Chapter 12

ENLISTED SERVICE MEMBERS

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"The American soldier is a proud one and he demands professional competence in his leaders. In battle, he wants to know that the job is going to be done right, with no unnecessary casualties. The noncommissioned officer wearing the chevron is supposed to be the best soldier in the platoon and he is supposed to know how to perform all the duties expected of him. The American soldier expects his sergeant to be able to teach him how to do his job. And he expects even more from his officers."

—General Omar N. Bradley, from a speech at the US Military Academy, May 20, 1952[1]

INTRODUCTION

It is important for military medical officers to understand how enlisted members fit into the general scheme of the military as well as their role in military medical practice. Since the inception of the US military, one of its hallmarks has been the involvement of enlisted members in almost every facet of military operations. In both warfighting units and support units, including medical units, enlisted personnel constitute the majority of uniformed personnel. Enlisted medical personnel provide patient care, laboratory and diagnostic services, pharmacy support, and patient records maintenance; they also operate, maintain, and repair medical equipment. The enlisted service members are led by noncommissioned officers (NCOs) who have been promoted up through the ranks. These individuals form the foundation of the military health system.

This chapter provides an overview of the enlisted service members typically involved in military medicine operations. It includes a brief history of the enlisted medical force, then discusses how enlisted service members are integrated into military medical practice. The discussion will include:

- rank structure of enlisted personnel;
- the roles of NCOs and petty officers (POs, NCOs in the Navy and Coast Guard);
- training of enlisted personnel;
- assignment of enlisted personnel; and
- special categories of enlisted medical personnel.

HISTORY OF ENLISTED SERVICE MEMBERS IN MILITARY MEDICINE

When George Washington's Continental Army formed the Army and Navy medical services in 1775, provisions were made to detail enlisted personnel to assist the medical officers. Based on the recommendations of the Hospital Department's director general, the Second Continental Congress authorized the employment of enlisted men as hospital stewards on July 17, 1776.[2] While hospital stewards initially had no official rank in the Army and consisted of soldiers detailed from the line, they played a key role in providing healthcare for troops. They had to be able to read and write, with some background in mathematics, chemistry, or pharmacy. Few soldiers of the era had these abilities. The duties of hospital stewards included assisting the surgeon in minor surgical procedures, dispensing medicine, and supervising attendants and other civilians who worked in the hospitals. Hospital stewards were also responsible for procuring vegetables, meat, and bread from the local farmers and bakers when the normal supply system was interrupted. Some stewards worked in the military apothecary supervising the production of medicine. Based on the isolated nature of some medical officer assignments and the need for scientifically educated associates, both the Army and the Navy established dedicated enlisted corps in the late 19th century.

As their roles expanded after the Civil War, these enlisted members were given the added responsibility to purchase whatever was necessary for use in the care of the sick and wounded, and were expected to handle major administrative and logistical functions in the hospital. Dr Edward Cutbush (Figure 12-1), a prominent Navy physician, published the first manual on hospital administration in 1808.[2] In it, he specified the duties of a hospital steward, including discipline of staff and patients, personnel management, food service, medical supply, and overall administration of the hospital.[2] Cutbush also emphasized that a steward needed to be honest and above reproach.[2] These types of administrative duties have remained in the wheelhouse of hospital stewards and medical NCOs/POs even as their duties have evolved over time.

Throughout the years, the size and functions of the services' medical departments have waxed and waned. When the Air Force Medical Service was established in 1949, it included a complement of enlisted personnel. Today, the medical services of the Army, Air Force, and Navy all include an enlisted corps. Unlike the hospital stewards of old, these enlisted personnel are likely to occupy a diverse range of military occupations in fixed healthcare facilities as well as operational units. Their services can be generally categorized into the following functions: force health protection, health service support operations, and health support planning.[3] It is important to note that although the enlisted members are an integral part of the medical department of each

of the services, they also form a separate corps of specially trained personnel within the departments. Like their officer counterparts (medical, dental, nurse, etc) the enlisted corps is headed by a senior NCO, usually the senior enlisted advisor to the surgeon general. Army medicine's enlisted corps birthday is recognized as March 1, 1887, and the Navy recognizes June 17, 1898, as the birthday of its Hospital Corps.

RANK STRUCTURE

Because of the nature of today's operations, medical officers perform duty alongside enlisted members of any of the services, so it is important to understand the general rank structure of each service. Although each has its own unique rank designation, they are similar in grade structure: the enlisted grades range from E-1 to E-9, and similar to the officer grades, the lower numbers reflect junior rank. While it is not unusual for some enlisted personnel to start their careers at the grades of E-3 or E-4, junior members typically have less responsibility within their organizations. The services' enlisted ranks correspond with each grade, ranging from private/seaman/airman to command sergeant major/master chief PO/command chief master sergeant. Leadership responsibility generally increases as the grade increases. (The Public Health Service is a commissioned corps and does not have enlisted members.) Figure 12-2 lists the enlisted ranks in each service and depicts their insignia.

