

Chapter 21

ROLE OF THE ARMY SERVICE COMPONENT COMMAND PHYSICIAN ASSISTANT AT US ARMY AFRICA

P. Jason E.E. Auchincloss, APA-C, MPAS, and Christopher R. Smith, PA-C, MPAS

Introduction

The US Army Africa (USARAF) physician assistant (PA) supports the USARAF command, which aligns under US Africa Command (USAFRICOM), the unified geographic combatant command. USARAF is an Army service component command currently headquartered in Vicenza, Italy. The assignment provides a unique opportunity for the PA to expand operational acumen and serve in a job that often bears both operational and strategic importance.

Unit Structure

USARAF, as an Army service component command, is typically a two-star command comprised of a headquarters and headquarters battalion (HHBn) with three companies (Figure 21-1). The companies are organized into two functional companies. The headquarters support company and the operations company form one large company with a single commanding officer and first sergeant. The intelligence and sustainment company creates the second company with its commander and first sergeant. The USARAF commander falls under the command group within the headquarters support company. The USARAF PA, along with the public affairs officer and chaplain, logically falls into the headquarters support company for administrative purposes, but is ultimately a member of the HHBn special staff.

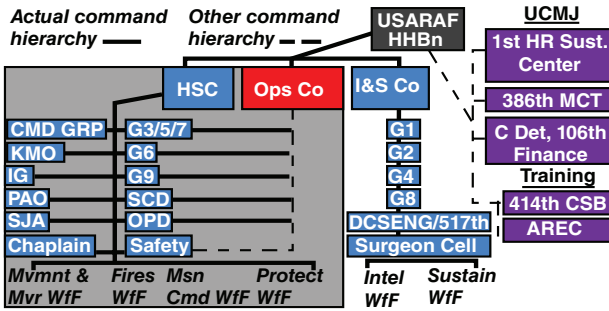


Figure 21-1. US Army Africa Headquarters and Headquarters Battalion organization diagram, presented in June 2018 as part of an inbrief for newly assigned personnel.

Diagram courtesy of Colonel Brett Medlin.

AREC: Army Reserve engagement cell; CSB: contracting support brigade; CMD: command; DCSENG: deputy chief of staff engineer; Det: detachment; GRP: group; HHBn: headquarters and headquarters battalion; HR: human resources; HSC: headquarters support company; I&S Co: intelligence and sustainment company; IG: inspector general; Intel: intelligence; MCT: movement control team; Msn: mission; Mvmnt: movement; OPD: Operational Protection Directorate; Ops Co: operations company; PAO: public affairs officer; SCD: Security Cooperation Division; SJA: staff judge advocate; Sust: sustainment; USARAF: US Army Africa; WfF: warfighting function

The HHBn medical team consists of the senior PA, a staff sergeant (E-6) combat medic (68W30) noncommissioned officer in charge, and one specialist (E-4) combat medic (68W10). The PA answers to the battalion commander, however, must be amenable to acting on medical guidance from the command surgeon (colonel/O-6) and USARAF commanding general (major general/O-8). The USARAF surgeon cell consists of the command surgeon and staff of Medical Service Corps officers, whose primary focus is planning.

Roles and Responsibilities

USARAF has only one PA authorized within the command. The USARAF command surgeon occupies the only other clinical position in the organization. The USARAF PA's primary role is to serve as special

staff and medical advisor who supports the battalion commander, the command surgeon, and the regionally aligned force medical staff on the African continent. The latter is comprised of approximately seven physicians, nine PAs, seven nurses, and numerous combat medics. It is because of their oversight and input that the USARAF PA earns the moniker of “USARAF senior PA,” despite no additional PAs or physicians assigned to the HHBn.

