



Corps Chief's Message

By COL Rebecca S. Hooper
Chief, SP Corps

Just wanted to let everyone know that even a little rain on Friday April 18th didn't dampen our spirits or our enthusiasm as representatives from each of our AOCs placed a wreath at the ceremony at the Tomb of the Unknown Soldier. The members of the AMSC Guild at Walter Reed arranged the event to mark the 56th Anniversary of the SP Corps.

A large crowd of active duty officers and enlisted soldiers was on hand. Several retirees joined us as well including COL Eloise Strand (former Chief SP), COL Roy Swift (former Chief SP), and COL Fran Iacoboni (former Chief Dietitian Section).

The ceremony at the tomb was very formal. At approximately 1305, just after the conclusion of the changing of the guard, a member of the Honor Guard announced there was to be a wreath laying ceremony in honor of the Army Medical Specialist Corps. At that time, the four of us walked down the steps, placed the wreath on the stand, and stood at attention saluting during the playing of taps. COL(R) Roy Swift (65A), CPT Tim Congdon (65D), and LT Renita Graham (65C) joined me in the official party. It was a once in a lifetime event for me that brought tears to my eyes. Afterwards, the Sergeant of the Guard invited us downstairs to Honor Guard quarters where the sentries wait during their 24-hour shift. We were honored to be given a tour and a short briefing about the requirements, training, and responsibilities of the soldiers in the Honor Guard.

The entire group reassembled at the Women in Military Service for America (WIMSA) Memorial. There we cut an anniversary cake and recognized the retirees in attendance. I then seized the opportunity to speak to everyone about a very serendipitous event.

I had come to DC for the wreath laying from the Biennial Retired Army Medical Specialist Corps Association (RAMSCA) meeting in Branson, MO. During the general business meeting, COL(R) Virginia Metcalf, presented a resolution (the text of the resolution follows) asking RAMSCA to complete the funding of a chair at WIMSA in honor of our first Corps Chief, COL Emma E. Vogel. In order to name a chair for someone, a total donation in the amount of \$10,000 is required. Up until last Wednesday, (it just happens that the 16th was the actual Corps anniversary) only \$1820 had been donated.

To make a long story short, the resolution passed! Through the generosity of individual contributions and the treasury of RAMSCA, I was able to hand carry and then present checks totaling \$8180 to BG(R) Connie Slewitzke, the Vice President of the WIMSA Foundation. As of 18 April 2003, a chair at the memorial has been dedicated to COL Emma E. Vogel, first Chief of the Corps.

Thank you to the AMSC Guild at WRAMC for putting together such a great event and thank you to RAMSCA for completing the funding of the Vogel Chair to make a wonderful event even more special.

Please take a moment to consider just how important RAMSCA is to our Corps. It is dedicated to the preservation of our Corps history and to assisting the members of the Corps through activities such as offering monetary awards for scholarly activities. If you missed this offer in the last edition of the Medallion, contact the Corps office for more information. The endowment for scholarly activity is planned to be an annual offering.

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By the way, you do not have to be a retiree to join RAMSCA! Many of us on active duty are already members. Also, if you wish to contribute to the memorial to COL Vogel, you can. Simply make your check out to "RAMSCA" with **specific** instructions to "**Apply to the Colonel Emma E. Vogel Theater Chair**" and forward your donation to:

RAMSCA, Inc.
P.O. Box 39451, Serna Station
San Antonio, TX 78218-1451
Attn: Treasurer

Resolution Funding the Colonel Emma E. Vogel Named Chair at the Women in Military Service for America Memorial's Education Center Auditorium

Whereas, one of the purposes of the Retired Army Medical Specialist Corps Association, according to the organization *Bylaws*, is "to preserve the history of the AMSC and support the endeavors of other organizations involved in the preservation of history," and,

Whereas, Miss Emma E. Vogel (later Colonel Vogel) is recognized as a pioneering woman who served as a civilian and later as an Army officer from 1917 throughout World War I and World War II and during the following peacetime years until her retirement in 1951; and

Whereas, while serving at Walter Reed Army Hospital in 1931, Miss Vogel had the wisdom and foresight to recommend to the Surgeon General that a Medical Auxiliary Corps be established that would consist of dietitians, physical therapists, and occupational therapists, separate from, but with the same salary, rights, and privileges as Army Nurses; and,

Whereas, Miss Vogel worked tenaciously during the interim between the two World Wars to resolve what she regarded as an inefficient, misguided, and even dangerous policy in its discrimination of women, and persistently tried to persuade those in authority to grant women a reserve connection with the peacetime Army; and,

Whereas, in 1942, the 77th Congress passed PL 828 authorizing military status for dietitians and physical therapists, and Miss Emma E. Vogel and Miss Helen C. Burns (Gearin) were appointed Director of Physical Therapists and Director of Dietitians, respectively, with relative rank of major but with pay and allowance of captain; and,

Whereas, MAJ Vogel and MAJ Burns campaigned throughout the years for full military status for dietitians, physical therapists, and occupational therapists, the 78th Congress passed Public Law 78-350 in 1944 authorizing the commissioning of dietitians and physical therapists only; and,

Whereas, the long hard struggle led by MAJ Vogel for military recognition and full commissioned status for dietitians, physical therapists, and occupational therapists was finally realized on 16 April 1947 when President Harry S. Truman signed Public Law 80-36 authorizing the Women's Medical Specialist Corps and establishing the WMSC in the Regular Army of the United States; and,

Whereas, on 5 December 1947, Major Vogel was appointed as the first chief of the Women's Medical Specialist Corps by the Secretary of the Army and promoted to the grade of Colonel; and,

Whereas, Colonel Vogel continued to improve the efficiency and administrative organization of the Corps as Consultant to The

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Surgeon General on all administrative and general policies until she retired in 1951 after 34 years of remarkable and historical professional service and dedicated effort; and,

Whereas, the Women in Military Service for America Memorial has established naming opportunities to honor and pay tribute to prominent military figures; and,

Whereas, Colonel Emma E. Vogel is one of the Army Medical Specialist Corps' most prominent historical figures, and were it not for her tenacious efforts to establish and perpetuate professional education programs in the Army, and her persistent dedication to attaining military status for women, and her work to establish the Women's Medical Specialist Corps, many of us would not have enjoyed the privilege and benefits of being professional military officers;

Now, Therefore Be it Resolved, that the **Colonel Emma E. Vogel Memorial Chair** at the Women in Military Service for America Memorial's 196 seat Education Center in Washington, DC be funded by 1 May 2003 in recognition of this outstanding woman who played such a major role in the establishment of the Women's Medical Specialist Corps, now known as the Army Medical Specialist Corps.

Be It Also Resolved, that the Retired Army Medical Specialist Corps Association and individual members of this organization provide immediate financial assistance to accomplish this goal to recognize and memorialize the outstanding professional accomplishments of COL Emma E. Vogel (deceased), the first Chief of the Army Medical Specialist Corps.

April 16, 2003

OT Section

By LTC (P) Cozean, Chief, OT Section

Defense undersecretary for personnel and readiness, David Chu, was quoted by the press saying; “US forces involved in Operation Iraqi Freedom (OIF) are flexible, agile and more able to respond to the unexpected than any force in history.” The test of time will determine if his remark holds true. Bottom line, our troops have done an outstanding job and we are proud of them and what an honor it is to support them and be a member of the US Army. As I thought about this quote, I thought about Army OT and wanted to say what a professional job you are doing each and every day. Whether you are deployed in support of OIF or OEF, or you are back in a clinic holding the operations together and working short of staff, you are demonstrating flexibility and the ability to respond to the unexpected. The same holds true for our Reservists. Reserve OT’s are deployed overseas and are helping us in a number of clinics. It is all about our soldiers and each of you talk this, and believe this, as you step up to the plate and carry through during challenging times. What a job you are doing and I’m proud of you and thank you.

Presently there are twelve OT’s deployed in support of OIF. Eight are in Echelons Above Corps (EAC): Three are AC, with the 115th FH and five are RC, one with the 865th CSH and four with the 883rd CSC. The 85th CSC and 528th CSC are in Iraq and our OT Assistants are deployed and supporting multiple units too. Our OT with the 30th Med. Bde. tells me he is heading north this week. The 98th CSC has deployed. The OT’s that I have heard from have been positive and they appreciate the care packages many of you are sending and they do enjoy hearing from the OT community so thanks for keeping them updated and continue to keep them in your prayers.