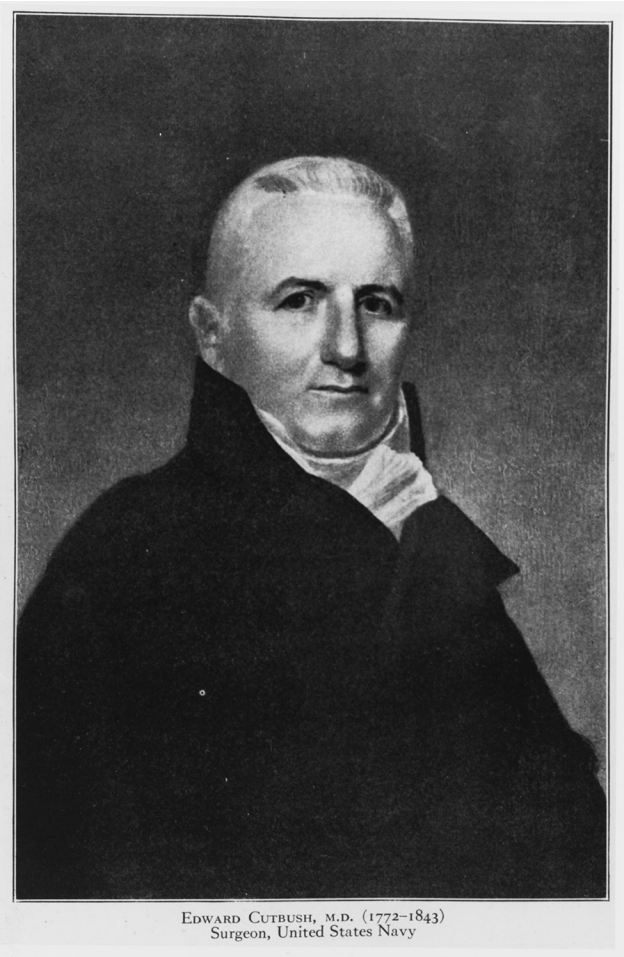

Figure 12-1. Dr Edward Cutbush (1772–1843), a Navy surgeon from 1799 to 1829; portrait published in *Annals of Medical History*, December 1923.
Reproduced from: Naval History and Heritage Command, NH 92584 (https://www.history.navy.mil/content/history/nhhc/our-collections/photography/numerical-list-of-images/nhhc-series/nh-series/NH-92000/NH-92584.html).

Junior Enlisted Promotions

Each of the services has a system that allows their enlisted personnel to advance through the ranks. For the Army and Air Force, the unit commander is the promotion authority for promotions to the grades of E-2, E-3, and E-4. These promotions are automatic, based on service members' time in service and time in grade. The Navy limits these automatic promotions to E-2 and E-3. Commanders are also allowed to perform accelerated promotions at the junior grades based on specific criteria. Promotions to the higher ranks also vary among the services.

Noncommissioned Officer/Petty Officer Promotions

The Army uses a semi-centralized system to determine promotions to the grades of E-5 and E-6. This process is based on a point system that begins at the unit level, where administrative points are awarded. A soldier receives points for duty performance as well as various accomplishments, such as military decorations, physical fitness test scores, military and civilian education, and weapons qualification scores. The soldier must also appear before a promotion board comprised of NCOs and chaired by a sergeant major (SGM) or command sergeant major (CSM). Board members ask a series of questions and score each candidate in four separate areas. The average board points are added to the administrative points and the candidate is placed on the recommended promotion list. Promotions from the list are made based on vacancies within military occupational specialties.

Figure 12-2. Rank insignia of the US Armed Forces.
Reproduced from: https://www.army.mil/e2/downloads/rv7/symbols/ranks.pdf.

Navy promotions to grades E-4 through E-7 are competitive and based on advancement exams conducted at the local level. The Navy uses a promotion point system called the Final Multiple Score, which considers the whole person by calculating a candidate's performance, experience, and knowledge. Performance, documented in fitness reports, is shown by a person's work ethic and achievements. Experience is indicated by elements such as time-in-service and time-in-rate, and knowledge is demonstrated by how the candidate performs on the promotion examination.

The Air Force promotes its personnel to E-5, E-6, and E-7 using the Weighted Airman Promotion System (WAPS). An airman receives points based on time-in-grade, as well as his or her scores on the promotion fitness examination and the specialty knowledge test. Points are also awarded for awards and decorations, as well as for enlisted performance ratings. The points are totaled, and those with the most WAPS points are selected for promotion.

All of the services use some type of centralized board process to determine promotion selections to the highest enlisted grades. The Army and Navy use a centralized system for promotions to the grades of E-7, E-8, and E-9. Selection panels review candidates' personnel records and select the best qualified for promotion based on set criteria. For E-8 and E-9 promotions, the Air Force uses a combination of WAPS points and a centralized promotion board that reviews the individual promotion record. The WAPS points are the same as used in E-5 through E-7 promotions, except there is only one promotion test, the Air Force supervisory examination.

ROLE OF NONCOMMISSIONED/PETTY OFFICERS

It is important to understand the special role that NCOs/POs have in serving as a lynchpin between the officer and enlisted ranks. NCOs trace their roots to the beginnings of American military history. They helped Washington preserve the Continental Army at Valley Forge, and today are unrivaled by any military in the world. These service members are more than just ordinary soldiers, sailors, or airmen. Rather, the corps of NCOs/POs is comprised of trained professionals who have risen through the ranks and have been led and mentored by other senior members of their profession. They are integral to the functioning of every military organization; they provide the glue that holds their units together. NCOs/POs are found at every level of organizations in garrison, at sea, and while deployed. In medical units, the role of the NCO/PO is the same as in any other military unit, to support the chain of command, lead, and take care of the enlisted members. Table 12-1 depicts some of these relationships and roles, just a few of the myriad roles that exist within the military health system and the services. Most of these roles are formally prescribed by authorization documents, but it is not unusual for unit leaders to devise officer–NCO/PO pairings because they are necessary for the optimal functioning of the organization.