The USARAF senior PA advises the command team on all health, occupational, and environmental concerns while in garrison and when deployed. While in garrison, the USARAF senior PA provides routine and emergency medical care to USARAF and garrison personnel. Typically, the PA is also responsible for delivering health care to the two-star commander and executive staff. Additional clinical responsibilities may include daily urgent care visits, chronic care, and physical examinations. While not empaneled with the members of USARAF due to the additional special staff requirements, the PA does periodically operate in a borrowed manpower role at the US Army Health Clinic–Vicenza. The primary patient workload requirements range between 0.25 and 0.4 full-time equivalents.

Ultimately, the USARAF senior PA is responsible for battalion-level medical logistics, medical operations and plans, and the medical readiness of approximately 750 military and civilian employees. The PA is routinely assigned the management of day-to-day operations of the USARAF Travel Medicine Clinic at the Vicenza Health Clinic. The primary purpose of this clinic is to medically screen and medically clear personnel traveling to Africa in support of USARAF. The USARAF command surgeon is the waiver authority; however, the USARAF PA is delegated to assist with waiver adjudication for all US Army personnel with disqualifying medical conditions entering the AFRICOM theater.¹

At all times, the USARAF senior PA is prepared to establish and staff a forward aid station in Africa for the USARAF contingency command post. In the forward aid station, the PA and USARAF medical team execute clinical medical support for select exercises in Africa hosted by USARAF. When directed, the USARAF senior PA serves as the medical officer in charge and the joint task force surgeon’s clinical representative forward in the deployed setting.

As a special staff officer, the USARAF PA must balance the demands of the HHBn commander and staff, with those required by the USARAF commander, the executive team and directors, and the command surgeon

and their directorate. It is during this daily fulfillment of obligations and requirements that USARAF PAs truly hone their skills in the art of diplomacy and the delivery of personalized care. While many will refrain from the term “executive medicine,” one cannot overlook the timeless skill of providing “executive access to care.”

Supervision and Evaluation

The USARAF PA is supervised by the HHBn commander, who serves as the PA’s rater on the officer evaluation report. The PA’s senior rater is the chief of staff, with the command surgeon providing medical input as the intermediate rater. However, a more traditional supervisory chain may exist based on rank (eg, the battalion executive officer as the rater, the command surgeon as the intermediate rater, and the battalion commander as the senior rater). Landstuhl Regional Medical Center (LRMC) in Germany processes credentialing and privileging for the USARAF PA.

Skills and Attributes

All candidates for the USARAF PA position must meet medical requirements to enter the Africa area of responsibilities.² In addition to medical eligibility, there are numerous desired skills and attributes of a PA in USARAF, including the following:

- current in all skills mandated by the individual critical task lists,
- operational experience,
- rank of senior captain or junior major,
- a graduate of the Captains Career Course, and
- outstanding written and oral communication skills.

The following attributes are also helpful for success as a USARAF PA:

- Mixed operational experience within multiple roles of care is preferred, with a minimum of Role I deployment experience.
- Knowledge and understanding of the joint and combined environments.
- The ability to work well with both military and civilian personnel and organizations, and excellent customer service skills. Having these skills will prove helpful when working in an environment

dominated by senior military and civilian leaders. A collegial working relationship must prevail at all times with the local health center and the surrounding units.

- An understanding and interest in the administrative aspects of managing a large medical equipment set that might be located in up to two or three countries simultaneously.
- The ability to work with multiple high-ranking African military leaders from the ranks of captain to a two-star general.
- Ability to understand, navigate, and execute the medical evacuation process using International SOS and the Theater Patient Movement Requirements Center–Europe.²

Training

The position requires no additional training outside of the credentials requirements.³ However, the following additional training is highly recommended:

