated support has been provided by the U S Army Reserve Pharmacy Consultants COL Richard Lakes, until his retirement in March 2005, and LTC Rick Gomez, newly appointed in May 2005.Since Jan 1, 2002, ninety-one different Reserve Pharmacy Officers have been mobilized or deployed in support of OEF/OIF. Nine Officers have been mobilized or deployed on two separate occasions. Of these one hundred active duty tours, fifty-five tours have been to a theater of operations. Through 30 September 2005, these ninety-one Officers have completed a total of 28,259 days of active duty service for Army Pharmacy.

Army Pharmacists continue to provide key leadership roles at both the DoD Pharmacoeconomic Center

and TRICARE Management Activity in the management of the six billion dollar annual DoD pharmaceutical expenditure budget and effective formulary management.

Recruitment and Retention:

2005 has been a successful recruitment year for Army Pharmacy with the accession of twelve new Army Pharmacy Officers to active duty. This accomplishment can largely be attributed to the opportunities provided by the Health Profession Loan Repayment Program (HPLRP), which provides up to $117,000 in loan repayment for qualifying pharmacy degree loans. Additionally, a new accession bonus of $30,000, special pay, and retention bonuses, have all contributed to another successful year in Army Pharmacy recruiting and to maintaining a quality medical force.

National Contributions:

Army pharmacists stepped up to the plate and were deployed with the 14th CSH and the 21st CSH in support of the devastating effects of Hurricane Katrina. We had a reserve Army Pharmacist in Honduras with Joint Task Force Bravo which was our last Army Pharmacist to support this tasking over the past twenty-one years since 1984. COL John Grabenstein, the Director of the DoD Military Vaccine program (DoD MILVAX), continues to coordinate the worldwide implementation and safety surveillance for the DoD Anthrax and Smallpox Vaccination Programs, which have vaccinated more than 1.2 million and 630,000 individuals respectively on five continents and on dozens of ships at sea. LTC Stephen Ford, began his tenureas Deputy Director and is currently in a one year fellowship at the agency.

Regional Medical Command Contributions:

The Western Regional Medical Command led by COL George Dydek at Madigan Army Medical Center (MAMC) have completed their third refill push program into a theater of operations ensuring appropriate pharmaceutical care for deployed Soldiers. In support of Operation Iraqi Freedom, the MAMC Pharmacy pushed approximately one thousand medication refills into Iraq for Soldiers assigned to the 3rd Stryker Brigade and the Washington National Guard 81st Armor Brigade. After identifying issues with Soldiers on medications deploying in theater, a plan was developed to get the right medication to the right Soldier. COL George Dydek, working closely with the OTSG, developed a solution to the problem by identifying three key components needed to provide support. First, during predeployment, all Soldiers would be screened for chronic medication use through a process involving the Corps Surgeon and Chief, Department of Pharmacy. Once Soldiers on chronic medications had been screened, a review process was set up to look for potential medication filling problems and health risks associated with specific Soldiers deploying on medications. Second, during deployment, all Soldiers identified as being on chronic medications were given a 180 day supply with one refill to expedite the mid-deployment refill process. Third, during middeployment, all Soldiers on chronic medications had their profiles reevaluated for any changes. All Soldier's prescriptions with chronic medications were systematically refilled, packed, and addressed directly to the units in which they were serving. Finally, the

medications were sent out using a commercial carrier resulting in clear and decisive care to all deployed Soldiers leaving Fort Lewis, WA. The results were phenomenal and were applauded by the deployed Brigade Surgeon and medical support personnel in Iraq. Army Pharmacy is providing innovative solutions in support of the fighting force.

Training for Success:

During the past twelve months several Army Pharmacists completed advanced training. CPT Elizabeth Murak completed the Pharmacy Practice Residency at WRAMC and will put her new knowledge and skills into practice at Fort Jackson, SC. CPT Brandi Schuyler and CPT Veronica Hager will complete the Nuclear Pharmacy Residency in December. Under the direction of LTC Jennifer Styles, the Pharmacy Branch of the AMEDD C&S, responsible for training all 91Q pharmacy technicians and all new pharmacy officers, was

recently re-accredited for another six years (national accreditation) through the American Society of Health System Pharmacists.
This accreditation is considered to be a national pharmacy technician training "gold" standard" benchmark.