Standard Bearer

The NCO/PO is expected to be the standard bearer of the organization, someone who not only espouses the standards but also enforces them. These standards vary slightly across the services and are based on regulations, each service's mission, customs, and traditions. Each service has and follows its own creed and

TABLE 12-1

EXAMPLES OF OFFICER–NONCOMMISSIONED OR PETTY OFFICER SUPPORT RELATIONSHIPS

Officer Position	Corresponding Noncommissioned or Petty Officer Position
Surgeon general of the Army/Navy/Air Force	Command sergeant major/force master chief/chief master sergeant
Hospital commander	Hospital senior enlisted leader/command sergeant major
Section officer in charge	Section noncommissioned officer/petty officer in charge
Clinic officer in charge	Clinic superintendent/noncommissioned officer or petty officer in charge
Brigade surgeon	Operations noncommissioned officer
Company/flight commander	First sergeant
Platoon leader	Platoon sergeant
Head nurse	Ward master

core values, which provide a value structure that all service members—officer and enlisted—are expected to live by and demonstrate. Although each service subscribes to slightly different values (Exhibit 12-1), ethical leadership is a common pillar of life in the military. NCOs/POs are expected to take a leadership role, not only in modeling service values, but also in teaching them to others.

EXHIBIT 12-1

MILITARY SERVICE VALUES

- **Army Values:** Loyalty, Duty, Respect, Selfless Service, Honesty, Integrity, Personal Courage.
- **Navy and Marine Corps Values:** Honor, Courage, Commitment.
- **Air Force Values:** Integrity First, Service Before Self, Excellence in All We Do.
- **Public Health Service Values:** Leadership, Service, Integrity, Excellence

Chain of Command and Support Channel

A foundational feature of every military organization, the chain of command establishes the lines of authority and communication, as well as the requisite levels of responsibility and accountability for conducting day-to-day mission operations.[4] The chain of command promotes unity of purpose by facilitating an efficient communication process for commanders to convey their guidance and intent to members of their organization, ensuring that orders are accurately and effectively communicated. It also provides a mechanism for members of the unit to share their concerns, achieve clarity for complex issues, and resolve problems.

The NCO/PO support channel parallels, supplements, and reinforces the chain of command. It is comprised of NCOs/POs from senior to junior level, and is used for exchanging information, issuing instructions, and accomplishing the day-to-day business of the organization. This support channel provides an essential link in the chain of command because it allows NCOs/POs to add their perspective and experience to assist commanders and officers in accomplishing the mission. It is important to note that the NCO/PO support channel must never supersede the commander's role.

Relationship Between Officers and Noncommissioned or Petty Officers

The morale of a unit, as well as how effectively its mission is accomplished, is a direct reflection of the relationship between the officers and NCOs/POs of the organization. Officers and NCOs/POs must work together to accomplish their unit's mission. Although their roles are established by the various Tables of Organization & Equipment and Tables of Distribution & Allowances, this works best when they know and trust each other. New medical officers are typically paired with NCOs/POs who have more service experience. For example, a new medical platoon leader may have 1 or 2 years of service, and the platoon NCO a decade of operational experience. In these situations, NCOs/POs have the opportunity to show their abilities and determination to support and enforce the units' standards and mission, as well as demonstrate effective leadership of the enlisted force. A key competency for success is the NCO/PO's ability to understand and explain the commander's intent. This understanding, coupled with the earned trust to execute it, is the foundation of the officer–NCO/PO relationship. In more senior assignments the years of experience may become more equal, but the NCO/PO will always play a key role in helping the officer achieve the mission. Their relationship greatly contributes to unity of command, ensures continuity of mission, and instills confidence that orders will be carried out promptly and effectively. The benefit of this system is that it ensures no disruption or loss of momentum to the mission in the absence of the commissioned officer leader.[5]

Developing a positive and professional relationship between the commissioned officer and enlisted leader requires diligence and frequent self-assessment. Each role comes with its own responsibilities and expectations of performance. A positive and professional relationship between these two leaders creates and sustains a healthy and productive organizational/command climate. NCOs/POs who enjoy a close relationship with their officers find it one of the most satisfying parts of their service. It is important to remember that the officer is in command, and the NCO/PO is a principal advisor and a source of competence and counsel who enhances the officer's ability to command effectively.[5]

In military units, newly commissioned officers will benefit greatly from the advice and counsel of seasoned enlisted leaders who will help guide them in their role as the officer in charge or commander of the platoon, flight, or section. According to First Sergeant Jeffrey J. Mellinger:

> A new lieutenant is a precious thing, a rare commodity, enthusiastic and eager to learn. Don't take advan-

> tage of him, but train him, correct him when he needs it (remembering that diplomacy is part of your job description), and be ready to tell the world proudly that he's yours. If you are ashamed of him, maybe it's because you've neglected him or failed to train him properly. Do something about it. Show a genuine concern that he's learning the right way instead of the easy way. But be careful not to undermine his authority or destroy his credibility. Remember that order and counter-order create disorder. . . . As the senior and most experienced NCO in the platoon, you must pass on the benefit of [your] wisdom and experience to your platoon leader as well as to the soldiers.[6]

As officers gain more experience, they develop a more refined and informed perspective, and they are often paired with NCOs/POs of similar experience level. The relationships between NCOs/POs and officers tend to be more reciprocal as officers move up in rank and time in service. Nevertheless, the professional development and maturation of officers can be shaped positively by their interaction with the right NCOs/POs throughout their careers. Vignette 12-1 provides a constructed illustration based on actual experience of a platoon sergeant establishing a relationship with a new officer, while Figure 12-3 shows a PO working with an officer in common pursuit of mission goals.

