

## Chapter 47

# ROLE OF THE COMMAND SURGEON AT THE INSTALLATION MANAGEMENT COMMAND

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### Introduction

A physician assistant (PA) can be assigned as command surgeon at the three-star level Installation Management Command (IMCOM) as a key strategic billet. The position of command staff medical advisor/surgeon for IMCOM was officially established in 2013 in support of the Command Emphasis on Comprehensive Soldier and Family Fitness program<sup>1</sup>; medical care programs were further aligned under the assistant chief of staff for installation management with Army Materiel Command, IMCOM, Office of the Surgeon General (OTSG), and Army Medical Command (MEDCOM).

### Supervision

The IMCOM surgeon position is currently rated by the IMCOM chief of staff and senior-rated by the IMCOM commanding general.

### Unit Structure

IMCOM integrates and delivers base support to enable global readiness for the Army (Figure 47-1). Committed to providing operations support in accordance with established standards to accomplish the mission, IMCOM is also invested in providing appropriate programs and services at the right time and place for soldiers and their families. IMCOM's



**Figure 47-1.** The Installation Management Command crest.

tagline is “We are the Army’s Home.”<sup>2</sup> All the IMCOM garrisons are listed under its website: <https://home.army.mil/imcom/index.php/garrisons>.<sup>3</sup>

## **Roles and Duties**

The IMCOM surgeon serves as the command’s advisor for all health care, medical readiness, and medical matters relating to installations. They promote the integration of force health protection principles and provide command advice and recommendations for all aspects of health care. The IMCOM surgeon works closely with IMCOM coordinating staff and directorates to ensure garrison commanders are informed and provided the requisite support to accomplish both health care delivery and medical readiness missions, as well as responding to any

contingency medical issues that may arise. This is particularly important in the area of health care delivery as this responsibility transitions from MEDCOM to the Defense Health Agency (DHA). As the transition evolves, it is imperative to ensure garrison-level issues are addressed, especially in the areas of mutual support agreements and reimbursable services. The IMCOM surgeon also acts in a direct support role to the installation regional directors.

The IMCOM surgeon's specific responsibilities are as follows:

- Internal support to all IMCOM directorates, especially human resources; operations, plans, and training; logistics and facilities management; the provost marshal office; and safety, with the following critical missions:
  - Suicide prevention, sexual assault prevention, maintenance of the Medical Readiness Assessment Tool, soldier readiness processing, health education, and holding an annual health fair.
  - Support for health promotion efforts across installations, including Army child, youth, and school services; Healthy Army Communities; ready and resilient strategy; and the Performance Triad for soldiers, families, and the civilian workforce. Serve as liaison for OTSG and MEDCOM to ensure up-to-date medical information is available in support of these programs.
  - As the IMCOM medical authority, ensure all Department of Army, OTSG, and MEDCOM draft publications are vetted and supportable by the installation and directorate leadership. The IMCOM surgeon ensures that installation leadership is provided timely medical publications and guidance as required, such as those on occupational and environmental health and safety.
  - Coordination and synchronization of medical oversight of Kwajalein Atoll (the only location where IMCOM has direct medical oversight).
  - Emergency management planning, preparedness, and response; prehospital ambulance service; automated external defibrillator programs and maintenance; Army Protection Program assessment of command compliance with risk management<sup>4</sup>; and food vulnerability detection.
  - Support for garrison commanders to ensure training areas are provided requisite medical support as determined by senior commander requirements.

- Act as the liaison for all medical assets outside IMCOM, including OTSG, MEDCOM headquarters, the Medical Center of Excellence, Public Health Center, and other command surgeons to ensure timely medical information is provided, as well as information on medical treatment options available. Liaison duties include the following:
  - Attend all weekly military health service synchronization meetings.
  - Provide a situation report to the IMCOM leadership on the status of the MTF-to-DHA transition, especially highlighting issues that affect the directorates and garrisons.
  - Be aware of all medical assets that are transitioning to other organizations; for example, the Public Health Center is currently scheduled to transition to DHA by 2022. These transitions will affect public health support to local garrisons, and the IMCOM surgeon must ensure stakeholders know what joint assets are available, in addition to Army assets.

## **Desired Knowledge, Skills and Attributes**

### ***Knowledge***

- Knowledge of industrial hygiene and public health.
- Knowledge of Army culture and organizations, systems, policies, and processes.
- Understanding of military medicine and the business of health care.
- Experience with writing and updating policies.
- Good understanding of joint, Army, IMCOM, and MEDCOM cultures.
- Competent using Microsoft Office, MilSuite, and SharePoint applications.

### ***Skills***

- Strategic thinking.
- Exceptional written and oral communication skills.
- Unwavering military bearing and tact with senior leadership.
- Strong interpersonal skills; consensus-building across a variety of stakeholders and agencies; persuasion and negotiation skills and tactics; team-building.