Moves for 03

This will be a busy summer for PCS moves and here is the latest update on where each OT is going: MAJ Andy Fabrizio will be the Chief at Landstuhl with CPT Lisa Smurr as his Assistant Chief. CPT Jay Clasing will be the Chief at Heidelberg. COL Brenda Mosley will be the new Chief at Tripler and CPT Laurie Duesler will be Chief at the 121. LTC Bobbi Amaker will be Chief at Ft. Bragg and CPT Atherton will be Assistant Chief at Ft. Knox. LTC(P) Bill Howard will be Chief at Walter Reed and LTC Harvey will be his Assistant Chief and the Internship Director. LT Lindsey Stawarczik will be a staff therapist at Ft. Benning and LT Patricia Stange will be Assistant Chief at Ft. Campbell. LT Mark Tenhor will be a staff therapist at Ft. Gordon. MAJ Steve Gerardi will be the Director of the 91WN3 Program at the AMEDDC&S. COL Len Cancio will be the Chief at BAMC as LTC Cassy Lewis will be retiring this fall. MAJ Stan Breuer will be the Chief at Ft. Bliss. MAJ Jesus Rodriguez will be the Assistant Chief at Madigan. CPT Kurt Brower will be Assistant Chief at Ft. Carson. CPT Randy Thomas will be the Chief at Ft. Hood and CPT Michael Kim will be Chief at Ft. Riley. CPT Priscilla Bejarano will be Chief at Ft. Sill and LTC Sandra Harrison-Weaver will be Chief at Ft. Lewis. CPT Jorge Smith-Leon will be the OT supporting the 98th CSC Det.

Good News Story

OT is doing very well with ASAM III. Approximately fifty percent of our clinics have been surveyed and your input to justify needed staff requirements to service your local patient population has been successful. The reviewing MEDCOM staff for ASAMIII are honoring the established ratio formula for OT, and our requirements are going up as planned. Understand this does not increase our military authorizations, nor does money necessarily follow the increase requirements. But it does provide you the avenue to justify to your Command the need for hiring civilian OT staff to support the hospital mission. A requirement is needed in order for you to hire a civilian. Having the additional requirements will provide the necessary staff needed to meet our missions of injury prevention through ergonomic intervention and our mental health role with the behavioral health team. For those of you who have not yet been surveyed, prepare for your site visit. Be proactive and don’t rely on others to defend your requirement needs. No one can support your justification as well as you. Call or email me with your questions.

Ongoing Business

We will be consolidating our Internship program during the next year. Madigan’s program will be moved back to Walter Reed after the present Interns graduate this December. The Internship program at Walter Reed will have an additional block of instruction from CHPPM to prepare OT’s for ergonomic interventions. Training Army OT in the area of Ergonomics has been hit and misses at best, with the loss of the Corps Ergonomic short course. Providing this training during the Internship will allow OT’s to have the necessary skills needed to perform our ergonomic mission. Research will also continue to be an integral part of our Internship program as we become a Masters prepared profession. LTC Karoline Harvey will involve the Interns in the process of

OT Section (con't)

research as we focus on outcome and evidence based practice as a section.

Our physical agents training program being developed by Dr. Bracciano and Dr. McFee is progressing, and the target date for distribution to the field continues to be late fall.

I will announce the winner for the 2003 Myra L. McDaniel Writers Award during our next VTC on 14 May. This is quite an honor and the committee had a challenging time deciding on the winning article. Thanks to all of you who participated.

The OT's involved in Project Paratus will be providing a progress report during our next VTC (14 May) on their sections developments. I know this additional work may be carved out of your personal time and I thank you for your valuable contributions. What you are doing is vital to our mission in psychiatry and I know we will succeed in coming up with an updated plan of action that will enhance our involvement with the mental health team.

Communication with LTC Altona (C, OT IMA) has been very successful in helping clinics with backfill needs and we appreciate our RC Occupational Therapists for their support. MAJ Chuck Walters was able to coordinate with MAJ Shajuanda Strickland (a prior AD Occupational Therapist) to help him this summer during staffing shortages. As a one-officer clinic presently, LT James Watt will have MAJ Lynn Burns cover his clinic so he can attend the CSC course in May. Because MAJ Burns is a CHT, and is familiar with Army OT, this will work. I share these two examples with you to show that if you plan out your staffing needs and provide enough time for the system to respond, good things can come your way.

Departures

We have four OT's departing the Army family this summer and I want to say thank you for your commitment and dedicated service.

LTC Max Ito served as an Army OT for 25 years. He began his career at Ft. Riley and soon became the Asst. Chief at WBAMC. He then went on to be the Chief at Ft. Dix and later served in Hawaii as Chief of Schofield, and acting Chief, Tripler. He mentored many new OT's as the Internship Director at WRAMC and then served as a researcher and team leader at USARIEM. He was the Corps research consultant. LTC Ito has accepted a faculty position at Nova Southeastern University in Ft. Lauderdale. He will be responsible for entry level masters courses and labs, and for research methods with the masters and doctoral programs. LTC Ito was our section "out of box thinker" and he mentored many of our officers. We will miss your wisdom Max, but are glad to know that you and we both plan to stay in touch as you begin your new life in academics.

LTC Mary Laedtke served in the Army for 22 years. She began her career at Letterman Army Hospital and then PCS'd to Landstuhl. She was the Chief OT for the 528th Medical Detachment in Dhahran, Saudi Arabia during Operation Desert Storm. She was the first OT to be assigned as the Chief, Health Screening Center at Ft. Benning and also the Program Planner for Health Promotion at the Pentagon. Her last duty assignment has been at CHPPM in the Directorate of Health Sciences as an Ergonomist. Mary's talents have been greatly appreciated in her dynamic ability to teach. She represents CHPPM well in her travels to provide DoD staff with the necessary training needed to reduce work related injuries. Mary, we will miss your passion for teaching and know that our loss will be another's gain. Mary plans to stay at home for a while to enjoy raising her family.

LT Christine Caruso completed her Internship at MAMC and is assigned to Ft. Knox and LT Julie Pavlish completed her Internship at WRAMC and is assigned to Ft. Carson. Both of these fine officers have decided to practice OT in the civilian community and we are sorry to lose you but know that you will be wonderful assets wherever you go. We thank you and wish you the very best!

PT Section

By COL Scoville, Chief, PT Section

The past several months have been a very busy time for all of our PTs. Unlike the previous Gulf War, we have had a number of therapists deployed, and they are demonstrating the value we add in caring for our deployed forces. In their absence, our clinic therapists have been kept busy meeting existing patient care demands and also caring for those soldiers that have been injured and returned to their home duty station. OIF has required long hours and dedicated service and I am fortunate to work with such a phenomenal group of therapists.

As most know by now, I have put in my retirement paperwork after 28+ years of service. It was not an easy decision, because there is so much positive going on for Army PT, but felt it was the proper time to let someone else take the lead. LTC Theresa Schneider has held a variety of clinical and non clinical jobs to include Chief Physical Therapy, Second Infantry Division, USAMEDDAC Fort Polk and Fort Sill, Health Promotion Coordinator, United States Army Sergeants Major Academy, and Executive Officer, Task Force Med Eagle VI. She is presently serving as the Executive Officer to the Deputy Chief of Staff, G-1, Forces Command. In addition to physical therapy, LTC Schneider has a background in education and health care administration, and is board certified as an orthopedic clinical specialist. I have had the opportunity to travel with LTC Schneider to San Antonio to continue work on the MARC and also to the Mary Lipscomb Hamrick research course to learn a little more about USARIEM and to meet with the therapists attending the course. It has been wonderful working with her and I am sure you will find that with her diverse background she will be a great leader for the Physical Therapy Section.

Dietitian Section

By COL Forman, Chief, Dietitian Section

Just a highlight of some of the activities going on in Army Dietetics:

RETIREMENTS: LTC Vickie Thomas, former Chief, Nutrition Care Division, Womack Army Medical Center recently retired and is enjoying her new retirement home in North Carolina. I extend my personal thanks and gratitude to LTC Thomas for all of her contributions to Army Dietetics and to the SP Corp. Although LTC Thomas served well in every assignment, she clearly made an impact on the future of Army Dietetics during her the three years she served as Nutrition Staff Officer at OTSG. Thanks so much LTC Thomas for your service to the country.