Vignette 12-1. Sergeant First Class (SFC) Johnson met his new platoon leader, Second Lieutenant (2LT) Vaughn, at the Division Reception Station. The lieutenant had been on the island just 2 weeks, and this was her first permanent duty assignment. She had already completed installation in-processing, and had also been issued two duffel bags of field gear. SFC Johnson took his new platoon leader to meet with the company commander while he went to check on the troops in the motor pool, who were getting ready for a field exercise in a few days. The commander wanted to brief 2LT Vaughn on the upcoming exercise and make sure she was ready for it. SFC Johnson spent a few minutes getting an update from the squad leaders, then linked back up with 2LT Vaughn at the commander's office.

SFC Johnson then took his new platoon leader to the platoon area and showed her the designated area for storage of her gear. 2LT Vaughn noticed that each soldier was assigned a similar area, and she could see the gear neatly stored inside. Next, SFC Johnson took 2LT Vaughn to the office they were to share. After a few pleasantries, SFC Johnson got down to business. He pulled out a platoon roster and a training schedule. They were getting ready for a major field training exercise, and he knew it was his job to make sure his platoon leader was ready to go.

Army company/detachment commanders and their first sergeants (as well as their less common sister service counterparts) have a special relationship. This is usually the first time an officer has command of service

Figure 12-3. A US Navy chief, left, and a US Navy lieutenant junior grade, center, both medical professionals with a provincial reconstruction team, talk with a director of public health, right, during a key leader engagement in Afghanistan. US Navy photo by Lt. J.G. Matthew Stroup. Reproduced from: http://www.dodlive.mil/2012/12/14/provincial-reconstruction-team-farah/.

members with the authority to administer punishment. The command team is generally comprised of an officer with 4 to 6 years of service and a senior NCO/PO with two or three times as much service. It is important that the senior NCO/PO is disciplined and mature, and provides sound advice to the company commander, especially in matters of the administration of justice. A dysfunctional command team will negatively affect the morale of the unit. On the other hand, a positive and professional relationship between the NCO/PO and officer will create and sustain a healthy and productive organizational/command climate. In 1825, Major General Jacob Brown wrote:

> There is no individual of a company, scarcely excepting the captain himself, on whom more depends for its discipline, police, instruction, and general well-being, than on the first sergeant. This is a grade replete with cares and with responsibility. Its duties place its incumbent in constant and direct contact with the men, exercising over them an influence the more powerful as it is immediate and personal; and all experience demonstrates that the condition of every company will improve or deteriorate nearly in proportion to the ability and worth of its first sergeant.[7]

Supporting the Chain of Command

Commanders and commissioned officers set policies and standards, and NCOs/POs ensure discipline and adherence to standards by all of the unit's personnel—enlisted, officer, and civilian. All leaders should work together to accomplish the mission, and members

of the NCO corps are expected to lead by example. Because of the level at which they operate, NCOs/POs have the greatest influence on how an organization's goals are achieved. NCOs/POs are the technical and functional experts within their organizations, and subordinates and superiors alike draw upon the expertise and experience of these leaders to achieve mission objectives and depend on them as leaders and managers. They are expected to acquire and employ resources efficiently and effectively, and think critically to prevent and solve problems. They must also be able to clearly communicate up and down the chain of command and NCO/PO support channel, as well as laterally across matrix organizations (a typical structure of many healthcare organizations where staff has dual reporting relationships; eg, an NCO working in the hospital as a laboratory technician might also be the senior NCO in a platoon in the troop command for the hospital). One of their most important responsibilities is to provide the commander and officer corps with unique insights and perspectives of the enlisted members while providing an enlisted voice in matters concerning operations, administration, readiness, and the well-being of the force.

Backbone of the Units

NCOs/POs are known as the "backbone" of the armed forces. Their job is to complement the officer and enable the force by both accomplishing their organization's mission and ensuring their subordinates' welfare. They are able to achieve this by virtue of the command authority derived from their delegated leadership position, as well as general military authority granted to all who wear the chevrons of the NCO/PO. This empowers them with the responsibility and authority to maintain good order and discipline at all times, whether on or off duty.[5] Through their training and experience, NCOs/POs develop professional qualities, competencies, and traits that complement the officer corps, and they provide an indispensable and irreplaceable linkage between command guidance and mission execution.[4] In many respects, they provide the social order and structure that underpin high-functioning military organizations.

Unit History and Traditions

NCOs/POs have special responsibilities with regard to maintaining the history and traditions of their organizations. They are typically charged with all things ceremonial within the unit. The senior NCO/PO each unit is traditionally known as the "Keeper of the Color." This designation traces its roots to the position of color sergeant, the individual on the battlefield who carried the colors and directed the movements of a unit. Over the years, with advances in firepower, flags were no longer used in this manner, but flags and guidons continue to play an important role in defining unit identity and building cohesion and esprit de corps. The high honor bestowed to a unit's senior enlisted member as custodian of its flag or guidon is a tremendous responsibility and reflects the continuity of the unit in a very personal way.