Junior Officers:

CPT Jeff Neigh served as the Army Pharmacy Junior Officer Council President and MAJ Travis Watson continued to serve as the Senior Advisor to the Junior Officer Council. CPT Kevin Ridderhoff completed his second year Administrative Residency at Landstuhl Regional Medical Center. He volunteered to undertake a qualitative analysis of Integrating healthcare between LRMC and the 435th Medical Group at Ramstein Air Base as his graduate management project. Integration of healthcare services between the Army and Air Force had been started several times, but each time little progress was made and inertia quickly resumed. This project was the cornerstone for renewed interest in integration, resulting in $800,000 of Army modularity funds allocated and approval to integrate forty-five staff members to form the primary care center of excellence on Ramstein and intensify specialty care services at LRMC. His diligence and hard work earned him the Leadership and Innovation award winner at the 2005 Combined Forces Pharmacy Seminar. CPT Aaron Nicholson was selected as the 2005 Army Pharmacy Junior Officer of the year.

The Future:

Army Pharmacists prove their significant relevance and value to the Army and our Soldiers on point every day. Army Pharmacists will not only continue to serve in a wide variety of traditional as well as in emerging roles and responsibilities, but will also continue to serve selflessly and compassionately as critical professional specialists who are sought out as vital to the Medical Service Corps, the Army Medical Department, and the Army. The demonstrated traditions of excellence that are core to Army Pharmacy dating back to the founding days of our Nation will continue, and Army Pharmacists will provide exceptional leadership on point for our Soldiers and the entire Army family in effectively managing appropriate, safe, and cost effective drug therapy.

Above: 1. CPT Alvin Blackmon – USAMMCE-SWA; 2. LTG Kevin Kiley talks with MAJ Ralphine Whitfield, 14th CSH, Hurricane Katrina; 3. MAMC pharmacy staff; 4. 249th CSH Pharmacy Team OEF Bagram, Afghanistan
Facing Page: CPT Elizabeth Murak, CPT Brandi Schuyler, and CPT Veronica Hager

Optometry (67F),
Consultant to the Surgeon General

COL Michael Kaminski

Army Optometry completes another tremendous year, 2005 has been a year of many successes, of hard work and great sacrifice. We continue our day in and day out commitment in providing Soldiers, family members, and our retirees unsurpassed quality vision care. The mission has taken optometry from the home station to far forward places as Iraq and Afghanistan. Our achievements have not been based on luck but the tireless efforts of each and every Army optometrist serving today. Thank you for your dedication and for the many contributions throughout the past year.

As you all know the Global war on Terrorism continues and our role in supporting forward deployed Soldiers continues in Iraq and Afghanistan with no foreseeable reduction in the near term. Our contribution to this effort has been noteworthy and very much appreciated by the Army. Reserve and Army National Guard optometrists will continue to be activated to deploy forward as well as to backfill key stateside locations. Special thanks go to all optometrists who have deployed to Iraq and Afghanistan during the past year…MAJ James Robinson, CPT Jana Williams, CPT Mike Ventura, CPT Jennifer Ramey, CPT Jeff Duncan, CPT Craig Rennard, CPT Kate Wagner, CPT Aaron Judd, MAJ Nick Sylvestros, CPT Tom Byers, MAJ Joe Harkins, CPT Jennifer Filiatreau, MAJ Bruce Flint, MAJ Pat Connelly, CPT Eric Spotts, CPT Timothy Landis, CPT Kelly Olson, CPT Stefan Kochis, MAJ Dennis Descarreaux, MAJ Kevin D. Gunnerson, MAJ Curtis W Gales, CPT Oscar Corredor, CPT James W. Robinson, CPT Brian Leak, CPT Rhett Veater, CPT Evelyn Reyes-Cabrera and CPT Thomas Scholtens.

Vision Classification and Readiness System (VCRS):

A major milestone for vision readiness was reached this year. The collaborative efforts and diligent work of many optometrists over the past ten plus years has made the system a reality. Historically vision readiness has been problematic for Soldiers and commanders. After action reports for every major deployment in the past twenty years have time after time have documented large percentage of Soldiers not visually or optically ready to deploy. VCRS leverages existing technology to report vision readiness via the web application, MEDPROS, a powerful tool allowing the chain of command to determine the medical and dental readiness of individuals, units, and task forces. The VRCS was approved by the Army G-1 and is covered in AR 600-8-101.

Military Combat Eye Protection (MCEP):

As the Military Combat Eye Protection program expands, Army Optometry continues to serve as the principal subject matter experts in educating Soldiers of the sight saving benefits of these devices. Protecting Soldier's eyes has become ever increasing important as eye injury rates as a percentage of total battle injuries hovering at 11-14% for Operation Iraq Freedom and Operation Enduring Freedom. As "body

armor" has become more universally available, soldiers have benefited from increased survivability on the battlefield; "eye armor" must be required during field tactical operations, training or situations where there is risk of combat. Army Optometry also continues to take an active role in the selection and procurement of the Military Combat Eye Protection devices. However our role in education of the Soldier is considered paramount, these devices provide value only when worn. Thanks to the many optometrists who have provided group presentations, expositions, commander's desk side briefings, and more. This valuable work will certainly continue. Planning also began to incorporate eye protection throughout the entire Army; it is desired that soldiers should "train as they fight" so protective eyewear should be worn by soldiers at all stages of their military training.