LTC Karen Wish, Chief Nutrition Care Division, Dwight David Eisenhower Medical Center, will retire officially in July 03. Karen has served the Army with great pride, professionalism and distinction for 24 years. I extend my personal thanks and gratitude to LTC Wish for her unwavering support; for taking the tough assignments and always getting the job done. Karen has served as the “clinical expert” officially and unofficially for many years because of her astute mastery of and passion for every aspect of clinical dietetics. Karen, you will be missed!!!

OPERATION IRAQI FREEDOM (OIF): I am very proud of every 65C and 91M deployed in support of OIF. I receive an update from many of the officers and NCO’s who are deployed and can assure you that we are making a difference throughout the theater of operations. I extend my personal thanks to every dietitian and Nutrition Care Specialist deployed in support of OIF, and OEF. Additionally, my thanks to those who are not deployed, but have had to assume additional duties in the absence of your fellow 91Ms and 65Cs or are involved in taking care of patients wounded in this conflict.

OPERATION ADOPT A COMBAT 65C or 91M: I am pleased to report that 100% of our deployed personnel have been adopted. Thank you so much for your unwavering support of this project. Adoption parents include Officers – both active duty and reserve, enlisted soldiers, NCO’s and civilian employees throughout the AMEDD.

WELCOME TO RESERVE DIETITIANS AND 91Ms: I want to say welcome and thank you to the 65C’s and 91M’s who

Dietitian Section (con't)

were activated to provide backfill support at some of our MTFs. I am aware of dietitians and 91Ms backfilling at BAMC, Ft. Carson, Ft. Hood, Madigan, Ft. Campbell, Ft. Bliss, Ft. Gordon, WRAMC, Landstuhl and the AMEDD C&S. Please let me know if there are others that I may have omitted.

UPCOMING CONFERENCES:

AUSA Medical Symposium/Senior Leadership Conference: This AMEDD wide symposium hosted by LTG Peake will be held 2 – 6 June 03 here in San Antonio. The SP Senior Leadership to include RMC Nutrition Consultants or their representatives and I will attend this meeting. We have set aside time to break away to discuss strategic issues affecting Army Dietetics and develop strategies to deal with these issues. If you have ideas about what we should be focusing on, please send me an e-mail or give me a call prior to the meeting. The outcome of this strategic planning session will be compiled and shared with the field at a future date.

OPERATION IRAQI FREEDOM AFTER ACTION CONFERENCE: Plans are underway to bring all deployed 65C's and some 91M's to San Antonio in October 2003 to conduct an After Action Conference. This conference will allow those deployed dietitians and 91Ms an opportunity to share their experiences and help us document all of the issues related to this deployment. This conference will also serve as a forum to begin to develop strategies related to our "Go To War" mission. This group will also develop two presentations describing their experiences and which will be presented at the DoD Nutrition Symposium, which will convene immediately following the After Action Conference. The DoD Nutrition Symposium will precede the annual Food and Nutrition Conference sponsored by the American Dietetic Association, which will be in San Antonio this year. Mark these dates on your calendar and I hope many of you will plan to attend.

AAR Conference: 21 – 23 October 03

DoD Nutrition Symposium: 24-25 October 03

Food and Nutrition Conference: 25 – 28 October 03

CALL FOR POSTERS/PLATFORM PRESENTERS/JOURNAL ARTICLES: A few months ago, I challenged each of you to focus on publishing and presenting the great work you are doing either through platform or poster presentations at national conferences, or through journal publications. Many of you have responded and I appreciate your support of this effort. If you submit abstracts for presentations, please let me know. This is not only a strategic initiative for the Dietitians, but is a major goal for the AMSC. We will capture this data and share it with you in the future.

MAJ Victor Yu was recently appointed as a member of the editorial board for Today's Dietitian. Please contact MAJ Yu if you are interested in submitting an article for publication.

DIETARY SUPPLEMENTS AWARENESS: I clearly believe that we are making a difference and having an impact on soldier health and wellness as we deal with the many issues related to this topic. The Rand Corporation released a report on the Efficacy and Safety of Ephedra Containing Supplements. You can view this entire report on line at <http://www.fda.gov/bbs/topics/NEWS/ephedra/whitepaper.html>

- White Paper
- Fact Sheet
- Sample Warning Letter
- List of Warning Letters
- Federal Register
- "Ephedra and Ephedrine for Weight Loss and Athletic Performance Enhancement: Clinical Efficacy and Side Effects" (Rand Report)

Dietitian Section (con't)

- Summary of the Rand Report on Ephedra

ARMY DIETITIAN's DIETARY SUPPLEMENTS WORKING GROUP: If you are wondering what you can do as related to dietary supplements awareness, please consider partnering with MAJ Corum and the Dietary Supplements Working Group. This small group of professionals to include: CPT Blackmore, CPT Brasfield, CPT Conteras, CPT Metzger; CPT Davidson, CPT Flash, CPT Frost, MAJ Helinski, LTC Hutson, CPT Kaefer, MAJ Kaufman, MAJ Kesselring, LCDR McClain, CPT Meyer, CPT Pulliam, MAJ Sanders, Ms. Steinacker, CPT Winn, and LT Woodward have worked diligently for the past year developing educational materials, conducting surveys, as well as developing strategies related to Dietary Supplements. Kudos to MAJ Corum and the entire group for the work you have accomplished thus far.

DOD/FDA/DHHS Dietary Supplements Working Group: The issue of dietary supplements is clearly on the Surgeon General's radar screen and he is rapidly becoming aware that Army Dietitians are leading the way in this area. I have been invited to brief the DoD Prevention, Safety, and Health Promotion Council about Dietary Supplement issues as well as describe the work that has already been accomplished. This group, which is chaired by LTG Peake also includes all service Surgeons Generals and other Army Senior leadership.

DIETITIAN's VTC: Our next VTC will be Wednesday 14 May 2003 from 1430 to 1600 CST. Hope you will be able to attend. I will publish the agenda on 12 May 03.

CONGRATULATIONS MAJ JAGHAB!! MAJ Danny Jaghab was recently presented an Award of Excellence from the Produce for Better Health Foundation for his innovative **Sample the Spectrum Campaign**. This campaign features 32, 60, and 90-second videotapes on the importance of eating 5-9 servings of fruits and vegetables for maximum phytochemical consumption. The goal of these tapes is to educate viewers on the types of phytochemicals in various colors in foods. This award was presented to MAJ Jaghab at a formal ceremony in California. This initiative will be featured at the upcoming AUSA Medical Symposium as a poster presentation.

PA Section

By COL Tozier, Chief PA Section

Howdy from San Antonio.

First and foremost I want to thank all of you for the tremendous job you are doing and the support to soldier medicine. Whether assigned to Active Duty, National Guard or Reserves you have all responded to this mobilization in the most positive way

I have put together a collection of thoughts and some information from the PAs in the field. My intent is to let you know what is going on with the other PAs, the PA Section, and the Profession in addition to the AMSC. Please do not hold me to any promises when I bring up new ideas. Some of my mutterings may not come true or get headed off in different directions, but I would like you to keep abreast of ideas and plans that are being tossed around. After visiting the PAs at one post recently, I was made aware of the amazing rumors floating out there. The rumors were fun to listen to, but made me think that I am not getting the word out on what is happening and who is where. So don't twist the messages around, don't take everything that is mentioned as future planning to be gospel. The AMEDD is continually fluctuating and changing directions to meet rapidly changing demands. I look for input from all of you.

Deployment success

I am happy to report that we deployed 100% of the PAs in TOE and PROFIS positions. As the missions came down, MAJ Gross and I were busy for several weeks finding replacements for those who were not able to deploy. The process of assigning PAs to PROFIS starts with the units who have required but not authorized positions registering with the local RMC. Luckily there were few PAs who could not deploy. I thank all of those who I called and asked to move into PROFIS and TOE vacancies. This was a great hardship for many, but everyone was ready to go.

PA Section (con't)

AAR Plan

The past Chief of the PA Section planned an AAR Conference after Desert Storm. I plan to do the same thing for FY-04. All PAs will complete an AAR after returning from the current theaters in Iraq and Afghanistan. These will be collected, along with any photos and videos. At the conference I plan to divide people into groups by categories of issues and problems mentioned in the AARs. Each group will produce one or more information papers, decision briefs, etc. to be directed to the proper proponent for action. Thus, not only will the AARs be compiled for the AMSC, the Center for Army Lessons Learned, but an action will be taken to better the AMEDD. POC for this is MAJ Jim Bean at DCDD.