The responsibility of NCOs/POs to preserve the unit's traditions and heritage includes teaching new service members about the history of these important aspects of military service, including training in drill and ceremony. Drill and ceremony, including parades, reviews, retreat, and other recognitions, add pageantry to military life but also symbolize the shared values, courage, and discipline essential to any successful military organization (Figure 12-4). Drill and ceremony is the foundation for instilling and developing discipline in units of all sizes, and remains one of the finest methods for developing confidence and troop leading abilities in subordinate leaders.[5] This discipline forms the basis for adherence to service values as well as a culture that motivates service members to subordinate their personal needs to the good of the organization.

Supervising and Training Junior Enlisted Members

Another important responsibility is the supervision and training of the unit's junior enlisted service mem-

Figure 12-4. The Joint Base Elmendorf-Richardson's color guard prepares to present the colors during a Memorial Day Ceremony at Delaney Park Strip in Anchorage, Alaska, May 29, 2017. Air Force photo by Staff Sgt. James Richardson. Reproduced from: https://www.defense.gov/Photos/Photo-Gallery/igphoto/2001754130/.

bers. The NCO/PO must ensure that their subordinates maintain proficiency not only in their technical skills, but also in other military competence areas such as survival skills and unit-required training. While the NCO/PO has responsibility for maintaining these requirements, training of medical skills is often a joint effort with the medical officer. Likewise, the NCO/PO, who often has the most military experience, is expected to share that practical knowledge and experience with his or her medical officer.

An Important Balance

While the duties of NCOs/POs are numerous and must all be taken seriously, the most important is taking care of enlisted service members. NCOs/POs do this by developing a genuine concern for their subordinates' well-being, knowing and understanding their soldiers well enough to train them as individuals and teams to operate proficiently. This requires NCO/PO leaders to become involved in the lives of their subordinates in more ways than simply being a supervisor in the workplace. This responsibility includes all aspects of teaching, coaching, and mentoring, from advising about career development to providing guidance and assisting with family concerns.

Effective leaders work diligently in developing relationships of mutual trust and respect with their people. This type of relationship will allow soldiers, sailors, and airmen to grow confident in their ability to perform well under the most difficult and demanding circumstances. However, as discussed above, NCOs/POs must never appear to supersede the official chain of command or impede the accomplishment of the mission. They must understand their supporting role in providing guidance and executing the orders of the officers appointed over them. Vignette 12-2 is a constructed illustration of how NCOs/POs and officers work together to accomplish the unit mission while taking care of the needs of service members.

Vignette 12-2. Commander (CDR) Jones was the officer in charge (OIC) of the Pediatrics Clinic and had some concerns about her clinic petty officer in charge (POIC). The POIC, Hospital Corpsman First Class (HM1) Douglas, had arrived late to work five times in 2 weeks, and had even called in once to say he would not be coming in to work at all. CDR Jones had spoken with HM1 Douglas, who told her the reason for the tardiness and absences was that he was having trouble finding child care. CDR Jones was puzzled because she was not aware that HM1 Douglas had a child, but she was also concerned because she had detected the smell of alcohol on his breath.

CDR Jones enlisted the help of the NCO/PO support channel. She discussed the issue with Senior Chief Petty Officer (SCPO) Gilman, the POIC of the Department of Medicine. SCPO Gilman advised CDR Jones that HM1 Douglas was not suitable to perform the duties of clinic POIC until the issue was resolved. In light of this issue, SCPO Gilman temporarily replaced HM1 Douglas with Technical Sergeant (TSgt) Cason, the assistant NCO in charge of the clinic. SCPO Gilman then met with HM1 Douglas and CDR Jones. Douglas initially denied any problems, but eventually admitted to arriving late for work and being absent due to oversleeping; however, he did not admit to having an alcohol or drug problem. SCPO Gilman informed HM1 Douglas that he was temporarily being reassigned from clinic POIC duties and she would provide him with further instructions after she met with the company first sergeant.

SCPO Gilman then met with the company first sergeant and verified HM1 Douglas's family status. There was no evidence that Douglas had a child. She also discussed Douglas's absences and his reporting for duty with the smell of alcohol on his breath. She recommended the commander refer HM1 Douglas for drug and alcohol screening and treatment. SCPO Gilman scheduled a meeting for HM1 Douglas, the company commander, and the first sergeant. She met with HM1 Douglas and notified him of the meeting. She also completed a written counseling to document the discussions, actions taken, and the way ahead.

This vignette showed how members of the NCO/PO support channel work with the chain of command to accomplish the organization's mission. Commander Jones, the clinic officer in charge, was able to engage with the NCO/PO support channel to address the issue with his clinic PO. The department's petty office in charge, Senior Chief Petty Officer (SCPO) Gilman, had the authority to affect change within the clinic enlisted leadership. SCPO Gilman and the unit's first sergeant, both members of the NCO/PO support channel, also worked together to get the commander's involvement to refer HM1 Douglas for drug and alcohol screening and treatment. The NCO/PO support channel was also able work with the chain of command to intervene to assist HM1 Douglas as well as to make the necessary adjustments to support the clinic's mission.

ENLISTED TRAINING

Technical Training

Today's enlisted medical force is among the most skilled and technically proficient in the military. Most medical service members receive their initial technical training at the Medical Education and Training Campus (METC) at Fort Sam Houston, Texas. METC is a state-of-the-art Department of Defense healthcare

education campus that trains enlisted medical personnel from all of the military services, including the Coast Guard. Each year nearly 18,000 enlisted medical service members graduate from 48 different medical programs conducted at the METC.[8]

Training programs are grouped as follows:

- **ancillary services** (nutrition/dietetics, occupational therapy, physical therapy, pharmacy);
- **dental services** (dental assisting, dental laboratory);
- **diagnostic services** (medical laboratory, radiology, nuclear medicine);
- **healthcare support** (biomedical equipment maintenance/repair, medical logistics, health care administration);
- **nursing and specialty medical** (cardiovascular, cardiopulmonary, independent duty medical technicians, ophthalmology, otolaryngology, respiratory, surgical, urology); and
- **public health** (behavioral health, preventive medicine).

