Chapter 57

ROLE OF THE COMBAT TRAINING CENTER COMMAND SURGEON

Michael A. Davidson, PA-C, MPAS; Jim Beecher, PA-C, MPAS; Sean M. Donohue, PA-C, MPAS; Larry France, PA-C, MPAS; and Brad Tibbetts, PA-C, MPAS

Introduction

There are two combat training centers (CTCs): the National Training Center (NTC), located at Fort Irwin, California, and the Joint Readiness Training Center (JRTC), located at Fort Polk, Louisiana. The CTCs are the Army's premier training platforms for achieving lethality, executing large-scale combat operations, building allied partner capacity, and developing multidomain capabilities. The experience and engagement of a senior leader physician assistant (PA) ensures the medical capabilities and priorities are implemented and sustained by the medical personnel assigned to the rotational training units. As a result, the medical lines of efforts that include medical readiness and training are validated, enhanced, and sustained at the CTCs, currently and in the future.

Position Descriptions

The NTC surgeon position on the installation is the liaison for medical readiness. The NTC surgeon is a table of distribution and allowances (TDA) position within the Weed Army Community Hospital medical activity (MEDDAC) command section, coded for a 67A (Medical Service Corps officer). This position not filled by the Medical Corps branch, which typically fills surgeon positions. Historically, the NTC surgeon was an accepted list position (ALP) occupied by a PA assigned to NTC headquarters (HQ) with duties at Weed Army Community

Hospital MEDDAC; the position existed on the TDA, and the MEDDAC deputy commander for clinical services (DCCS) performed the function as an additional duty. However, input from the NTC commander, the US Army Forces Command (FORSCOM) surgeon, and Western Regional Medical Command prompted a requirement for a continued fill for this position, with an end-state goal of TDA authorization for a PA for HQ NTC. Due to various issues, the position has not yet been codified on the TDA for a PA, but continues to be filled by a PA from the Medical Specialist Corps (Figure 57-1). Colonel Larry France was the first officially recognized NTC surgeon, serving in this position from March 2011 through 2014. Subsequent NTC surgeons include Lieutenant Colonel Pamela Roof, Major Sean Donohue, and Major William Edmonds.

The JRTC surgeon serves as JRTC and Fort Polk command surgeon as well as installation subject matter expert (SME) for medical readiness. The JRTC and Fort Polk surgeon was formerly an ALP filled by a 65DM3 (flight medicine physician assistant) major assigned to HQ JRTC and Fort Polk. The Office of the Surgeon General denied a subsequent ALP request in 2017. Currently, per the TDA, the JRTC surgeon is a 65D (PA) lieutenant colonel (O-5) assigned to the

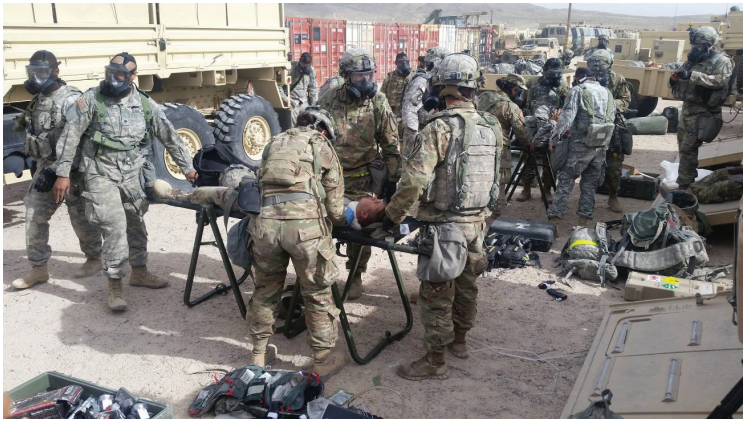

Figure 57-1. 1st Cavalry soldiers conduct Role 1 operations at the National Training Center under chemical conditions in 2015.

MEDDAC at Baynes Jones Army Community Hospital, with duties at HQ JRTC and Fort Polk. Previously, this position was filled by the MEDDAC commander as the JRTC surgeon. Input from the JRTC and Fort Polk commanding general, the JRTC chief of staff, the FORSCOM surgeon, and MEDDAC Fort Polk commander resulted in a recognized requirement for a continuous fill of this position, with an end-state goal of a TDA authorization on the unit identification code for HQ JRTC.