First PA Baylor HCA Student

CPT Keith Powell will be the first PA to attend the Baylor University, Health Care Administration Program at AMEDDC&S in June this year. The program consists of a year here at FSH, followed by a year as a resident at a MEDDAC/CEN. The focus is on learning the military health care system, the databases, and the operations, with an eye to developing new leaders and administrators. From my experience here in MEDCOM I cannot emphasize enough that having clinicians and especially PAs attend this course is critical. When PAs complain about something at the MEDCOM level, it takes this type of training to know how to make the change. In my position, the Chief can spearhead change, but PAs need more people versed in the dollars and policy to effectively present proposals. I plan to have CPT Powell report to all of us in a future Medallion on what he learned from the course and where he sees the application. This represents yet another example of an opportunity that is now available to PAs. This one may interest those of you who have become involved in the AMEDD and especially the PA interface.

Neurosurgical PA on Hold

The plans for a residency in Neurosurgery are on hold until after WRAMC and BAMC return to normal staffing. CPT(P) Villarreal converted the knowledge, skills, and abilities suggested by the Neurosurgical Consultant into a POI, based upon the Orthopedic Residency. This is very fitting, as the Neurosurgical PA Residency will be only offered to PAs who have completed the Orthopedic Residency. The plan is to have a six-month residency, four months at WRAMC and two months at BAMC. The need is only for approximately 4 such PAs, so I don't see this as being a large program when it eventually gets going. Any orthopedic PAs who are interested should let me know as I will be looking for volunteers. At least one or two of the positions will be in Germany. It might help if you are also a CNN reporter (kidding).

General Surgical PA

On the other hand it appears there may finally be some movement on the concept of a Surgical PA. What this residency would look like, where the PAs would be used in MEDCOM and TOE, I have no certain idea at this time. LTC Smith caught the interest of the Director of the Institute of Surgical Research. Hopefully we can work this so PAs can get training in basic surgical concepts, something that could not only be utilized in surgical subspecialties, but also in BASSs.

TSG PARA

The Surgeon General's 2003 Physician Assistant Recognition Award was given to 1LT(P) Kevin Burnham for his outstanding work at Camp As Sayliyan, Qatar. While assigned to US Army Central Command, Qatar, LT Burnham was responsible for turning an empty clinic building into a Level One health care facility complete with \$750,000 Class Eight supply, that passed inspection by the Combined Forces Land Component Command. What is remarkable is the actions of this junior PA, with no prior overseas experience, not just establishing a clinic, but coordinating support with the Qatari medical establishment, setting up TRICARE operations, working with the DOD employees and the AF, running troop and family medicine, and orchestrating the first ever blood drive with the Local Red Crescent. LT Burnham is the consummate Army PA and has once again established the PA role of excellence. Congratulations to LT Burnham for the award (and his promotion to Captain May 1).

Notes from the Field

MAJ Jonathan Boswell, 1st AD Div PA in Germany reports:

We continue to spin hard to deploy. We have worked immunizations old and new, challenging new reporting systems, supply issues, and training of all kinds. We have laid on extra training to transition our 91W's, and plan to do more of that downrange. We have sought out creative CME programs, including the PA recertification program and Audio-Digest tapes. We will plan to send providers out, if at all possible, for maintenance training. We will work with branch for downrange replacements for timely DEROS's and we will push for participation in humanitarian missions. Our Commanding General came to our conference on 17 April, and expressed full confidence in his medical people. We are excited about our mission, and the potentials for peace in southwest Asia. We will do great things for our nation. CPT Larry Clifton and LT Kenneth Rivera have been the CHCS and

PA Section (con't)

MEDPROS, respectively, go-to guys. I arranged ATLS training for all our providers, including PROFIS. (I got to go myself!) LT Chad Swaims has been our pro-active 91W trainer. LT Richard Acevedo developed some outstanding SOP's. CPT Elizabeth Reese and LT Louis Couly have been the rocks of our Division CMAT team.

From MAJ Gary Aspera, 1st CAV DIV:

As of late the 1st CAV has really been focusing on deployment, i.e., Deployment Medical SRP to include CENTCOM Immunizations as well as Anthrax and Smallpox. Preparing Deployment folders (2766's), pre-deployment forms (2795's), procuring our USARRED sets, anti-malarials, packing MES and PT Decon Sets, TA-50. Now that it looks like our mission has changed, we will be re-focusing on training, to include NTC rotations that have been scheduled for July 03. Presently we have CPT Roach, TDY for 6 months at JTF-B, Honduras.

From 1LT James Jones, Qatar:

1LT James J. Jones, APA-C is the Clinic commander of the Troop Medical Clinic (TMC) at Camp As Sayliyah, Doha, Qatar. The TMC staff supervises all aspects of military medical operations and host nation medical, dental, and optical services totaling \$1,000,000.00 annually. The clinic provides routine, emergent, and preventive health care to CENTCOM, SOCCENT, ARCENT-QA, and the US Embassy personnel stationed in Qatar. It also provides world-class health care with a coalition health care team consisting of one American & one British Physician and three American & one British Physician Assistants. The staff is well diversified, experienced, and innovative. 1LT Mike Shipp, PA-C, 205th ASMC MD NG, implemented the first nationally recognized military training network for Qatar. He has trained several personnel in both Basic Life Support and Advanced Cardiac Life Support. The clinic was challenged with implementing the DOD's Anthrax and Smallpox program and had to find a way to track all the services immunizations. CPT Tim Flaughter, APA-C, SOCCENT, met the challenge by supervising the implementation of the Complete Immunization Tracking Application (CITA) and MEDPROS program for the installation. In an effort to increase the medical readiness and health care status of deployed personnel, the PA's combined their experience and implemented a very successful smoking cessation program and weight loss/exercise prescription program for the installation. After six months, 84 percent of the personnel enrolled in the smoking cessation program remained smoke free and personnel enrolled in the weight loss/exercise prescription plan lost an average of 15 pounds. The clinic was challenged with establishing procedures, agreements, and payment methods with the host nation for medical, dental, and optical services that could not be provided by the MTF. In November 2002, the clinic was faced with finding a way to pay \$278,000.00 in past due TRICARE Bills that dated back to February 2000. After an extensive review, it was determined that there were three major problems: claims were not properly filed, individuals were not enrolled in TRICARE Europe (deployed soldiers), and individuals were receiving unauthorized services. 1LT Jones worked with TRICARE and the CFLCC Surgeon to develop a comprehensive plan to pay the past due bills and implement procedures to pay for deployed soldier's health care while stationed in Qatar. The plan included setting up Blank Purchase Agreements (BPA) with the Host Nation to provide the needed services and implementing International SOS (TRICARE) insurance for permanent party and their dependents. The program provided prompt payment to host nation providers and improved the clinic's ability to provide outstanding medical, dental, and optical care to our deployed soldiers. The PAs continue to improve the installation's health care capabilities and emergency medical response procedures. The PA team is directly responsible for supervising the design and implementation of a new medical facility, implementing new lab & X-ray capabilities (i.e. performing CBC & chemistries), updating automation equipment to track (DNBI, profiles, automated clinic notes, and the implementation of Telederm), developing a comprehensive mass casualty plan, and implementing the first ever Combat Life Saver and Field Sanitation Course for Qatar. PAs will continue to "conserve the fighting strength" in Qatar!



(L to R, 1LT James Jones, ARCENT-QA, CPT Tim Flaughter, SOCCENT, 1LT Mike Shipp, 205th ASMC -- NG Missouri, FS

PA Section (con't)

Dave Mulvaeny, UK British PA)

I have asked PAs in special assignments to write descriptions of what they do. The latest article talks about duty in The White House:

ASSIGNMENT: THE WHITE HOUSE

By MAJ Tom Schymanski

It was 1984 when the first U.S. Army Physician Assistant was assigned to the White House Medical Unit; a joint service unit comprised of physicians, physician assistants, nurses, medics, and administrators. Since that time, this unique assignment has evolved to having two Physician Assistants from each service. Just recently, the unit has added a physician assistant from the Coast Guard. All are active duty.