A complete listing of courses offered at the METC can be found in the program catalog. The Army's combat medical specialist/ healthcare specialist, as well as the Air Force's medical technicians and the Navy's corpsmen, are also trained at the METC. Many of these training programs are conducted in two phases in which students complete the didactic portion of their training at METC and then transition to various fixed medical facilities in the United States for the clinical phase (Figure 12-5).

Figure 12-5. A US Air Force diagnostic imaging technician examines a computed tomography scan at the US Air Force Hospital Langley at Langley Air Force Base.
Reproduced from: https://media.defense.gov/2016/Mar/03/2001498776/-1/-1/0/160219-F-UN009-006.jpg.

On August 21, 2015, Airman 1st Class Spencer Stone, along with two childhood friends, foiled a terror attack on a train from Amsterdam to Paris. After Stone used a chokehold to neutralize the gunman, his instincts as a trained medic took over as he rushed to save the life of a fellow passenger who was bleeding from a bullet wound. Realizing the need to stop the bleeding, Stone put his fingers into the open wound on the victim's neck and applied pressure directly on the artery to stop the bleeding. Stone was able to react to the situation and use his lifesaving skills because of the training he received as a Basic Medical Technician Corpsman Program student at METC.[9]

Specialty and Leadership Training

The military services also conduct specialty training at various camps, posts, and stations, including Fort Sam Houston. Each of the services also require their members to attend leadership training to prepare them to serve in positions of increased responsibility. Called professional military education (PME), this training can include a combination of technical training and general military leadership techniques. As NCOs/POs increase in rank, the training tends to be more leadership focused than technical.

Arguably the most important promotion and transition for an enlisted service member is when they first transition from the junior enlisted rank to that of a NCO or PO. With promotion comes additional responsibility and authority, accompanied by higher accountability. This promotion is more than just a raise in pay; it often reflects a shift in roles from being led to learning how to lead others. Leadership education and training are designed to help equip service members with the skills and information they need to be effective leaders. PME provides NCOs/POs with progressive and sequential leader, technical, and tactical training relevant to the duties, responsibilities, and missions they will perform. The professional development of the NCO/PO corps is something that distinguishes the US military from other military services around the world.

Basic leadership training incorporates a variety of leadership-related subjects that also help build a foundation for self-development. As NCOs/POs advance in rank, they attend successively higher levels of professional military education. As service members advance through their career, they will encounter certain windows of opportunity for completing leadership courses, either online or in residence. Courses consist of resident, mobile, and distributed-learning platforms designed to influence and provide the leadership foundation upon which each service bases

its future NCO/PO corps. This training is essential to developing a highly trained and effective force. Each of the services sets specific milestones for completing online courses and attending in-residence NCO and senior NCO academies. The senior NCO academies conduct a capstone course to prepare NCOs/POs for the senior enlisted rank.

For Army NCOs, the training and education process begins with an initial branch-immaterial leadership development course; followed by a basic branch-specific level; then an advanced branch-specific level; and finally a branch-immaterial senior-level course. The Army Medical Department NCO Academy provides sergeants, staff sergeants, and sergeants first class with the technical, tactical, and leadership/trainer skills necessary to be successful in Army operations as squad/platoon sergeants and first sergeants. Airmen are also required to complete distance learning courses before attending the academies. The Navy requires a combination of home-station and in-person training at its leadership academies.

Earning college credit toward a degree or completing additional professional military courses are also important endeavors as service members progress in expertise and rank, and this should be encouraged. Additionally, special recognition programs are available for those who demonstrate the aptitude and motivation to compete.

Unit Training

Training of the medical enlisted force does not end at the doors of the schoolhouse, but continues at units and organizations to which troops are assigned. NCOs/POs have primary responsibility for training the enlisted force, but accomplishing this becomes a team effort that also depends on officers and civilians. Keeping the force skilled and technically proficient, as well as assisting service members in meeting general military requirements such as physical fitness, requires an ongoing emphasis both in garrison and operational units.

ASSIGNMENT OF ENLISTED PERSONNEL

Enlisted personnel can be found in almost every aspect of medical practice. After initial technical training, they are assigned to either garrison-based healthcare facilities or operational units. Although each of the services operates a distinct medical system within the military health system, both garrison and operational medicine are becoming more joint (Figure 12-6).

Figure 12-6. A medical team comprised of a US Air Force lieutenant, a US Air Force captain, a US Army sergeant, and a US Air Force lieutenant colonel prepare a patient for surgery at Craig Joint Theater Hospital on Bagram Airfield, Afghanistan.
Reproduced from: https://www.defense.gov/Photos/Photo-Gallery/igphoto/2001126859/.

Garrison Healthcare Units

Enlisted personnel are often assigned to garrison healthcare organizations directly after initial entry training, where they work side-by-side with civilian staff. The NCOs/POs are responsible for ensuring that new service members are fully integrated into the organization. In addition to technical and military readiness training, a key requirement is maintaining the standards of healthcare accrediting agencies, such as the Joint Commission and the Commission of Anatomical Pathologists. Leaders must also take measures to ensure their personnel remain current in their common military tasks and drills, which are also important for unit readiness.