Refractive Surgery:

Refractive surgery via the Army's Warfighter Refractive Eye Surgery Program (WRESP) continued to expand this past year with the integral participation and support of Army Optometry. The Army Surgeon General recently reviewed the program and viewed it as important as an immunization for Soldier Readiness. His ultimate goal is to have the ability to offer refractive surgery to any deployable Soldier desiring the procedure. With this emphasis, it is expected that Army Optometry will continue and actually expand its role in the pre- and post surgical management of these Soldiers. Over the past year about 24 optometrists were able to attend the Refractive Management course at Fort Bragg. This 32 hour educational offering covering, the latest procedures, both military and civilian, complications and unanticipated outcomes will be continued in 2006.

Transformation:

Optometry military-to-civilian conversions began this fall with the start of the new fiscal year and will continue into fiscal year 2008. Optometry will convert a total of 17 uniformed positions into civilian positions. However, as part of the Army transformation process, the number of optometrists in deployable units will increase resulting in a partial off-set to the military-to-civilian conversions. The Army transformation resulted in the elimination of the Main Support Medical Companies and Area Support Medical Battalions from which clinical optometry support was provided. With no far forward capabilities a new modular Medical Team, Optometry was proposed capable of split base operations, that can be can be task organized to provide clinical optometry care and lens fabrication

Above: 1. MAJ Nick Silvestros, Iraq; 2. CPT Jenn Ramsey, Iraq; 3. CPT Aaron Judd, Iraq; 4. CPT Timothy Landis, Afghanistan

Above: 1. CPT Craig Rennard, LSA Anaconda, 32nd MEDLOG BN; 2. CPT Tom Byers and MAJ Nick Sylvestros, 42nd ID, NY NG; 3. CPT Kate Wagner, LSA Anaconda, TF 261; 4. CPT Jeff Duncan, Abu Ghraib, TF 115

and repair. Approximately 26 active duty optometry teams are proposed to be resourced consisting of 2 O-3 Optometrists (67F), 2 Eye Specialist (91WP3)and 2 Optical Lab Specialists (91H). This new team has been tentatively accepted by the Army and represents how Optometry care will be delivered in the future force.

Personnel:

Noteworthy professional milestones were achieved by several of our optometry officers. Last December, eight officers passed their oral examinations and successfully achieved Fellowship in the American Academy of Optometry and Board Certification status. Congratulations are made to the following officers: LTC TJ Lantz, LTC Donovan Green, MAJ Thomas Damiani, MAJ Linda Glisson, MAJ Scott Melling, MAJ Cameron Van Roekel, CPT Oscar Corredor, and CPT David Walsh.

Several of our optometry leaders considered eminently qualified in their specialty were awarded the prestigious "A" Proficiency designator. Our 2005 recipients were: LTC Harold Bohlman (USAR), LTC David Hilber, LTC Corina Vandepol, LTC Jeffrey Weaver, (USAR).

Former Dictator Saddam Hussein, who was evaluated and treated by U.S. Army Optometrist, is seen here wearing the familiar Army issued glasses

Podiatry (67G),
Consultant to the Surgeon General

LTC Patrick Sesto

Again this has been a great year for the AOC. The new three year residency officially was accredited until 2010. The residency review committee during there two day review found no deficiencies with the program and was very impressed with the diversity of surgical cases and devotion of the staff at both hospitals in educating the new surgical Podiatry residents This is a great success story and demonstrates the devotion and commitment to quality education within our corps. I commend the staff at Eisenhower Army Medical Center, Ft. Gordon and WAMC, Ft. Bragg for the foresight and many hours put into this to make this concept a reality. The agreement between the Army and the Podiatry Institute for a one year fellowship has been approved by MSC. This was another vision that was started with hopeful dreams and now is in motion. The criteria for selection have been published and the selection process will be thru a selection board. The board met and we are awaiting the results. This will be another venue to obtain additional training and advance our position.

We continue to support the war by having a surgical Podiatrist assigned to the Ahrib prison in Iraq. MAJ Rediske and CPT Cloninger are back home. They both were with the 115th Field Hospital and are stationed at Ft. Hood, Texas. Currently we have a reserve Podiatrist, MAJ. Wenstrup. He is with the 344th Combat Support Hospital. They have made some great strides for the AOC. There tasks not only where surgical and medical management of all foot/ankle cases but also were in charge of wound care, assisting Orthopedics and MAJ Wenstrup was asked to be the DCCS. We also have LTC David Johns with the 86th CSH. He is serving as the Surgical Podiatrist and is taking care of many of the wounded with foot/ankle injuries. These are just a few of the many outstanding military Podiatrists that we have not only within the Army but also within our sister services. History continues to be made and changed with our AOC on a day to day basis.