Physician Assistants assigned to the White House Medical Unit support comprehensive worldwide healthcare services for the President, Vice President, and their respective families; urgent care services to White House staff and the Secret Service both domestically and internationally; and primary emergency response for staff and visitors at the White House compound. They are also responsible for the initial medical response to any medical or traumatic emergency or minor illness affecting the principals. White House Physician Assistants are typically the only medical officer accompanying the Vice President during travel and coordinate detailed contingency plans for emergency actions in advance of both Presidential and Vice Presidential travel. The members of the medical unit can expect to spend an average of 5 to 7 days per month out of the Washington area (typical trips are two to three days, but occasional missions of 7 to 10 days can be expected). Over the course of a three-year tour, it is not uncommon for unit members to travel to 15 or more countries throughout the world.

The Medical Unit staff maintains clinical skills through an active ongoing continuing education program and by providing the clinical services as noted above in support of 2300 active duty joint service personnel, over 3000 members of the Executive Office of the President, members of the U.S. Secret Service, and over a million White House visitors each year.

Applicants interested in being considered for this unique position must be a mid level O-3 to junior O-4 with a minimum of 5 years clinical experience and be eligible for a Top Secret security clearance following an extensive background investigation. Further details can be obtained by contacting PERSCOM / PA Branch / MAJ Polly Gross @ 703-325-2349

Finally, a positive note on PAs in the press. I have received several articles on PAs and am very happy to see us listed as Physician's Assistants. While it is true that our correct title is Physician Assistant, this is such a great step up from the misnomer of Medic. Many of us were medics at one time, a very honorable role, however, I like to see proper recognition for the PA profession.

Keep up the Great Job,

COL Tozier

PERSCOM

By COL DeMars, PERSCOM

Point 1: AKO Email Address

PERSCOM communicates with officers via your AKO email address. It is important to forward your AKO mail to the email that you use most frequently/regularly. Directions on how to do this are posted on your AKO account.

AKO is the vital link to getting the most up-to-date information. You **do not** want to miss important information that could affect your Army career!!!

Point 2: DA Photos

Make certain you have a **current DA photo** on file with us. This is an officer responsibility and an important part of your officer file! The Senior leaders of the Army and the AMEDD are taking this very seriously. Some of you may have received an email from us recently asking that you get a DA photo or update your photo.

We **still require hard copies** of your photos even though your facility has digital capability.

Point 3: Pin-on to CPT

Beginning in June 03 the pin-on to Captain will now be 40 months. The previous 38-month pin-on to Captain was a temporary fix. 40 months is still less than what it had been previously. Pin on to CPT was 48 months.

Point 4: ORB

Take the time to review your Officer Record Brief (ORB) during your **birth month** and make certain that all the data is correct!! The time you spend doing this each year is well worth the effort.

Point 5: PERSCOM Info Sheet

Please **post a copy** of the attached PERSCOM info sheet for easy access. It is a very handy reference. Refer to it **first** as it will answer most of your basic questions and/or provide you with the source for your questions.

Once you access any of the links provided, **BOOKMARK** them so that you can refer to them when needed.

All officers should download this info sheet.

Point 6: Counseling

Supervisors should try and conduct at least one counseling session in an office that has Internet access. Have your officer bring a copy of their ORB and then have them pull up their file on AKO. Use this time to **crosscheck** the ORB with the officer's AKO file. The ORB should reflect the documents that are on the file. If you discover an inaccuracy or omission, correct it!! The time you spend doing this will be beneficial when it is time for you to go before a selection board.

Officers should go to their PSB or military personnel office and **get a copy of their ORB** (officer record brief). Review both your AKO file and the ORB to make sure that your file is correct and complete.

Here are some helpful tips to assist YOU in making a successful review of your **ORB** and **AKO file**:

-**Personal Family Data (Section IV)**. Make sure you have a physical indicated (PULHES/DATE and HEIGHT/WEIGHT).

-**Military Education. (Section VI)** Make sure it lists your highest level of education achieved. MEL 7 (OAC), MEL 6 (OBC) and MEL 4 (CGSC). Also list any courses that are longer than 2 weeks duration or military schools such as Airborne or Air Assault, OT & Dietetic Internships, IPAP and PT Baylor.

PERSCOM (con't)

-Civilian Education (Section VII). Your school, the degree awarded and the year it was awarded should be indicated. Also, you should see corresponding transcripts on your AKO file for the schools from which you graduated.

-Military awards or badges (Section VIII on the ORB). If documents are missing, submit copies of the **certificate/citation** (You can send the award orders with the orders number on it. We cannot use just the DA638-recommendation for the award) for awards and **orders** for badges to your PSB and fax a copy to us so that these errors can be resolved. For example, if you have 4 ARCOMs, your ORB should read ARCOM-4 and there should be 4 certificates on your AKO file.

-Duty Title. Section IX is where you list your duty title. The last time I checked, I do not think we have an AOC for Incoming Personnel! Seriously, if you see this it may be because you never finished inprocessing!!

-Licensure and/or NCCPA (Section X). If the data is missing or the date is expired, you need to fax us a copy so that this information can be updated.

-Remarks (Section X). Officers married to service members should see this reflected here. EFMP and any prior service information are listed here also.

NEWS FLASH from PERSCOM!!!!!!

Attention all CPT(P)'s and MAJ's who are not currently enrolled or have completed CGSC Corresponding Studies.

The Army is fast approaching initiating ILE (Intermediate Level Education) which will be a 12- week resident core curriculum course for all active Army officers to be held at various locations throughout CONUS still TBD. This will replace CGSOC = MEL 4 as we know it. There will be no resident CGSC boards after this year's board in July.

NOTE: If you will be considered for LTC within the next 2-3 years, the recommendation is to begin the current CGSOC corresponding studies program. We cannot at this time guarantee when you would be able to attend the 12-week resident course. You do not want to risk not having completed MEL 4 before consideration by the LTC board.

If you have any questions, please call us at the SP Branch.

PERSCOM (con't)

PLEASE SAVE!!! (and use)

PERSCOM FACT SHEET

Important Links, phone numbers, and addresses!!

Bookmark these links – save in your favorites!

- **AKO:** www.us.army.mil

(Access your official military personnel file (OMPF). Review OERs, awards and other military documents)

- **PERSCOM Online:** <https://www.perscomonline.army.mil>

(Access for MILPER Messages, Promotion info, military schooling,

- **SP Corps Web Page:** https://www.perscomonline.army.mil/opamsc/home_page.htm
- **Promotion Hotline:** 703-325-9340 (DSN 221-)
- **OER Processing:** 703-325-2637
- **IWRS (Interactive Web Response System) (check your OER arrival date to OER Branch, PERSCOM):** <https://isdrad15.hoffman.army.mil/iwrs> – **login w/AKO info**
- **DAPMIS (electronic photo system):** <https://isdrad15.hoffman.army.mil/dapmis/execute/imageacceptprolog> – **login w/AKO info**
- **SP Corps Address: Commander, PERSCOM**
TAPC-OPH-SP
Hoffman II, Rm. 9N57
200 Stovall Street
Alexandria, VA 22332-0417
- **Phone:**

Ms. Curley	703-325-2365	FAX: 2358, DSN 221-
MAJ Golden	-2366	
MAJ Gross	-2349	
COL DeMars	-2367	

Army OT Invention Filed for US Patent

CPT Arthur Yeager, an Occupational Therapist at Tripler Army Medical Center has **grabbed** the attention of the Invention Evaluation Committee (IEC) from the United States Army Medical Research and Materiel Command (USAMRMC) by creating the **Gravity Reacting Anti-rollback Brake (GRAB)**. The IEC has filed a patent application on behalf of the Secretary of the Army. Congratulations to CPT Yeager!

The GRAB is designed for standard wheelchairs to prevent rollback on inclines. The function permits the user or caregiver to rest on an incline; and increases safety on inclines that are difficult detect. Although several devices exist that provide this function, they must be manually engaged and/or disengaged. GRAB is unique in that it operates using a constant force universal to everyone: gravity. Regardless of hand strength, dexterity, or cognitive status users do not have to manually activate or deactivate this device. The pictured working prototype slides onto existing standard brakes. The final design of which the Army plans to patent includes a wheelchair frame mount and a connecting rod to provide simultaneous bilateral operation. Ultimately, GRAB automatically avoids unwanted rollback with hands-free operation.

