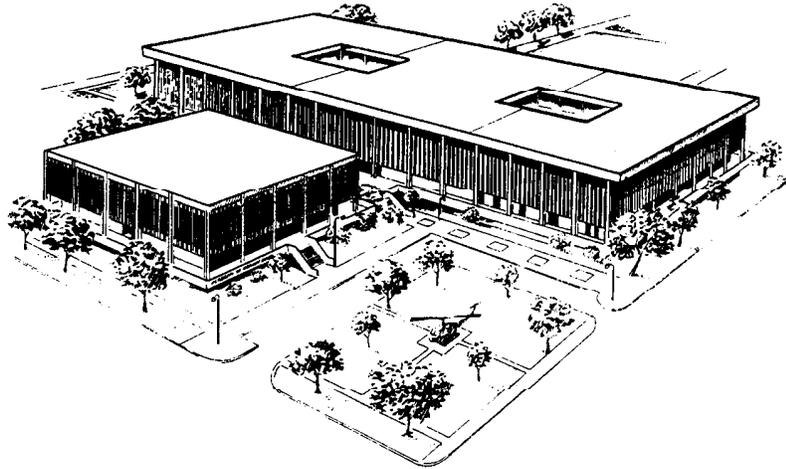




AMEDDC&S OBSERVER

Apr/May/June 1999



AMEDD Senior Leaders Chart Course for the Future

Every organization faces the challenges of tackling tough issues and striving to forge a path to the future. The Army Medical Department (AMEDD) has the added responsibility of resolving these issues while at the same time maintaining constant readiness.

The AMEDD Branch Proponency Commanders Conference (ABPCC) brought together 100 senior leaders for 6 days of discussions and workshops to determine the AMEDD's course in support of the Army After Next concept. Major General James B. Peake, AMEDDC&S Commander, hosted the conference, held here in San Antonio 28 Feb - 3 Mar 99. The six AMEDD Corps were represented by leaders from Active Component, U.S. Army National Guard, and U.S. Army Reserve organizations. In addition, 70 officers attending the AMEDD Pre-Command Course were also able to participate in most conference activities, providing them with a unique opportunity to preview the issues they will face as future commanders.

Major General Peake's objective for the conference was to focus the participants on the identification and resolution of shortfalls and problem areas. The AMEDDC&S would serve as

proponent for most of the issues raised. Ongoing close cooperation with the Office of The Surgeon General, the Medical Material Readiness Command, the National Guard Bureau, and the Army Reserve Command would ensure that all issues discussed could be resolved.

This year's conference theme was "Training Readiness." General Thomas A. Schwartz, Commanding General, Forces Command, opened the proceedings with his presentation entitled "Balanced Readiness." In it, GEN Schwartz called for a balance between preparedness goals and quality of life. He stressed the need for realistic, frequent, intense training, with subsequent ample recovery time. Following GEN Schwartz was MG Morris J. Boyd, Deputy Commanding General, III Corps. Major General Boyd discussed "Fighting, Training, and Sustaining the Digital Force" and focused on the special requirements of the digital division. Other keynote speakers included MG Thomas E. Whitecotton, who focused on the "National Guard Bureau Response to Weapons of Mass Destruction" and MG James W. Darden who presented "Army Reserves-Ready, Relevant."

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AMEDD READINESS STARTS HERE!

COMMANDER'S CORNER

MG James B. Peake



Sometimes, the Army Medical Department is perceived as a "stovepipe" organization, not quite fully aligned with the Army. I personally believe this notion could not be more incorrect! Our whole reason for being revolves around support to the warfighter, the soldier, and a soldier's family at home or abroad, in peace or across the spectrum of conflict. It is the focus of the soldierization process in our training battalions and the combat development in our force integration role at the AMEDD Center and School.

I was struck by a discussion of the "warrior ethos" at a recent division commanders' conference that I attended. It talks to self-discipline, the hardening of ones body and soul through demanding physical training and exertion. It talks to a belief that one's word is one's bond and that trust binds us together to risk life and limb. Mental toughness to endure, determination and confidence to overcome all odds even in seemingly hopeless situations, uncompromising commitment to be technically and tactically competent to always put the mission, the unit, the country first and one's self second were all phrases used as described in the "warrior ethos." Every phrase is applicable to everyone here. One can take our Army values as a further descriptor of the Army ethos. They underlie what we are all about, the Warrior Medic providing selfless care with compassion and competence wherever America sends their sons and daughters. It is no accident that the Combat Infantry Badge and the Combat Medic Badge are uniquely linked symbols of the warrior ethos that we share. Think of this as you read the article on the combat medic of the future, the 91W, on page 4.