Supervision

The NTC surgeon is rated by the Fort Irwin MEDDAC DCCS (a lieutenant colonel [O-5]) and senior-rated by the MEDDAC commander (a colonel [O-6]); this rating scheme complies with Army regulations (ARs) 623-3, *Evaluation Reporting System*,[1] and AR 40-68, *Clinical Quality Management*.[2] The NTC surgeon has routine interface with the MEDDAC DCCS and Patient Administration Division chief, and leads monthly face-to-face medical team meetings with the chiefs of orthopedics, behavioral health, pharmacy, the Patient Administration Division, and the Integrated Disability Evaluation System; the DCCS; and each tenant brigade-level command team. The JRTC and Fort Polk command surgeon rating scheme is determined by the JRTC and Fort Polk commanding general and the MEDDAC commander. In the past, the position was rated by the JRTC chief of staff (an O-6), intermediate-rated by the MEDDAC DCCS (an O-6 physician, if the MEDDAC commander was not a physician), and senior-rated by the MEDDAC commander (an O-6). The JRTC and Fort Polk command surgeon is currently senior-rated by the JRTC and Fort Polk commanding general (a brigadier general [O-7]). Both of these rating schemes comply with ARs 623-3 and 40-68.[1,2]

Unit Structure

The NTC annually trains 10 to 12 brigade combat teams (BCTs), or their equivalents, in support of joint operational area deployments. Approximately 5,000 active duty soldiers are assigned to the training center, yet daily mission support requirements encompass roughly 20,000 people, including family members and civilians. Current FORSCOM tenant units assigned to the NTC and Fort Irwin with colonel (O-6) command billets include the 11th Armored Cavalry

Regiment (active duty soldiers who serve as enemy forces against rotational soldiers), the 916th Sustainment Brigade (which replicates theater-opening and theater-closing capability), and the operations group (which covers the command and control and observer controller/trainer [OC/T] mission in support of BCT rotations). The MEDDAC, a dental activity, a veterinary detachment, and the US Army Garrison (USAG) Irwin comprise the non-FORSCOM assigned tenant units with colonel (O-6) command billets. The NTC surgeon's office is located within the extended MEDDAC footprint. The NTC surgeon's office staff includes a deputy NTC surgeon; a Medical Protection System (MEDPROS) coordinator; a noncommissioned officer in charge (NCOIC/sergeant first class [E-7]) who serves as senior medical OC/T; and a sergeant (E-5) who serves as an additional medical OC/T and occasional driver (Figure 57-2).

JRTC annually trains 11or 12 BCTs in support of the Global Reaction Force mission (worldwide deployments) and joint operational area deployments. Over 8,000 active duty soldiers are assigned to the training center. Daily mission support requirements encompass roughly 40,000 when family members and civilian workforce numbers are included. Current FORSCOM tenant units assigned to JRTC and Fort Polk with colonel (O-6) command billets include the 3rd Brigade, 10th Mountain

Figure 57-2. A unit conducts defensive operations while in chemical-defense posture at the National Training Center in 2015.

Division, 32nd Hospital Center, and JRTC operations group). As at Fort Irwin, the MEDDAC, a dental activity, and USAG Polk comprise the non-FORSCOM assigned tenant units with lieutenant colonel (O-5) and colonel (O-6) command billets. Non-colonel command billets assigned to JRTC and Fort Polk include the 1-509th Parachute Infantry Regiment (the opposing forces in support of BCT rotations), 1st Battalion/5th Aviation Battalion, 519th Military Police Battalion, and 46th Engineer Battalion. The JRTC command surgeon's office is located in the JRTC and Fort Polk HQ building. The surgeon's staff includes a staff sergeant NCOIC who oversees the administration and logistics for the JRTC Aid Station–Rear during unit rotations. The NCOIC's office is located in the MEDDAC Plans, Training, Mobilization, and Security section of Bayne-Jones Army Community Hospital.

Roles and Duties

The CTC command surgeon position replicates a division surgeon; however, there are differences between the NTC and JRTC positions. The NTC surgeon is responsible for the integration of FORSCOM, Training and Doctrine Command, Army Materiel Command, and Medical Center of Excellence (MEDCoE) doctrinal medical training into the 10 to 12 BCT yearly rotations at the NTC. NTC training operations are governed by FORSCOM Regulation 350-50-1, *Training at the National Training Center*,[3] and AR 350-50, *Combat Training Center Program*.[4] The NTC surgeon also serves as:

- higher-headquarters surgeon for training brigades;
- director of the Fort Irwin Medical Management Center;
- MEDDAC SME on medical readiness in support of the six installation commands, totaling over 5,000 active duty soldiers; and
- installation SME and point of contact for all aspects of unit medical readiness tracking.

The NTC surgeon also:

- assists the MEDDAC's patient administration division on all aspects of the Integrated Disability Evaluation System;
- provides oversight to the installation troop medical clinic's daily operations as they pertain to Soldier-Centered Medical Home issues and challenges;

- provides Role 1 and Role 2 SME oversight to MEDDAC contract providers working in the rotational unit base area aid station; and
- oversees the individual medical readiness status of the assigned senior command teams, and is their conduit for health care readiness operations access.

The NTC surgeon is expected to be available by handheld radio and phone at any time during the 14 days that rotational training units occupy the training area (Figure 57-3).

The JRTC command surgeon's primary duty is to provide oversight of medical welfare and readiness for the 8,000 soldiers assigned to the installation. Like the NTC surgeon, the JRTC command surgeon integrates FORSCOM policies as well as Training and Doctrine Command and MEDCoE doctrine into training for the 11 or 12 BCT rotations per year. The JRTC command surgeon is also responsible for:

- advising the commanding general and staff on health-related issues and concerns that affect medical readiness and operations on Fort Polk;
- supporting medical operations for combat and contingency operations outside the continental United States for units assigned to Fort Polk;

Figure 57-3. The Fort Carson 2nd Infantry Division conducts tailgate medical operations at the National Training Center in 2015.