How it works: A simple cam is mounted in close proximity to the main wheels. On level surfaces, the device does not affect forward and rearward movement. Gravity keeps the cam in a level position so that when the wheelchair is tilted back by an incline, the cam comes in contact with the main wheel. Because the cam is graded, it gets thicker as it rotates around its axis and engages the brake more. The weight of the passenger and a cam-stop prevent the brake from slipping.



CPT Yeager with the GRAB (**Gravity Reacting Anti-rollback Brake**)



Gravity Reacting Anti-rollback Brake

History of the 85th Medical Detachment (Combat Stress Control)

By MAJ Sharon, Newton, OT, 85th CSC

One thing that is important in the control of combat/operational stress is to maintain a high level of esprit-de-corps, and one way to do this is to ensure soldiers are aware of the history of their unit. Knowing the past honors of the unit in which you currently serve can instill a sense of pride and a desire to continue the tradition of exemplary service. What follows is a brief synopsis of one unit in which the SP corps is represented.

Although Combat Stress Control (CSC) units were officially activated in the Army shortly after Desert Storm, the 85th Medical Detachment (CSC) has a history that dates back to World War II. The 85th Medical Detachment is one of four CSC units currently on active duty. (The Army also has CSC medical detachments and companies in the Reserves). Its mission is to support combat readiness and deployment to the over 40,000 soldiers on Fort Hood, Texas. As part of the 1st Medical Brigade, it is credited with numerous deployments worldwide during its short combat/operational stress control history. These include participation in task forces in Bosnia, as well as contingencies in Haiti, Cuba, Hungary, Somalia, Kuwait, and CONUS. Currently, members of the 85th Medical Detachment continue to provide preventive services to the Joint Task Force at Guantanamo Bay, Cuba and are preparing to provide services in the CENTCOM area of responsibility.

The 85th Medical Detachment's history and numerous battle streamers date back to World War II, Korea, and Vietnam. The unit was first constituted in the Army on 4 December 1943 and reorganized as the 85th Composite Unit on 30 August 1944. It provided services as a Composite Unit in the Pacific Theater until it was inactivated on 2 November 1945. The unit was then re-designated on 15 November 1950 as the 85th Shock Detachment and saw service in the Korean War until 5 August 1952.

On 1 October 1962, the unit was again re-designated as the 85th Medical Detachment. It served with distinction during numerous campaigns in the Republic of Vietnam until its deactivation there on 15 August 1972. It was reactivated on 1 October 1993 at Fort Hood, Texas as a Combat Stress Control Detachment. The most recent change occurred on 15 October 2001 when it was the first active duty CSC unit to be reconfigured under the Medical Re-Engineering Initiative.

I am very proud to be a part of this highly decorated unit. In these times of high operational tempo and uncertainty, the Guideon of the 85th Medical Detachment (CSC) with all of its streamers, reminds me of the men and women who preceded me. I am motivated and encouraged to continue the tradition of the unit.

Do you know the history of your unit?

I would like to acknowledge Robert Schotter, SFC (Ret), who originally compiled this history for the unit; and COL Jim Stokes and COL John Richmond (first commander of the 85th Medical Detachment), for their assistance.

VA Now Reimburses for Some Licensing and Certification Tests

Contributions by CPT Karl Kisch PA-C, Hohenfels, Germany

<http://www.gibill.va.gov/education/LCweb.htm>

You can receive reimbursement for licensing and certification tests you take on or after March 1, 2001. These tests must be specifically approved for the G.I. Bill. VA can pay only for the cost of the tests and not other fees connected with obtaining a license or certification. Go to the website above to see the details.

If you have never filed an application for education benefits, you need to submit an application for benefits along with your request for payment for a test or tests. Active duty members should download VA Form 22-1990. Mail your application form together with your test information to the address listed on the website. Include the test information in the Remarks section of the form.

The Army Medical Department Museum and AMEDD Museum Foundation

The original U.S. Army Medical Museum was founded as a research facility in Washington, D.C., in 1862. Today, that institution is known as the National Museum of Health and Medicine of the Armed Forces Institute of Pathology at Walter Reed Army Medical Center. In 1920, our Museum was re-established at Carlisle Barracks, Pennsylvania, with the Medical Field Service School. In 1946, the School and Museum were transferred to Fort Sam Houston, Texas. In 1955, the Museum received its designation as the U.S. Army Medical Department Museum from the Surgeon General of the Army.

The “New” Museum

In 1978, the *AMEDD Museum Foundation* was established by concerned individuals to raise funds for a new museum facility. Built with private donations raised by the *Foundation*, the present AMEDD Museum officially opened its doors in July 1989, and ownership was transferred to the U.S. Government. The building is in the "Spanish Revival" architectural style, with a mission tile roof and fountain courts, in keeping with the historic buildings at Fort Sam. Large stone medallions representing the seals of the six commissioned corps, enlisted corps, and civilian corps decorate the facade.

The Museum Today

Since its dedication in 1989, the U.S. Army Medical Department Museum has continued to enhance its reputation as one of the most outstanding facilities of its kind in the world as an ideal venue for the restoration, preservation and exhibition of significant historic medical items. Military medical artifacts and memorabilia are proudly displayed in an environment that blends visualization of history with the appropriate presentation of the Army's contributions to medicine during times of both war and peace. It serves as a living reference library and research facility for students of all ages who have an interest in military medicine. It also augments the training of the more than 36,000 military and civilian students who attend the U.S. Army Academy of Health Sciences at Fort Sam Houston, Texas, each year.

Museum Dynamics

Built solely by the *AMEDD Museum Foundation* through private donations, Phase I and Phase II construction of Museum buildings were completed in 1989 and 1998. By Spring 2001, Phase III construction of the archival Artifact Repository was 85% complete. Recently acquired artifacts contributed to the Museum through the *Foundation* are a 1955 Willys MD-A, M170 Front Line Ambulance, an H13 D Model (Korean War) helicopter, and a UH1 Huey from the early Vietnam War. New initiatives include development of a membership program, broadening the *Foundation's* support base, establishment of legacy grants, improvement of the Museum's website and development of a virtual AMEDD Museum.

The Foundation

The mission of the *AMEDD Museum Foundation* is “to preserve the history of the AMEDD; to promote literary, educational, and artistic endeavors; and to sustain and support the AMEDD Museum”.

From MG Floyd W. Baker, U.S. Army (Retired), Chairman of the Board of the *AMEDD Museum Foundation*:

“Over the first two decades following the establishment of the *Army Medical Department Museum Foundation*, we were fortunate in having a groundswell of enthusiasm because of the vision of a magnificent new building on the horizon. Although it took a lot of work, monetary contributions were forthcoming that allowed construction to take place... The money came in; the Museum was built.

We [the Foundation] must sell the ‘powers that be’ that the Museum is an invaluable asset to the Army Medical Department that can imbue our medical soldiers with an enthusiasm toward and a sense of belonging to a magnificent organization. We must sell the leaders in the active Army that an understanding and appreciation of the history, heritage and legacy of the Army Medical Department by their troops can contribute to the effectiveness of their organizations. *A museum is not a static display but a dynamic, constantly changing representation of history so we must sell potential contributors that they should become involved in*

The Army Medical Department Museum and AMEDD Museum Foundation (con't)

the continuing evolution of the Museum.”

The Annual Sustaining Foundation Contributors Program

This program was initiated in February 2001 to “broaden the *Foundation’s* base of loyal contributing participants and increase the *Foundation’s* stream of revenue” in support of the *Foundation’s* mission.

There are two programs of ASFCP contributorship: *Individual* and *Organizational*. These are further divided into contributor levels as follows:

Individual: Maroon (annual contribution determined by military grade), Bronze (annual contribution of \$100), Silver (annual contribution of \$250), Gold (annual contribution of \$500) and Platinum (annual contribution of \$1000).

Organizational: Silver (annual contribution of \$250), Gold (annual contribution of \$500) and Platinum (annual contribution of \$1000).

For their *tax-deductible contributions*, all contributors receive a certificate of recognition, and varying additional benefits based on level of contribution. These may include discounts at the AMEDD Museum Gift Shop and preferred seating at museum events and functions.

For more information contact:

**Army Medical Department Museum Foundation, Inc.
P.O. Box 8294
San Antonio, Texas 78208-0294**

or visit AMEDD Museum Foundation’s website @ www.ameddmuseumfoundation.org

Textbook of Military Medicine

The *Textbooks of Military Medicine* is a comprehensive, multivolume treatise on the art and science of military medicine. The series is designed to show how military medicine has built on the lessons learned in past wars and, based on this historical context, lays out the scientific and factual basis upon which the practice of military medicine is grounded.