Also this year we as an AOC for the first time since 1985 got one of us selected for 06!
COL Jeffrey Zimmerman was selected this past board and pinned on March 2005. This is a great moment and achievement not only for COL Zimmerman but for the AOC. Once again congratulations!! We also congratulate MAJ (P) Jacqueline Chen for being picked up for LTC!!

Congratulations also goes out to those that passed there Oral and/or Written surgical boards this year; LTC Neary, CPT Landino, and CPT Kooyman. The AOC continues to see the number of Surgically Boarded increase. The time is near that one day everyone in the Army will be surgically boarded in foot/ankle reconstruction. This is a credit not only to the individuals but to the training program that we have.

What does the future hold…….we are still in the process of trying to off set the extremely high professional school loans that many of our Podiatrist have. This is an issue that continues to eat away at our numbers. Many of our Podiatrist either are in the process or seriously thinking of seeking the rewards of higher pay in the civilian sector. After going thru extensive surgical training they are highly sought after. One of the plans being set into motion is "specialty" pay for the AOC. This will not only be for the Army but will be across the board for all services. Hopefully by the end of this year or sooner we should have a decision. Also in the works again is trying to get the AOC a go to war mission. After extensive research it was found that the AOC had a go to war mission back in the mid to late nineties.

We were attached the Field Hospitals and Combat Support Hospitals. This information along with data supplied by many of you has been sent up for review and analysis. We are already showing the Department of the Army the value and skill that we can put forth in theater. Many of you are already in the trenches taking care of the wounded and know of the great things that we are doing for our service members.

Our numbers have been steady but again I fear that we will be loosing ground if we do not continue to strive and get some form of relief toward the high student loan issue. For many of the AOC the uniform means more than the monetary gain that the civilian sector has to offer; but I'm afraid it will not continue. My only response is that I will continue to work diligently to hopefully one day find a way to relieve some of the financial burden that this brings.

The Army Podiatry Seminar with be again with the Podiatry Institute. I plan on having us get together in Atlanta, GA. The dates are March 30 thru 2nd of April. We will be giving lectures to the participants again and will have our break out over a two night period instead of trying to put it all into one night. I will have funding for this event but will be limited to those that are in residency and ones that are selected for lectures. More to follow.

We continue to be one of the highest skilled surgically trained Podiatrists in the world. This is something that each and everyone of you should be proud of. Our training especially with the new three year surgical residency program continues to be marked as one of the best. We are associated with the Podiatry Institute in Georgia which as you all know is one of the most prestigious centers of learning for the profession; we have one of the finest residency directors, Dr. William Healey and we have each of you who continue to do not only your best and at times the impossible for your beneficiaries well being but for the profession itself. Army Podiatry has come along way and continues to make great advancements because each and everyone of you made the difference and took that extra step.

I'm very proud of all of you and continue to be honored to serve as your consultant.

Above: 1. Operating Room Team working on a foot injury as a result of an IED attack; 2. 91W training at Fort Hood,TX; 3. MAJ Rediske works on a patient; 4. A lascerated foot resulting from an IED attack in Iraq.

Social Work Services (73A), Consultant to the Surgeon General

COL Yvonne Tucker-Harris

Army Social Work (73A) celebrated it's 62nd anniversary in November, with the recognition of Army Serial Specification Number 263 Social Work, awarded in November 1943. Throughout the past three scores, in peace and war, these specially trained social workers have assisted commanders in managing daily life crises and quality of life issues which challenge Soldiers, civilians, and their family members.

Historically, social workers have embraced the Army's mission and have served in every Theater of Operation, providing strategic and operational support globally in multiple roles. Social workers have deployed with Multinational Force Observers to the Sinai, Bosnia, Kosovo, and were the sole mental health assets in Croatia, and Somalia. Commanders frequently use social workers to handle situations which require tact, diplomacy, sensitivity, and Soldier skills. This was exemplified by the deployment of social workers on every hostage and POW/MIA retrieval flight to the Middle East.

Today, there are 125 clinical social workers providing patient care and client services to enhance military readiness. Social workers are an integral part of multidisciplinary teams in family services, health care organizations and units around the world. We provide specialized and comprehensive services through a broad range of individual, family, command and community intervention programs. We are assigned to Medical Brigades, Division Mental Health units, Community Mental Health clinics, Combat Stress Teams, Confinement facilities, Medical Centers and Medical Treatment facilities, OSD and DA staff and Research at military academies.