- Attention to detail and exceptional organizational skills are an absolute must.
- Proficiency with editing a variety of military and civilian correspondence and other documents.
- Strong leadership skills; ability to coach, teach, and mentor civilian employees.

### ***Attributes***

- Critical thinking and problem solving skills.
- Self-starter; able to see a need and take action.
- Systems thinker; able to connect the dots and see the big picture.
- Ability to effectively handle pressure, remaining calm and rational.
- Ability to effectively multi-task.
- Willingness to do any task required for mission success.
- Assertive; able to tactfully enforce requirements with senior individuals.
- Good planning skills; able to anticipate requirements and develop options to assist the command and other leaders.

## **Training**

Training in public health and industrial hygiene are highly recommended, as is training in prehospital care and executive medical skills. Federal Emergency Management Agency disaster management courses and the Public Health Emergency Management Course offered by the Defense Medical Readiness Training Institute are encouraged.<sup>5</sup> Additionally, training on systems to manage civilian employees, such as the Automated Time Attendance and Production System and Defense Performance Management and Appraisal Program, is necessary. There is also opportunity to audit the training conducted by the R2/ASAP (Ready and Resilient/Alcohol and Substance Abuse Program) Division staff (the R2/ASAP Division is further discussed in chapter 28 of this handbook).

## **Key Factors**

This position is typically a 2-year tour and is coded for an O5A (branch-immaterial) colonel (O-6) with no additional skill identifier

requirement. IMCOM is currently located at Joint Base San Antonio-Fort Sam Houston, Texas. This position is primarily nonclinical; however, PAs must maintain their credentials. The IMCOM surgeon coordinates care for the command staff, but does not provide direct clinical care. The deputy surgeon is not on the table of distribution and allowances (TDA), but if the chief of the Ready and Resilience Integration Branch of the R2/ASAP Division is a clinician, they can fill the role as the deputy surgeon as a secondary position (Figure 47-2). The R2 Branch and the R2/ASAP Division are described in detail in chapter 28 of this handbook.



**Figure 47-2.** Staff at Installation Management Command (IMCOM) headquarters. Left to right: Lieutenant Colonel Amelia Duran-Stanton, Ready and Resilient (R2) Integration Branch chief and deputy surgeon; Pamela Budda, R2/Army Substance Abuse Prevention division chief; Colonel (Retired) Pauline Gross, IMCOM surgeon 2015–2018; Colonel William “Paul” Barras, IMCOM surgeon, 2018–2021.

## **Lessons Learned**

Based on lessons learned, the IMCOM surgeon should do the following:

- Leverage and utilize the OTSG, Army Medical Department (AMEDD) and MEDCOM contacts as the liaison between OTSG, AMEDD, MEDCOM and IMCOM. Having a continued relationship with OTSG, AMEDD and MEDCOM while at IMCOM definitely helps with getting answers quickly, especially in the public health arena.
- Be cognizant that the medical information provided to the command and the garrisons is not “from the IMCOM surgeon” but from the subject matter experts such at MEDCOM, Public Health Command, and other established proponents for medical guidelines and regulatory guidance.
- Provide assistance to the IMCOM G-9 (oversees family, morale, welfare, and recreation efforts) to establish measurable metrics for evaluations of armed forces recreation centers.
- Reach out to experts and get their guidance.
- Build a strong network from all the major commands: Army commands, Army service component commands, and direct reporting units.
- Assimilate the information and guidance from experts to provide what the command and the garrisons need.
- Ensure that IMCOM (including the supported directorates and garrisons) is situationally aware of issues that affect all beneficiaries in all things medical. In particular, keep in mind that the garrison command leadership must attend and lead local town halls, so they must be able to respond to concerns raised by participants, including retirees and spouses. Garrison leaders need to address all questions appropriately.

## **Tips for Success**

To be successful, the IMCOM surgeon should do the following:

- Have a basic understanding of public health and industrial hygiene.
- Get to know the IMCOM headquarters staff and all the directorates.
- When receiving an email from someone, take the time to meet them in person; this will give tremendous payoffs.

- Be visible and talk to leaders and staff.
- Build excellent working relationships with all supporting staff, such as the staff judge advocate, chaplain, public affairs officer, and the inspector general.

## Conclusion

The IMCOM surgeon position is one of the most unique surgeon positions in the Army. The IMCOM surgeon must know strategic-level priorities of the Department of Defense, Department of the Army, and Army Materiel Command. However, the IMCOM surgeon must remember that their own position is not the direct point of contact for these priorities; rather, their responsibility is to transmit information and serve as liaison for the command and garrisons on medical issues. The IMCOM surgeon must be versed in medical health reform by continuing to attend medical forums, and serve as the conduit for the medical community in supporting commanders, IMCOM directorates, and garrisons.

## References

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