Military medicine as a recognized academic discipline is threatened. Critics might say that the all-encompassing advances in civilian medicine have eclipsed military medicine. But these critics don't understand the nature of the battlefield and the particular requirements of far-forward, echelon-based combat casualty care. Military medicine constitutes a unique body of knowledge. The *Textbook of Military Medicine* is more than a repository for this knowledge; it is a valuable teaching tool that preserves our hard-won wisdom for future generations of medical officers.

The Textbook series is triservice in scope. Copies of the volumes are placed in military medical libraries worldwide for use. A specific volume or set can be requested free of charge by [military medical officers](http://das.cs.amedd.army.mil/textbook.htm) at <http://das.cs.amedd.army.mil/textbook.htm>.

Call For PA Historical Contributions

by CPT Maxwell, SP Corps, Executive Fellow

The SP Corps Chief's office in coordination with the PA Branch Chief is currently involved in a history project to document the history of PAs in the Army. Any contributions you would like to make to this project are welcome and greatly appreciated.

Below are some but, certainly, not all the areas where you may consider making contributions:

1. Photos depicting major events and milestones (Ex: Commissioning).
2. PA Class Photos or Class Yearbooks.
3. Newspaper/Journal Articles.
4. Deployment AAR's/Trip Reports.

Contributions may be sent to: Office of the Chief, Army Medical Specialist Corps
ATTN: MCCS-CA
2250 Stanley Road
Bldg 2840, Suite 276A
Fort Sam Houston, Texas 78234-6100

POC for this project is CPT Gail Maxwell, PA-C, Executive Fellow, SP Corps Chief's Office. Contact information is provided below.

Phone: COMM (210)221-8627
 DSN 471-8627/8306
 FAX (210)221-8360
E-Mail: gail.maxwell@cen.amedd.army.mil

Thanks to all, in advance, for your generous cooperation with this effort.

SPs in the News!

Promotions

SGT Nilda Lugo, Ft. Bragg to SSG
SFC (P) James Doaust, NCOIC Nutrition Care, BAMC to MSG
SFC (P) Adrienne Berkley, NCOIC, Production and Service, BAMC to MSG
SFC (P) Ava Bounds, NCOIC, Nutrition Care, Ft. Leonard Wood to MSG
SFC (P) Karen Archondidis, NCOIC, Production and Service, Tripler to MSG

EFMB

SSG Lorena Lewis, Ft. Sam Houston

Awards

LTC Robinette Amaker received the Order of the Military Medical Merit Medallion (O2M3)

SPs in the News!

Awards (con't)

MAJ Sharon Newton, Ft. Hood, was awarded an MSM as the OIC of the CSC Prevention Team deployed to JTF-Guantanamo.

SSG Howard was awarded an ARCOM for his work as the NCOIC of the CSC Prevention Team deployed to JTF-Guantanamo (June-Dec)

NCO of the Year

SGT Nilda Lugo, Ft. Bragg, NCO of the Year, Womack Army Medical Center

Graduations

SSG Gayden graduated from NBCOC

Births

SPC Meagan Martin, Wuerzburg, Baby boy, Travis James Martin, born 21 Jan 03.

CPT Teresa Brininger, LTHET, Baby Girl, Alyna Mackenzie, born 23 Apr 03.



SSG Nilda Lugo, Ft. Bragg, on promotion day and awards ceremony for being selected for NCO of the year. LTC Karoline Harvey, Ft. Bragg and unit mascot in tow.

AMSC Birthday April 2003 Tomb of the Unknown Soldier



COL Hooper (center), with CPT Timothy Congdon and Sentry from the Honor Guard placing the wreath on the tomb.



SP Officers in attendance for the ceremony

“A” Proficiency Designator Message

SUBJECT: THE AWARD OF THE "A" PROFICIENCY DESIGNATOR/FY03

1. TO CONSIDER CANDIDATES NOMINATED FOR THE AWARD OF THE "A" PROFICIENCY DESIGNATOR. A BOARD WILL BE CONDUCTED BY EACH OF THE AMEDD CORPS, AND SELECTED NOMINATIONS WILL BE FORWARDED TO THE SURGEON GENERAL FOR APPROVAL.

2. NOMINATING PROCEDURES:

A. CORPS CHIEFS, CONSULTANTS (CONSULTANT WITHIN THE SAME SPECIALTY AS THE NOMINEE), CHIEFS OF ASSIGNMENT BRANCHES, HEALTH SERVICES DIVISION, PERSCOM, AND COMMANDERS MAY NOMINATE INDIVIDUALS FOR AWARD OF THE "A" PROFICIENCY DESIGNATOR FOR CONSIDERATION BY THE BOARDS. NOMINATIONS WILL BE FORWARDED AS FOLLOWS:

AN: CDR, PERSCOM, ATTN: TAPC-OPH-AN, ROOM 9N47, 200 STOVALL STREET, ALEXANDRIA, VA 22332-0417, DSN 221-2330/2331.

DC: ACADEMY OF HEALTH SCIENCES, DEPARTMENT OF EDUCATION AND TRAINING, 1750 GREELEY ROAD, ATTN: MCCS-HED, SUITE 205, FT SAM HOUSTON, TX 78234-5075, DSN 471-0079.

MC: CDR, MEDCOM, ATTN: MCHO-CL-C, SUITE 10, 2050 WORTH ROAD, FT SAM HOUSTON, TX 78234-6010, DSN 471-7987.

MS: CHIEF, MEDICAL SERVICE CORPS, ATTN: MCCS-CM, SUITE 276A, 2250 STANLEY ROAD, FT SAM HOUSTON, TX 78234-6170, DSN 471-8622/8531.

SP: CHIEF ARMY MEDICAL SPECIALIST CORPS, ATTN: MCCS-CA, BLDG 2840, 2250 STANLEY ROAD, SUITE 276A, FT SAM HOUSTON, TX 78234-6100, DSN 471-8306/8627.

VC: ATTN: DIR, DODVSA, 5109 LEESBURG PIKE, FALLS CHURCH, VA 22041-3258, DSN 761-3056/3057.

B. NOMINATIONS FOR MEMBERS OF THE U.S. ARMY RESERVE COMPONENT (USAR) NOT ON ACTIVE DUTY WILL BE SUBMITTED AS FOLLOWS

(1) MEMBERS OF TROOP PROGRAM UNITS MUST FORWARD THEIR NOMINATIONS TO COMMANDER, USARC, ATTN: AFRC-MD, 1401 DRESHLER ST. SW, FT MCPHERSON, GA 30330-2000.

(2) MEMBERS OF THE INDIVIDUAL READY RESERVE (IRR) AND INDIVIDUAL MOBILIZATION AUGMENTEES (IMA) MUST FORWARD THEIR NOMINATIONS TO CDR, ARPERSCOM, ATTN: ARPC-HSPMD-HS, 1 RESERVE WAY,

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ST. LOUIS, MO 63132-5000.

(3) MEMBERS OF THE ARMY NATIONAL GUARD MUST FORWARD THEIR NOMINATIONS THROUGH THEIR STATE ADJUTANT GENERAL AND THE CHIEF, NATIONAL GUARD BUREAU, ATTN: NGB-ARS, 111 SOUTH GEORGE MASON DRIVE, ARLINGTON, VA 22204-1382. ALL RC NOMINATIONS WILL BE FORWARDED FROM THE ABOVE AGENCIES TO THE RC CONTROL OFFICE, HQDA, OTSG, ATTN: DASG-HCR, 5109 LEESBURG PIKE, FALLS CHURCH, VA 22041-3258. RESERVE COMPONENT NOMINATIONS MUST BE FORWARDED SO AS TO ARRIVE NLT 19 APR 03. RC CONTROL OFFICE, HQDA, OTSG WILL FORWARD NOMINATIONS TO APPROPRIATE AMEDD CORPS. POINTS OF CONTACT FOR THE ARMY NATIONAL GUARD AND U.S. ARMY RESERVE ARE LISTED BELOW:

AGENCY	TELEPHONE
ARPERSCOM	(314)592-0441, DSN 892
USARC	(404)464-8214, DSN 367 (800) 359-8483, EXT 4648214
NGB	(703) 607-7140, DSN 327