In 2005 social workers continue to deploy with our force to assist OIF I and OIF II Soldiers in developing positive coping skills to help with stress reactions that lead to unit cohesion, loyalty to each other, increase tolerance to hardship, courage and self-sacrifice. Social workers deployed with units to Afghanistan, Kuwait and Iraq with the goal of implementing effective prevention programs that substantially reduce stress, substance abuse, combat stress and battle fatigue. We were supported by an equal compliment of Reserve component social workers in our CSH and CSC units.

Highlights of the Past Year:

In support of OEF, MAJ Ralph Jenkins assumed command of the 254th CSC Detachment. LTC Joseph Pecko deployed with the 44th Medical Command as the command Combat Stress staff officer in support of OIF. Three Army Social Work Officers were chosen as the Army Social Worker of the Year. They were CPTs Stacey Nelsen, Ronald Whalen and Louann Engle. All had deployed in support of OIF/OEF at least once and two deployed twice with the other serving in Kuwait. Eight Social Work Officers were promoted to Captain; six promoted to Major; three to Lieutenant Colonel, and one (LTC Reginald Howard) was promoted to Colonel.

COL Virgil Patterson, previous Social Work Consultant continues to lead the Surgeon General's Mental Health Advisory Team (MHAT). The MHAT deployed to Afghanistan in January 2005 to assess and provide recommendations vice mental health issues. The OEF MHAT report is pending. In June 2005, the MHAT published the results of its follow-up mission into Iraq to assess and provide recommendations vice OIF related mental health (MH) issues. The Theater Commander requested another MHAT visit to Iraq in October. COL Daniel McFerran, Chief Department of Social Work, Eisenhower Army Medical Center was the social work representative during this deployment. The report of this visit is pending.

In conjunction with the Army G1, Social Work is supporting the Primary Care Optimization Mission for re-deployed soldiers. Sixty-three contract social workers

were assigned to 21 CONUS installations and several OCONUS sites as Care Managers to assist soldiers and their families address issues associated with re-deployment.

In the spirit of "taking care of soldiers," the I Corps and Madigan Army Medical Center recently launched the Soldier Wellness Assessment Program. This broad-based Pre and Post Deployment health assessment pilot program includes an initial face-to-face greeting and informal assessment by psychologists, social workers, and chaplains. It is followed by a health risk assessment questionnaire and onsite professional consultations by Medical, Social Work, Mental Health, Chaplains, ASAP and Tobacco Cessation professionals. The Beta test of the Triple Nickle (Pre-Deployment) and 497th (60 day Post Deployment) were conducted on 7 and 9 September 2005. The program will be used to assess returning soldiers of I/25 SBCT and is expected to be fully operational by 25 October 2005.

The Department of Social Work at Walter Reed Army Medical Center and other regional medical centers and treatment facilities were successful in partnering with Veterans Affairs (VA) to streamline service for patients to ensure a seamless transition from military to VA hospitals. This partnership is a significant step between Department of Defense and the Veterans Administration to ensure injured Servicemen and women receive uninterrupted quality care across the continuum. Another initiative involves the 3rd Infantry Division social workers and mental health staff teaming up with the Women's Health Sciences Division, National Center for PTSD, to incorporate an evidenced-based treatment protocol to treat combat-related Post Traumatic Stress Disorder (PTSD). Doctor Patricia A. Resick, Director, Women's Health Sciences Division, National Center for PTSD, Boston, Massachusetts, provides clinical training and weekly supervision to 3rd Infantry Division providers making use of her protocol. This collaboration allows Dr. Resick and her team to study common cognitive distortions soldiers experience secondary to combat-related trauma during OIF. Third Infantry Division providers are adjusting their post-trauma interventions to better reflect current research on the efficacy of Critical Event Debriefings.

COL Robert Gombeski, chief, Social Work Service, Fort Hood was tasked by his command to coordinate the implementation of the Army Post-Deployment Health Risk Assessment (PDHRA) at Fort Hood. This initiative was directed by the Assistant Secretary of Defense for Health Affairs as an extension of the current post-deployment health assessment program. The PDHRA is designed to provide a global health assessment with specific emphasis on

Facing Page: CPT Louann Engle arrives in Kuwait.

Above: 1. CPT Bourque prepares to visit a Forward Operating Base (FOB); 2. COL Howard conferring with contract support staff; 3. COL Patterson, MHAT Team Leader, takes a break; 4. CPT Lewis helping Iraqi mother with an injured child

Above: 1. COL Howard in meeting; 2. COL Patterson at Abu Ghraib; 4. LTC Cox takes a break from MHAT duties

Facing Page: CPT Lewis with Iraqi child

mental health, three to six month post-deployment. Recent field research indicates that health concerns, particularly those involving mental health, are frequently identified several months following return from an operational deployment.