91D Course Wins Accreditation

As of 22 Apr 99, students enrolled in the MOS 91D (Operating Room Specialist) course, in either Phases I or II, will be graduates of an accredited course. The Commission on Accreditation of Allied Health Education Programs conducted an in-depth site visit to course facilities in Jul 98. The accrediting team closely examined teaching venues, instructor performance, and administrative operations. This initial accreditation will not expire until 2001 and represents validation of the 91D program of instruction and hands-on instructional procedures. The 91D accreditation announcement follows the recent re-opening and dedication of their newly-remodeled and updated classroom training facility in Building 615.

Senior NCOs Tour Camp Bullis

The U.S. Army Medical Department Senior Noncommissioned Officer Conference, held in San Antonio 11-16 Apr, provided

participants with an opportunity to observe the recent additions and upgrades to the Camp Bullis training site. The all-day event, sponsored by the Department of Healthcare Operations, AHS, focused on future medic training and its associated hardware, software, and facilities. Highlights included tours of the Battle Simulation Center, Deployable Medical Systems setup, and the newly-completed MOS 91B training site.

AHS Celebrates Lab Week

The Department of Clinical Support Services, AHS, joined in the celebration of National Laboratory Week, 11-17 Apr 99. The week-long event honored laboratory professionals and board-certified pathologists nationwide who are responsible for performing and interpreting laboratory tests. The 1999 celebration theme "Laboratory Professionals: Your Link Between Technology and Good Health," focused on the testing procedures that frequently discover medical problems before symptoms occur.

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Fort Sam Houston, TX 78234-6150; DSN 471-6916, FAX 471-8720; Comm 210/221-6916, FAX 210/221-8720. Timely articles of interest are always welcome. Contributions will be edited, if necessary, to meet format and space requirements, and are subject to approval by the "Observer" editorial staff.

AMEDD Senior Leaders Chart Course for the Future

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Following the keynote presentations, conference participants were divided into working groups. Each of these groups concentrated on a different aspect of Army medicine and its specific issues: Force Protection, Medical Logistics, Hospitalization, Evacuation, or Command, Control, Communications, Computers, and Intelligence (C4I). The groups examined shortfalls in their area of concentration and discussed ways in which these problems could be resolved. More than 25 such issues were identified and brought forward for resolution. Stakeholders were also identified and asked to work these issues.

The conclusion of the ABPCC meant the beginning of the actual work; key leaders from across the spectrum of AMEDD activities will continue to address these issues over the coming year. The AMEDDC&S Assistant Commander for Force Integration will act as the Lead Agent for issue tracking and resolution. Additional information can be obtained from the ABPCC Home Page at: <http://139.161.168.210/abpcc>

MOS 91W... Looking Toward the Future

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a part of the 91W POI. As an end state, both the 91W and 91WM6 will be nationally certified EMT-Bs in addition to mastering the military skills required of our combat medics. Further, our 91WM6s will be required to have and maintain current state LPN licensure as they do today as 91Cs. Subsequent to The Surgeon General's decision, senior Army leadership at FORSCOM, OCAR, NGB, and USARC endorsed the decision for implementation.

At present, the 91C is overstrength for the AC, which is what triggered the current round of mandatory reclassification actions for many of our sergeants in that MOS. Conversely, the USAR is critically short 91Cs, which is a factor in the current AC to RC enlisted PROFIS initiative. The 91W initiative, considering existing numbers of trained personnel, decreasing numbers of medical units in the force structure, assignment flexibility, enhanced course content and promotion opportunity, is clearly the best visible means to correct multiple problems effecting our enlisted force.

The AMEDDC&S is the organization charged with managing the future. As the Army we are entrusted to support changes, we too must change our MOSs and organizations to meet those new emerging requirements. One of the more emotional and telling arguments as a part of the Division Redesign process occurred as we discussed the Combined Arms Services Command's initiative to pull all combat service support elements out of the maneuver battalions where they have historically resided, and create the Forward Support Company as an element of the Division Support Command. The combat arms leaders were willing to lose their Quartermasters, Transporters, and Maintainers. However, they drew the proverbial line in the sand at the prospect of losing their combat medics. They trust us, and many of you, and those who preceded you, earned that trust by your demonstrated competence and the security you provide those combat arms soldiers as they cross the line of departure and engage the enemy. They need the assurance that if they are hit, we are there to treat them. They also trust us to ensure the medics we send them can do what they need to do to save their lives and treat their injuries, whether it is in the rain and the mud under blackout conditions at a casualty collection point near the FLOT, or while assisting in a medical procedure in a clinic or ward in CONUS. That sacred trust also mandates that as their organizations and doctrinal employment changes, we change with them if our current product no longer meets their needs. We simply cannot break the faith with the warfighters which was earned over time and during multiple wars by our predecessors.