- **Brigade Surgeon Course.** This course prepares Medical Corps officers to function as brigade surgeons. It highlights the health and readiness issues that most often occur at the brigade or division task force levels. The course takes place at the Army Medical Center of Excellence.
- **Army Flight Surgeon Course.** This 6-week course teaches aviation and aviation survival, flight physiology, aviation operations, and mishaps and aviation medicine programs. It prepares graduates to implement an aviation medicine program at their home station and to address the medical needs of aviators. This course provides the Army service component command PA the ability to care for the aviators in the formation.
- **Joint Humanitarian Operations Course.** This is a 2-day course that highlights the relationship between the United States Agency for International Development, Office of Foreign Disaster Assistance and its partners.
- **Military Tropical Medicine Course.** This program of instruction offers enhanced training in tropical medicine to Army, Navy, and Air Force medical officers.⁴ The course discusses a wide variety of topics to include environmental illnesses, pre- and post-travel medical evaluations, viral, bacterial, and parasitic infections, and

public health issues in the developing world. Any PA operating in the AFRICOM area of responsibility (AOR) must attend this course.

- **Tactical Combat Medical Care Course.** This course provides the clinician (physician, PA, nurse practitioner, and senior medics) with a practical working knowledge of how to deal with injured patients in a combat environment. The course provides training on the evaluation, resuscitation, stabilization, emergency surgical procedures, and the post-resuscitation management of the wounded soldier.

Recommended Certifications

- American Red Cross (ARC) Cardio Pulmonary Resuscitation (CPR) Instructor
- American Heart Association (AHA) Advanced Life Support (ALS)
- American Heart Association Pediatric Advanced Life Support (PALS)
- Advanced Trauma Life Support (ATLS)
- Advanced Burn Life Support (ABLS)

Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support training are available through the Vicenza Health Clinic and Landstuhl Regional Medical Center.

Key Factors

The position is typically a 3-year assignment in Vicenza, Italy. The USARAF senior PA must be medically deployable to the very restrictive AFRICOM AOR.⁵ The theater medical entry requirements reflect several factors including (1) the austere nature of the environment; (2) the size of the AOR (Figure 21-2); and (3) the medical infrastructure across the AOR.

Housing is available on base for families. The local housing office, staffed by English-speaking Italians, assists in finding appropriate accommodations for military and civilian personnel off-post. The Department of Defense Education Activity has an American elementary and high school for school-aged children.

Morale, welfare, and recreation (MWR) activities are plentiful in Europe. Outdoor recreation sponsors paid travel events to local Italian sites and other parts of Europe, providing a plethora of tourist



Figure 21-2. The true size of Africa—approximately 3.5 times the size of the continental United States. Medical evacuation and casualty evacuation movements frequently cover distances similar to moving a patient from Maine to Florida. There is NO “golden hour” in the US Africa Command area of responsibility.

experiences. Bike, ski, and kayak rentals are available. The local train network also offers an easy opportunity to travel. Venice Airport is located 45 minutes from Vicenza. Garrison provides a shuttle to and from the airport, with seating based on priority and availability. Preference is typically provided based on the following guidelines in order of precedence: emergency leave, permanent change of station travelers, temporary duty, and leave.

The Vicenza Health Clinic offers primary care for service members and their families. Additional services available include immunizations, hearing, optometry, behavior health, laboratory, radiography, pharmacy, physical therapy, and nurse case management. Services not provided at the clinic are either available on the local economy or at LRMC. Typically, service members and their families are referred to the local economy for imaging or basic health services not available at the clinic. Service members and their families may receive subspecialty services at LRMC. The Vicenza–LRMC shuttle runs twice weekly. The Italian San Bortolo Hospital provides local emergency care, and this hospital includes a staff of patient liaisons who are available 24/7 to assist the local military community with the language barrier. The nurse case managers at the Vicenza Health Clinic closely follow all inpatient care.

Opportunities and Experiences

The USARAF PA will travel to the Africa AOR frequently in support of exercises and real-world events (Figure 21-3). These activities gain notoriety from the international press and have high visibility at the strategic level. The USARAF PA is involved in the medical planning of exercises and forward operations, as a vital member of the staff.