Operational Units

Medical personnel assigned to operational units must be able to fully integrate with and earn the trust and respect of the supported personnel. Army personnel are often assigned to operational units immediately following technical training, while Navy personnel may be assigned to operational Navy or Fleet Marine Force units. Regardless of their assignment, personnel often have additional, nonmedical roles to play in support of their operational unit. For example, medical personnel on a submarine must also understand how to fight fires and perform other tasks required of the crew. Such ongoing relationships between medical

personnel and operational personnel underscore an important cultural component to maintaining readiness.

One of the challenges of enlisted personnel in these units is balancing military readiness requirements with technical competency, especially for those service members who are not able to practice their medical skills on a routine basis. Leaders must take a proactive stance to ensure their personnel maintain competency in all of their critical skills.

In March 2008, Specialist Monica Lin Brown became the second female soldier since World War II to be awarded the Silver Star for extraordinary heroism. Brown was serving as a combat medic with the 82nd Airborne Division when she was involved in a firefight while supporting a patrol in Afghanistan.[10] Vignette 12-3 provides a detailed account of Brown's actions that earned her the award.

Vignette 12-3. In March 2008 Specialist Monica Lin Brown was awarded the Silver Star for extraordinary heroism on April 25, 2007. Brown, then a private first class (PFC), was serving as a combat medic with the 4th Squadron, 73d Cavalry Regiment, 4th Brigade Combat Team, 82nd Airborne Division. On that day she was on a combat patrol with her platoon moving to Jani Khel, Afghanistan, for a leader engagement with village elders. The element consisted of five vehicles: four M1151 Up-armored HMMWVs and one Afghan National Army Ford Ranger. They were moving in column formation when the trail vehicle struck a pressure plate improvised explosive device (IED) on the driver's side rear tire, which ignited the fuel tank and fuel cans mounted on the rear of the vehicle. The explosion of the fuel tank and cans engulfed the vehicle in an intense fireball. This initiated a planned ambush, which commenced after the explosion.

The patrol began to take small arms fire, which began to concentrate on the IED site as the platoon medic, PFC Brown, moved on foot to evaluate the casualties. She was exposed to the small arms fire until the maneuver element could swing around and begin suppressing the enemy as she treated the wounded soldiers. After making an initial assessment and treating them in order of severity, she moved the casualties, with the aid and direction of the platoon sergeant, into the wadi the engulfed vehicle was hanging over, approximately 15 m from the vehicle. The enemy fighters then engaged the patrol with mortar fire. PFC Brown threw her own body over the casualties to shield them as the mortars were impacting 75 to 100 m away. Approximately 15 mortars impacted within close range of the casualties. PFC Brown continued treatment until the onboard 60-mm mortar, 5.56-mm ammunition, and 40-mm grenade rounds on board the burning vehicle began to explode. Again disregarding her own safety, PFC Brown shielded the casualties with her own body as large chunks of shrapnel and 5.56-mm rounds from the vehicle began flying through the air.

The patrol leader arrived on site and found it incredible that PFC Brown was still alive and treating the casualties amid the extremely dangerous conditions. The platoon sergeant was able to move her and the wounded soldiers to a more protected position as the explosions became even more intense, and she continued treatment even as the platoon returned fire in close vicinity. She shielded the wounded from falling brass and enemy fire once again, ensuring the casualties were stabilized and ready for MEDEVAC.[10]

SPECIAL CATEGORY ENLISTED MEDICAL PERSONNEL

Three groups of enlisted service members deserve special mention: the Air Force's independent duty medical technician (IDMT), Air Force specialty code 4N0X1C; the Navy's independent duty corpsman (IDC), Navy enlisted classification HM-8425/8494; and the Army's Special Forces medical sergeant, military occupational specialty 18D. As the first two names imply, these service members are specially trained to operate independently in many different types of environments; however, the degree to which they can perform medical skills varies and is not related to their titles. Generally, their role is to serve under the supervision of a doctor or licensed provider in garrison; however, these special medical personnel are most often deployed to remote locations or to areas where there is no physician.

Independent Duty Medical Technician

The IDMT is an Air Force specialty with training conducted at the METC. Graduates of the program often deploy with Special Forces, security forces, or civil engineer units, but they sometimes deploy with Army and Navy units. IDMT training is also mandatory for 4N0X1 airmen prior to assignment at remote or isolated duty stations; assignments for medical support of nonmedical field units; or assignments for medical support to other government agencies or joint service missions as directed by the Department of Defense.[11] IDMT training includes obtaining medical histories; performing examinations, assessments, and treatments; and documenting patient care in the absence of a physician; as well as emergency medical, dental, and surgical procedures to stabilize patients prior to medical evacuation. IDMTs also receive instruction in general knowledge and procedural skills for medical administration, monitoring medical aspects of command-designated special interest programs and health promotion, advanced medication administration and dispensary operation, and basic laboratory procedures. The training program also addresses procedures for conducting occupational health services, preventive medicine, field hygiene, and food/water safety inspections in

lieu of public health and bioenvironmental health personnel. The IDMT can operate independently when serving at remote sites in deployed settings or in approved alternative care locations; however, in all other cases, the IDMT provides care under the supervision of a preceptor (a designated physician or dentist who provides oversight, professional guidance, support, and training to the IDMT in all areas of medical/dental treatment related to their scope of practice).[11]