USASAM NCO Wins Instructor Award

Sergeant First Class Milton Padua, (at left in photo) an Aerospace Physiology instructor at the U.S. Army School of Aviation Medicine, was recently named Academic Instructor of the Year in the enlisted category at Fort Rucker, AL. He is shown here receiving the Army Commendation Medal for his achievement from COL Davis D. Tindoll, Jr, U.S. Army Aviation Center Chief of Staff. Sergeant First Class Padua will represent the Aviation Center and Fort Rucker at the TRADOC Instructor of the Year Competition later this year.

MOS 91W... Looking Toward the Future

MG James B. Peake

One of the greatest challenges facing the Army Medical Department is changing to ensure the provision of quality healthcare to an Army undergoing rapid change as it embraces the Force XXI patterns of operations. Our first post-Desert Storm step into the future was the Medical Reengineering Initiative, which will be implemented force-wide over the next several years for both the Active and Reserve Components. We then participated in the redesign of our combat divisions, to include the medical structure embedded within them, and are currently engaged simultaneously in TRADOC-led Echelons Above Division Redesign and the design of the emerging Strike Force, as well as Army and AMEDD After Next which encompasses the years 2010 and beyond. Common threads throughout all of the separate initiatives are a battlefield far more dispersed than the one we know now, drastically lengthened evacuation distances, and an increased reliance on technology, first responder capabilities, and forward surgical intervention.

With those emerging requirements in mind, I initiated multiple separate initiatives here at the AMEDDC&S. The Medical Training 2000 study assessed 91Bs who have been on the job at various installations for a minimum of a year post-graduation to determine to what degree their critical battlefield skills, present at graduation, had been maintained. Separately, our AMEDD Personnel Proponency Directorate modeled current and future personnel requirements, to include a by-MOS analysis to determine the current and projected potential imbalances in each. Our Directorate of Doctrine and Combat Development looked at the future battlefield, our emerging medical organizations, the embedded future technology, and the skills set our combat medics will need to provide the level of care demanded of them in the future.

As I reviewed the products of each of those separate initiatives, it became clear that our current 91B will not meet our future requirements, and I must emphasize that the future is now at Fort Hood as the 4th Infantry Division is documented under the new design. These changes mandate that we train our combat medics to a higher level than ever before as we assign them in positions ranging from platoon medic on a dispersed battlefield, to crew members on enhanced evacuation platforms, to ward staff on Intensive Care and Intermediate Care Wards in both TOE and TDA hospitals. Unfortunately, we must train these soldiers to a new degree of proficiency while working within finite operating budgets and personnel constraints.

I established a Tiger Team in Aug 98 to design a reengineered combat medic course for documentation in 1999, with an effective date of 1 October 2001. The alpha numerical designator that was available for use in the CMF 91 was "91W," thus the 91W initiative was born. During the last 9 months, we have progressed through numerous working groups and In-Process Reviews, each of which included representatives from FORSCOM, MEDCOM, USARC, NGB, OCAR, and APPD, to include those eventually effected the most by any adopted changes - the AMEDD noncommissioned officers. In late March, at The Surgeon General's Regional Medical Commander's Conference in Augusta, the AMEDD's senior leadership considered three viable options by which to address the critical combat medic deficiency in our changing Army. These leaders looked at current and projected strength imbalances, changing medical organizations and requirements, budgetary and man-year end strength impact of each of the options under consideration, enlisted career progression and utilization, to include promotion opportunity, and the unique challenges faced by our RC leaders and soldiers.

The AMEDD officer and senior enlisted leadership collectively approved the proposed merger of the 91B and 91C MOSs into a single MOS, the 91W. Requirements for LPNs in both TDA and TOE units will be coded as requiring the "M6" Additional Skill Identifier, which will identify a position requiring the skills of our current 91C. The present 91B will be renamed the 91W, and the MOS-producing course will lengthen to 16 weeks to include an enhanced POI and demonstrated proficiency in critical skills. Further, this action will establish passing the EMT-B course as a graduation requirement for everyone, as opposed to testing the 50% or less that we do now. We anticipate that two of the six 91C Phase II sites will close, and those instructor positions at those two sites will be moved to the AMEDDC&S to help defray the cost associated with lengthening the course. Soldiers currently holding the 91B and 91C MOSs will go through transition training to the 91W MOS within 3 years (AC) or 8 years (RC) of the 1 October 2001 effective date. SGMs and MSGs will be converted on the effective date, but all other affected soldiers will go through a varied transition program, conducted predominantly by distributed learning, capped by a resident phase at either the AMEDDC&S or one of the RC's TASS battalions. The current LPN course will shorten by an estimated 8 weeks, based on obtaining credit for tasks taught as

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