COL Virgil Patterson, former Social Work Consultant conducted a survey of issues and concerns of Army Social Workers in February 2005. Approximately 50 social workers responded with the following top concerns involving PROFIS issues: 1) not enough time to train with their assigned units before deployment 2) back-to-back deployments and length of deployments 3) backfill shortages at MTF, which increases mission requirements for social workers not deployed 4) lack of communication and mentoring and 5) lack of recognition and support.

Training:

The Social Work Fellowship at Walter Reed Army Medical Center in Child and Family Practice partnered with the Navy and welcomed the first Navy Social Work Officer, LT Daniel Norton into the fellowship program. This year, Majors Jennifer Humphries and Ricky Martinez graduated from the Social Work Fellowship and were approved for degree completion program to complete a Doctorate in Social Work. Additionally, Major Maria Bates and Captain Francine Lewis were selected and began the fellowship in June 2005. Graduating with Doctorate level degrees in Social Work were Majors David Cabrera, Graeme Bicknell and Nathan Keller.

The Social Work Internship Pilot training program is in it's second year. The program is designed to give new Army Social Work Officers an introduction to military social work before being assigned to their first independent social work position is in its second year. This training exposes the new social worker to areas of practice in which they may be called upon to serve. Areas include Clinical Interventions and Skills, Command Consultation, Alcohol and Substance Abuse Program (ASAP), Family Advocacy, Corrections, Behavioral and Population Health, Medical Social Work, and Combat Stress, to name a few. In addition to rotation in specialty areas, the Social Work Officer is engaged in didactics to include a variety of subjects ranging from the history of Army Social Work, Ethics, Career Management, Critical Event Management, Family Violence Prevention, and Pre/Post Deployment Intervention Strategies.

The Social Work training program was recently formalized with approval by the MSC Corps Chief. This approval

marks the beginning of a permanent Social Work Internship Program in the Army. Madigan Army Medical Center will be the primary location for this internship beginning with graduates selected for the 2006 Master of Social Work (MSW) degree. MSW was added to the Army's Long Term Health Education and Training (LTHET) program this year.

Challenges:

Recruitment and retention are priorities for Army social work. Many of our social workers are concerned about the dwindling number of personnel in our AOC. Another big challenge is building a network of effective professional communication among social workers while scattered across individual brigades; maintaining long-term training while fulfilling deployment requirements; and promotion opportunities.

Future Initiatives:

To ensure that social workers are fully prepared to respond to their mission in the Theater of Operations, a two-week training is being developed at AMEDDC&S, Soldier and Family Support Branch. Training will cover operational aspects of mental health to include adult psychopathology, PTSD, corrections and other matters related to the war fighting environment. Social workers will be required to attend this training prior to any future deployment.

Social Work is collaborating with the National Center for Post Traumatic Stress Disorder (NCPTSD) to establish a new Social Work Fellowship with the agency's Women's Health Sciences Division in Boston. The Fellowship would emphasize clinical training on the use of evidence-based treatment protocols to treat combat and sexual assault trauma.

Other initiatives include accompanying AMEDD recruiters to colleges and universities in support of recruitment efforts, distribution of information paper and briefing slides to recruiting battalions for use during briefings and recent design and future distribution of a Social Work newsletter to keep Army Social Workers informed about issues related to strategy, vision and future of Social Work.

Looking ahead, Army social workers are in great demand as they provide behavioral health support to Soldiers and their families throughout the entire Deployment Cycle. During the Pre-Deployment phase our social work care managers and unit social workers provide education and clinical counseling services to soldiers and families while also working at the SRP sites assisting with the Pre-Deployment Health Assessments conducting screenings and providing early intervention. During the Deployment Cycle our MTF social workers provide on-going counseling support to families providing the resiliency many families need to get through a deployment. CSC teams with organic social workers identify and manage behavioral health concerns which may arise in theater. The Surgeon General's concept of "Resetting the Force" extends the behavioral health mission to the return home. In preparation for Re-Deployment to home station our social workers provide re-union education to families as a part of the Family Readiness Groups Briefings. Social workers again support the Post Deployment Health Assessment process identifying returning soldiers in need of counseling. Later in the Post-Deployment and Sustainment period our Active duty, civilian and contract social workers continue their support of Soldiers and families by providing education, assessment and counseling on re-adjustment and PTSD. In addition, we are currently expanding psychological support (Social Workers) to wounded Soldiers and families at each of the eight Community-Based Healthcare Organizations (CBHCO). A strong emphasis on retention and marketing social workers is in progress to keep these dynamic officers on our team.