Independent Duty Corpsman

An IDC is a special hospital corpsman with the most diverse duty stations in the Navy, ranging from ships and submarines to shore duty throughout the United States and abroad, including service with Special Operations units such as the SEALs, special boat units, Marine raider battalions, and Marine reconnaissance units. IDCs are often assigned to isolated duty stations or vessels where there is no medical officer. All IDCs attend a 1-year course at the Navy's Surface Warfare Medicine Institute in San Diego, California.[12] These corpsmen fulfill a variety of critical duties in support of Navy and Marine Corps missions as clinical or specialty technicians in more than 38 occupational specialties, including key administrative roles at military treatment facilities around the world. They also assist in the treatment and prevention of disease, serving side-by-side with medical officers, doctors, dentists, and nurses.[12]

Special Forces Medical Sergeant

Special Forces medical sergeants provide medical care and treatment in support of conventional and unconventional warfare. Their training consists of 1 year of formal medical training along with approximately 12 to 18 months of additional training specific to their role as Special Forces soldiers. The training is conducted at the Special Warfare Medical Group/Joint Special Operations Medical Training Center and the Special Warfare Training Group, both of which are part of the John F. Kennedy Special Warfare Center and School/Special Operations Center of Excellence at Ft Bragg, North Carolina. These NCOs have a working knowledge of dentistry, veterinary care, public sanitation, water quality, and optometry.

The duties of a Special Forces medical sergeant include ensuring detachment unit readiness, establishing and supervising medical and dental facilities to support conventional or unconventional operations with emergency, routine, and long-term medical care,[13] as well as many other nonmedical duties. They provide initial medical and dental screening and perform a wide range of medical and ancillary services, including limited laboratory, radiology, and pharmacy requirements.[13] Special Forces personnel often work in remote areas far from medical care. To support these operations, Special Forces medical sergeants are skilled in trauma management and treat emergency and trauma patients in accordance with established medical and tactical combat casualty care principles.

SUMMARY

In considering how enlisted members fit into military medical practice, an officer's best option is to start with an understanding of the NCO/PO corps. While the enlisted members are the foundation of the military services, NCOs form their backbone. As such, they are responsible not only for the most of the day-to-day operations of military organizations, but they also bear primary responsibility for the welfare of the enlisted members. NCO/POs, who often have more time-in-service than officers, also have responsibility for assisting in training new officers. As officers achieve more rank and experience, their relationships with their NCO/PO counterparts become more reciprocal, but the NCOs/POs with whom they have had meaningful interactions throughout their careers will have shaped their maturation as officers.

REFERENCES

1. Bradley ON. American military leadership. *Army Inf Digest.* 1953;Feb:5,6. https://babel.hathitrust.org/cgi/pt?id=mdp.39015084468829;view=1up;seq=87. Accessed July 27, 2017.

2. US Army Medical Department Office of Medical History. AMEDD NCO/enlisted soldier history. http://ameddregiment.amedd.army.mil/nco/historynco.html. Accessed July 27, 2017.

3. US Department of Defense. *Health Service Support.* Washington, DC: DoD; 2012. Joint Publication 4-02. http://www.dtic.mil/doctrine/new_pubs/jp4_02.pdf.

4. *The Noncommissioned Officer and Petty Officer: Backbone of the Armed Forces*. Washington, DC: National Defense University Press; 2014.

5. Hogan D, Fisch A, Wright R. *The Story of the Noncommissioned Officer Corps: The Backbone of the Army*. Washington, DC: Center of Military History; 2009.

6. Mellinger JJ. Open letters to three NCOs. *Infantry.* 1989;May-Jun:17–21. http://www.benning.army.mil/infantry/magazine/issues/1989/MAY-JUN/pdfs/MAY-JUN1989.pdf. Accessed July 27, 2017.

7. Letter from MG Jacob Brown to the Secretary of War, November 17, 1825. 19th Congress, 1st Session. *American State Papers: Military Affairs.* 3:110. https://memory.loc.gov/cgi-bin/ampage?collId=llsp&fileName=018/llsp018.db&recNum=120. Accessed July 27, 2017.

8. *Medical Education & Training Campus 2016 Program Catalog*. Joint Base San Antonio–Fort Sam Houston, TX; METC; 2016. http://www.metc.mil/Catalog/METC_2016_Program_Catalog.pdf. Accessed December 27, 2016.

9. Hearst T. METC prepares future medics for any situation. Joint Base San Antonio News website. http://www.jbsa.mil/News/News/Article/617569/metc-prepares-future-medics-for-any-situation/. Published September 17, 2015. Accessed December 22, 2016.

10. US Army Medical Department Office of Medical History. Army Medical Department Silver Star citation: Monica Lin Brown. http://ameddregiment.amedd.army.mil/silverstar/oifoef/oifoef1.html. Accessed July 27, 2017.

11. Secretary of the Air Force. *The Air Force Independent Duty Medical Technician Program.* Washington, DC: USAF; 2013. Air Force Instruction 44-103. http://static.e-publishing.af.mil/production/1/af_sg/publication/afi44-103/afi44-103.pdf. Accessed January 3, 2017.

12. US Navy. *Training, Certification, Supervision Program, and Employment of Independent Duty Hospital Corpsmen (IDCs).* Washington, DC: USN; 2007. OPNAV Instruction 6400.1C.

13. US Department of the Army. *Enlisted MOS Specifications.* Washington, DC: HQDA; 2016. DA Pamphlet 611-21. https://www.milsuite.mil/book/groups/smartbookdapam611-21. Accessed January 3, 2017.