The PA is often responsible for the medical care of senior commanders and leaders on the continent. Previous leaders and clients have included the chief of staff of the Army, the vice chief of staff of the Army, the AFRICOM and USARAF commanders, and many other senior government officials. The majority of this VIP medical coverage occurs annually during the African Land Forces Summit, which brings together chiefs of defense forces and senior military leaders from as many as 43 countries. This major event is vital to ensuring senior defense officials from across the continent can discuss regional and cross-regional challenges within the AFRICOM AOR.

In 2014 the USARAF PA was the primary clinical provider responsible for the health and welfare of the joint task force tasked to stop the spread of Ebola virus in Liberia, West Africa. The PA provided en-route and on-site medical coverage for the president of Liberia and other senior officials. At the same time, they visited the sites of the Ebola treatment units on a US Marine Corps V22 Osprey aircraft.

Later in 2015, the USARAF PA and a medic deployed to provide clinical oversight for the Special Purpose Marine Ground Task



Figure 21-3. US Army Africa physician assistant and medics working alongside a Host Nation medical team to treat a patient injured during riots in West Africa. Photograph courtesy of Major Paul Auchincloss.

Force (SPMGTF) during their infiltration and establishment of a contingency location in Cameroon, West Africa. This deployment lasted approximately 3 months and was pivotal in the establishment of the AFRICOM policy regarding the use of antivenin by conventional forces on the continent.

Lessons Learned and Tips for Success

These are tips for success that will enable the future USARAF PA to succeed in their role:

- Attend command and staff meeting at least every other week. The command team and primary staff will appreciate involvement and input regarding the daily operations and medical readiness of the unit.
- Attend monthly meetings with the senior medical council members at the Vicenza Health Center.
- The USARAF PA will be extremely busy and on call most of the time. Developing an effective work–life balance is crucial to a successful assignment.

- Develop or maintain subject matter expertise regarding tropical diseases, and the threats service members of the command may be exposed to while forward on the continent.
- Step away from the office and circulate. Engage with the clinic staff and members of the command. Conducting weekly “rounds” to determine the health of the command team, staff, and directors is beneficial and appreciated. Everyone works extended hours, and individual health care is not always a priority for leaders.
- Attend morning staff or team huddles at least once a week at the health center. Doing so will solidify a relationship with the clinic staff and provide them an opportunity to discuss concerns regarding predeployment and travel requirements, as well as management of returning travelers who are ill.

Conclusion

US Army Africa offers a multitude of professional and international experiences not available at other duty stations. The position is unique due to the geographical and medical challenges associated with the Africa area of operation. As an assignment, it can provide a vital stepping stone to working in a joint environment.

References

1. USAfrica Command website. AC form 43, USAFRICOM medical waiver request. Published January 15, 2019. Accessed May 14, 2020. <https://www.africom.mil/media-room/document/32430/ac-form-43-africom-medical-waiver-request-form-15-jan-2019>
2. Force Health Protection Requirements and Medical Guidance for Entry into the US Africa Command Theater. United States Africa Command. Published May 18, 2019. Accessed April 2, 2020. <http://www.africom.mil/media-room/Document/32429/aci-4200-09a-force-health-protection-requirements-and-medical-guidance-for-the-africom-aor>
3. DoD Instruction 1322.24, “Medical Readiness Training,” October 6, 2011. Accessed May 28, 2020. <https://jts.amedd.army.mil/assets/docs/policies/MRT-DoDI-1322-24.pdf>

4. Military Tropical Medicine. Military Tropical Medicine. Accessed May 18, 2020. [https://www.med.navy.mil/sites/nmpdc/courses/Pages/Military Tropical Medicine.aspx](https://www.med.navy.mil/sites/nmpdc/courses/Pages/Military%20Tropical%20Medicine.aspx)
5. US Africa Command website. AC form 42, USAFRICOM travel medical screening checklist. Published January 15, 2019. Accessed May 14, 2020. <https://www.africom.mil/media-room/document/32432/ac-form-42-africom-travel-health-checklist-15-jan-2019>