Clinical Psychology (73B), Consultant to the Surgeon General

COL Bruce Crow

Army clinical psychologists continue to support GWOT with high deployment OPTEMPO. Attrition is an increasing problem and the AOC has reached a shortage level of about 75% strength. The shortages are concentrated within MEDCOM resulting in less than 50% making it extremely difficult to sustain PROFIS deployment requirements.

In spite of deployments and the risk of disruption, our non-deployed professionals have worked hard to continue the same high quality programs and services. An excellent example of new GWOT support programs was demonstrated by the Tripler Psychology department who helped create the Soldier and Family Assistance Center (SAFAC). The $4 million SAFAC was designed to serve as a "one stop shopping model" for Soldiers and family members needing assistance. Services include substance abuse counseling, marriage & family counseling, individual & group psychotherapy, child psychiatry and psychology services and family advocacy services. The SAFAC was a multi-disciplinary project which included input from all members of the TAMC behavioral health community and it is located at Schofield Barracks. The TAMC Psychology staff has also been very productive with academic and professional accomplishments. During the annual American Psychological Association convention, TAMC hosted the inaugural Clinical Health Psychology Institute. Roughly 85 participants attend the one day workshop on primary care integration. The Institute was Co-sponsored by the TAMC Psychology Department, the APA Division of Health Psychology, and The Education Directorate of the American Psychological Association. They continue to maintain a robust research program with grant funding equaling approximately $1 million and have produced approximately 50 combined professional papers, national & regional presentations and abstracts. The training programs have expanded in scope most notably with initiatives to train native Hawaiian psychology interns and post-doctoral fellows.

Western Region psychologists have responded to new demands despite deployment of most of their uniformed psychologists. Ft Irwin, for the first time in memory, deployed soldiers, generating new and increased needs for psychological services pre and post deployment. Alaska also transformed its Soldier base into a deployable Brigade resulting in increased requirements. Ft Lewis, a power projection platform, has dramatically changed. The Psychology Department took a lead role in developing post deployment screening measures and processes. Screening of Soldiers for mental health difficulties has been conducted for units returning and with units while on deployment. This is integrated with automated clinical screening that is a core part of the business process for Soldier behavioral health care. A satellite of the Behavioral Health Clinic was opened at the new Okubo primary care clinic on North Fort Lewis with two psychology department personnel. This has been well received and is an advance party action for commitments to support a new Ft Lewis primary care clinic under construction with a significant on-site psychology department presence.

In an effort to increase the contribution of psychology to proactive and preventive services a new service, the Soldier Readiness Service was developed. This prevention and health focused service of the Department directly supports Soldiers referred from the post-deployment screening efforts and had become an integral part of Ft Lewis prevention and combat stress control efforts. A wing at the Old Madigan hospital was renovated and is now housing this new service. The newest of the Army's Clinical Psychology Internship Programs started this

year with the initial class of four interns. The accreditation application was completed and a site visit is scheduled for early next year. This will support the dramatic increase in training requirements for Army psychologists as deployments increase, attrition increases and authorizations increase all leading to critical needs for additional psychologists. The Army Behavioral Health Technology Office, located within the Department of Psychology at MAMC successfully deployed the on-line version of the Army Suicide Event Report and was finally able to fully staff the requirements to support this. Reports of risk factors identified through these reports have been made available to support identification of trends and patterns.

Other initiatives in support of GWOT and Soldier redeployment were evident at Ft. Hood where the MEDDAC and Division Psychologists were integral to a new mental health response plan commissioned by the Commander of the Great Plains Regional Medical Command. This response plan pulled together installation resources in a highly coordinated effort to streamline and reorganize existing resources while procuring new needed services to meet the demands of Soldiers returning from deployment. Due to Ft. Hood's unique approach, they were selected to inaugurate the new DoD requirements to conduct a Post Deployment Health Reassessment at 90-120 days post-deployment to better identify health and mental health issues.

Assistant Corps Chief for Reserve Components

COL Robert Tabaroni
Assistant Corps Chief
for Reserve Components

"We no longer call ourselves Reservists - we are Army Reserve Soldiers. We are not weekend Warriors; we are Citizens first, Warriors always. Honor is never off duty."
LTG James R. Helmly

I begin this year's message with by thanking you. Thank you all for serving this great country of ours and for the outstanding job you continue to do. Your dedication and contributions both individually and collectively are well recognized throughout the AMEDD.