C. FORMAT FOR EACH NOMINATION MUST INCLUDE ALL OF THE FOLLOWING INFORMATION. IF THE INFORMATION DOES NOT APPLY, REPORT “N/A” IN PLACE OF THE REQUESTED INFORMATION:

NAME:

RANK:

PRIMARY AOC/MFA:

DOB:

SSN:

EAD: (CURRENT ACTIVE DUTY OFFICERS ONLY)

NUMBER OF YEARS HOLDING OR QUALIFIED FOR "B":

NUMBER OF YEARS PROFESSIONAL EXPERIENCE:

NUMBER OF YEARS/MONTHS OF ACTIVE DUTY:

NUMBER OF YEARS OF OTHER QUALIFYING DUTY (GOOD RETIREMENT YEARS EXCLUSIVE OF ACTIVE DUTY):

EDUCATION (SCHOOLS, LOCATION, DEGREE, DATE):

BOARD CERTIFICATION (ORGANIZATION, DATE):

TEACHING APPOINTMENTS (ACADEMIC RANK, INSTITUTION, DATE):

CONSULTANT POSITIONS (TITLE, LOCATION, DATES):

AFFILIATIONS AND PROFESSIONAL SOCIETY MEMBERSHIPS:

DECORATIONS AND AWARDS (MILITARY AND/OR PROFESSIONAL AWARDS):

PUBLICATIONS/RESEARCH (TITLE, AUTHORSHIP, WHERE PUBLISHED):

KEY ASSIGNMENTS:

“A” Proficiency Designator Message (con’t)

RECOMMENDATION (A SHORT NARRATIVE RECOMMENDATION):

ENCLOSURES AS APPROPRIATE:

BIOGRAPHICAL SUMMARY (ALL USAR/NGB OFFICERS)

CURRICULUM VITAE (ALL MC OFFICERS--ACTIVE COMPONENT/USAR/NG)

3. SELECTION CRITERIA. THE FOLLOWING CRITERIA ARE ESTABLISHED CONSISTENT WITH THE PROVISIONS OF DA PAM 611-21. ON AN INDIVIDUAL BASIS, THESE CRITERIA MAY BE WAIVED WHEN THEY ARE CLEARLY NOT APPLICABLE TO A PARTICULAR AREA OF CONCENTRATION (AOC). ALL REQUESTS FOR WAIVERS MUST BE FULLY JUSTIFIED AND ACCOMPANY THE NOMINATION TO THE SURGEON GENERAL. GENERAL ELIGIBILITY (UNLESS SPECIFICALLY STATED OTHERWISE):

A. MUST BE CONSIDERED EMINENTLY QUALIFIED TO CHAIR A DEPARTMENT, DIVISION OR SERVICE, OR HAVE ATTAINED FULL PROFESSIONAL STATUS, AND HAVE OBTAINED NATIONAL PROMINENCE IN HIS/HER FIELD.

B. AN, MS, SP OFFICERS MUST HAVE HELD OR HAVE BEEN QUALIFIED FOR THE "B" PROFICIENCY DESIGNATOR FOR A PERIOD OF NOT LESS THAN 5 YEARS. MC, DC, VC OFFICERS MUST HOLD THE "B" PROFICIENCY DESIGNATOR AND HAVE NOT LESS THAN 3 YEARS TIME IN GRADE AS A LIEUTENANT COLONEL AS OF 1 OCT OF THE YEAR IN WHICH CONSIDERED.

C. MUST HAVE A TOTAL OF NOT LESS THAN 15 YEARS PROFESSIONAL EXPERIENCE; AT LEAST 10 YEARS OF WHICH MUST HAVE BEEN ON ACTIVE DUTY IN THE ARMY MEDICAL DEPARTMENT AS OF 1 OCT OF THE YEAR CONSIDERED. THE 15 YEAR PERIOD AND ACTIVE DUTY REQUIREMENTS MAY BE RECOMMENDED FOR WAIVER UNDER EXCEPTIONAL CIRCUMSTANCES BY THE UNANIMOUS DECISION OF ALL BOARD MEMBERS, SUBJECT TO THE APPROVAL OF THE CORPS CHIEF AND TSG, WHERE IT IS DETERMINED THAT CONTRIBUTIONS OF THE INDIVIDUAL HAVE BEEN OF SUCH OVERRIDING SIGNIFICANCE TO MERIT EARLY PROFESSIONAL RECOGNITION. MEMBERS OF THE RESERVE COMPONENT, NOT ON ACTIVE DUTY, MAY MEET THE 10-YEAR ACTIVE DUTY REQUIREMENT WITH ACTIVE DUTY, ACTIVE RESERVE COMPONENT AFFILIATION WITH THE ARMY MEDICAL DEPARTMENT, OR A COMBINATION THEREOF.

D. MUST HAVE BEEN ASSIGNED TO POSITIONS REQUIRING THEIR PRIMARY AOC AT LEAST 50 PERCENT OF ACTIVE DUTY TIME FOLLOWING RECEIPT OF THE "B" PROFICIENCY DESIGNATOR, OR ATTAINMENT OF THE QUALIFYING EXPERIENCE, AND HAVE PERFORMED IN AN OUTSTANDING MANNER IN THESE ASSIGNMENTS. THOSE WHO HAVE HAD ASSIGNMENTS OR CHANGE OF AOC TO FUNCTIONAL AREAS SUCH AS ADMINISTRATION, EDUCATION OR RESEARCH SINCE RECEIPT OF THE "B" PROFICIENCY DESIGNATOR (OR ATTAINMENT OF THE QUALIFYING EXPERI-

“A” Proficiency Designator Message (con’t)

ENCE), MUST HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THESE AREAS AND PERFORMED IN A SIMILARLY OUTSTANDING MANNER IN THESE ASSIGNMENTS. FOR MEMBERS OF THE RESERVE COMPONENTS NOT ON ACTIVE DUTY, A MAJORITY OF THE INDIVIDUAL'S PROFESSIONAL EXPERIENCE (CIVILIAN/MILITARY) MUST BE CONSISTENT WITH THE SPECIALTY IN WHICH A RECOMMENDATION IS BEING MADE.

E. MUST BE A LEADER IN THEIR SPECIALTY AND HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE ADVANCEMENT OF KNOWLEDGE IN A PARTICULAR FIELD (I.E, PUBLICATION, ACTIVE NATIONAL PROFESSIONAL ORGANIZATION MEMBERSHIP, ETC).

F. MUST BE A DISTINCT ASSET TO THE AMEDD, BOTH AS AN OFFICER AND AS A PROFESSIONAL SPECIALIST.

4. "PROFESSIONAL EXPERIENCE", "YEARS OF EXPERIENCE", OR "YEARS OF EXPERIENCE AS APPLIED TO THE ELIGIBILITY FOR 9A, 9B, 9C, 9D PROFESSIONAL DESIGNATOR IN DA PAM 611-21, ARE TO BE INTERPRETED AS ACTUAL DUTY PERFORMANCE IN THE SPECIALTY AREA. THESE TERMS DO NOT INCLUDE ANY PERIOD OF FORMAL, FULL-TIME EDUCATIONAL ENDEAVOR IN PURSUIT OF EITHER A DEGREE OR CERTIFICATION, WITH THE EXCEPTION THAT FOR OFFICERS OF THE MEDICAL, DENTAL, VETERINARY, MEDICAL SERVICE, AND ARMY MEDICAL SPECIALIST CORPS, POSTDOCTORAL FELLOWSHIP OR RESIDENCY EXPERIENCE IN THE SPECIALTY AREA IS CONSIDERED PROFESSIONAL EXPERIENCE AND WILL BE CONSIDERED AS ACTUAL PERFORMANCE IN THE SPECIALTY AREA. IN THE CASE OF THE MEDICAL OR DENTAL CORPS SUBSPECIALTY, EXPERIENCE IN THE PARENT SPECIALTY IS CONSIDERED PROFESSIONAL EXPERIENCE AND MAY BE INCLUDED IN AN INDIVIDUAL'S YEARS OF EXPERIENCE.

5. THE APPLICATION DEADLINE TO EACH AMEDD CORPS CHIEF OFFICE IS 30 APR 03. THE INDIVIDUAL BOARDS WILL CONVENE SUBSEQUENT TO THE APPLICATION CUTOFF DATE. SPECIFIC DATES FOR THE BOARDS WILL BE DETERMINED BY THE RESPECTIVE AMEDD CORPS CHIEF/DESIGNEE.