In 2005 the Global War On Terrorism continued to rely heavily on the Reserve Components and will continue to do so in the future. RC Medical Service Corps officers are serving in all contingency operations including Operation Iraq Freedom (OIF), Operation Enduring Freedom (OEF) and Operation Noble Eagle (ONE). Many of you have volunteered to serve in these contingencies and I encourage you to continue to volunteer.

For the fiscal year 2004-2005 2005 the United States Army Recruiting Command (USAREC) achieved 95% of its overall USAR MSC recruiting objectives. A truly remarkable achievement in today's environment. COL Dave Baker, Chief Health Services Directorate at USAREC and his staff of dedicated AMEDD recruiters deserve our appreciation. Overall the RC MSC strength remains strong at 129% of authorizations. Officers selected for promotion through the grade of Major are selected on a fully qualified basis. Officers eligible for consideration for promotion to Lieutenant Colonel and Colonel are selected on a best qualified basis and the objectives are determined by the Objective Force Model (OFM). The promotion boards for 2005 selected exactly what the OFM allowed. Ninety-nine MAJ's were selected for promotion to LTC and thirty-nine 39 Lets were selected for promotion to COL. Promotion to LTC and COL is highly competitive and I congratulate you on this achievement.

Recognition of strategic leadership positions is an on-going initiative. Senior MSC officers serve in these positions because of their high degree of professionalism, leadership, extensive knowledge skills and abilities and their dedication to our nation's service. Among them are COL Nancy Fortin, Senior MSC officer at the Army Reserve National Guard Headquarter; COL Jeff Cockrill, Chief Health Services Directorate, Human Resources Command S. Louis; COL Carol Gaddy, Chief of Staff, AR-MEDCOM and COL Walter Haag, Chief Reserve Affairs at Office of The Surgeon General.

The Army Reserve Medical Command (AR-MEDCOM) was officially activated in October of 2005. The AR-MEDOCM is located in Pinnelas Park, Florida and has command and control responsibility of all USAR MTOE and TDA units.

The AR-MEDCOM also has the responsibility for training of our USAR AMEDD Soldiers. The activation of the AR-MEDCOM is significant in the functional alignment of our USAR AMEDD mission.

The Chief, Medical Service Corps Award of Excellence (AOE) and Junior Officer Week (JOW) continues to provide recognition of our outstanding junior officers. A MS junior officer from both the Army Reserve and National Guard is recognized, each year with the AOE. Those selected for participation in JOW will experience meetings with the senior leadership in Washington in addition to an inside look at the Office of The Surgeon General and the opportunity to meet the senior MSC leadership.

In previous yearly reports I have mentioned the Army Campaign Plan, Transformation and Modularity and I would be remiss in not again reminding you of the impact this will have on our Corps. These changes will effect how we, the Army, look, is organized and how we do business. The military officer professional development education system is undergoing revision with the introduction of Intermediate Level Education (ILE) and soon with a revision to the RC two-week OBC course. Each Soldier is required to have an Army Knowledge On-line (AKO) account. AKO, HRC-St Louis (2X, The Citizen) and the Medical Service Corps Web Page should be kept as three of your favorites and I encourage you to check them frequently. Subscribe to the knowledge centers and take the time to read the articles. This is your best source of on-line professional development and current information. Take the time to visit the HRC-St. Louis web site and keep your record current. Individual readiness is the key to unit readiness and mission success.

This past year I have the privilege of attending the 8th Medical Brigade Symposium, the 804th Medical Brigade Symposium and the European Medical Service Corps Symposium. In February of 2006 I plan to visit the 2nd Medical Brigade and the USARC Surgeon's Conference in March. My intent is to get out and meet you personally and to thank you for the great job you are doing.

The Army is an all volunteer force and each of you has volunteered to serve. I am proud and humbled to serve as your representative. I thank you for your support.

Office of the Chief, Medical Service Corps

COL Lisa Weatherington
Deputy Chief, MSC

COL Chuck Adams
Corps Specific Branch Proponency Officer

LTC Bradley Golden
Executive Officer

MAJ Sean O'Neil
Special Assistant to the Chief, MSC

MAJ Jason Sepanic
Special Assistant to the Chief, MSC

CPT Princess Atunrase
Special Assistant to the Chief, MSC

The Office of the Chief, Medical Service Corps would like recognize the members below who were a very important part of the office through 2005. Thank you!

COL Debra Caraway
Former, CSBPO

LTC Giovanni Kotoriy
Former, Executive Officer

CPT Jeff Reibestein
Former Special Assistant to the Chief, MSC

CPT Tina Kopilchack
Former Special Assistant to the Chief, MSC

The Office of the Chief, Medical Service Corps would like to say a special thank you to the exceptionally talented Ms. Heidi Pampel for the cover and publication design.