- supporting planning and evaluation of Defense support of civil authorities missions throughout the Northern Command area of responsibility;
- coordinating with the installation director of health services to minimize or eliminate care and evacuation capability gaps in both air and ground medical evacuation when appointed by the commanding general as director of operational health services;
- ensuring that the medical evacuation continuum of care outside of installation cantonment areas links appropriately with installation prehospital emergency medical providers;
- identifying risks and recommending ways to mitigate them;
- serving as SME for the Installation Health Support Plan in direct collaboration with the hospital commander;
- co-chairing the installation suicide prevention working group and participating in other groups as liaison for the installation health promotion council, liaison to the FORSCOM surgeon, senior FORSCOM provider on the installation senior medical council, and senior FORSCOM provider on the credentials committee;
- serving as senior mentor to the junior medical officers assigned to FORSCOM units at Fort Polk;
- advising the command on medical support requirements and overseeing the echelons above brigade real-world health service support for the 11 or 12 BCT rotations per year;
- serving as a member of the installation Crisis Action Team, which activates in response to disasters such as severe weather, mass casualty events, or terrorist incidents, to coordinate installation response and advise the senior mission commander;
- serving as senior medical trainer and advisor for all medical training conducted at the medical simulation training center;
- ensuring planning and coordination for the Expert Field Medical Badge event, which is conducted at least annually each year at JRTC;
- serving as OC/T for medical providers during unit rotations and interfacing with the FORSCOM surgeon's office and Army Medical Command to ensure inbound BCTs have adequate medical support for the rotation and future deployment;
- serving as SME on medical readiness in support of over 8,000 active duty soldiers and senior leaders; and
- providing executive medicine (medical care to high ranking military members and their families) and overseeing the individual medical readiness of the JRTC and Fort Polk command team.

Desired Skills and Attributes

The NTC and JRTC command surgeon must be credentialed and privileged as a provider at the installation medical treatment facilities. Aviation medicine qualification is recommended for JRTC, but not required. The CTC surgeons also should:

- be a lieutenant colonel (O-5) or a senior major (O-4) with verbal and military skill sets affording daily interface with senior installation commanders on strategic issues;
- have extensive tactical and operational experience as a PA and Army Medical Department (AMEDD) officer;
- have had a combat deployment at the BCT or division level within 3 years of assignment;
- be an Intermediate Level Education graduate;
- have previous experience as a rotational or operational forces provider at the CTC of assignment;
- have solid writing skills and working knowledge of the military decision-making process;
- have a solid understanding of AR 40-501, *Standards of Medical Fitness*[5]; AR 600-8-4, *Line of Duty Policies, Procedures, and Investigations*[6]; AR 635-40, *Disability Disability Evaluation for Retention, Retirement, or Separation*[7]; AR 635-200, *Active Enlisted Administrative Separations*[8]; AR 40-400, *Patient Administration*[9]; AR 40-68, *Clinical Quality Management*[2]; AR 40-502, *Medical Readiness*[10]; and current Army Central Command medical policies;
- have keen insight and ability to mentor junior providers on issues regarding temporary and permanent profiling of active duty soldiers;
- have a Humvee military driver's license, preferably with night vision goggles endorsement; and
- have Federal Emergency Management Agency training and knowledge of the National Incident Management System (Figure 57-4).

Training

To provide medical readiness oversight, aviation medicine services, and senior leader medical care, the CTC command surgeons at all locations need to be trained and have access to the Medical Protection System

Figure 57-4. A litter team evacuates a simulated casualty patient using a UH-60 Black Hawk from the 1st Battalion, 5th Aviation Regiment, a medevac unit known as the "Cajun Dustoff," at the Joint Readiness Training Center, February 2020.
Photograph courtesy of Chuck Cannon, Joint Readiness Training Center/Fort Polk Public Affairs Office.

(MEDPROS), especially its Medical Readiness Portal; the Aeromedical Electronic Resource Office (if aviation medicine qualified); and all the systems that use the electronic medical record (EMR), such as the Armed Forces Health Longitudinal Technology Application (AHLTA), the Composite Health Care System (CHCS), and MHS-Genesis. The JRTC command surgeon also needs to complete the OC/T 2-day academy to serve as the OC/T for medical providers during unit rotations.

Additional Factors

Fort Irwin is located in the Mojave Desert of southern California along Interstate-15, halfway between Los Angeles to the southwest and Las Vegas to the northeast. The closest town (Barstow, CA) is 38 miles from the installation. Shopping, dining, and outdoor sports and recreation require further drive time. The installation has good housing options and is known to have a close-knit community feel. Because the battle rhythm is codified 18 to 24 months in advance, it is easy to plan vacations and other events; however, the NTC surgeon occasionally works over major holidays like Thanksgiving or Independence Day. Because of the highly predictable training schedule, the NTC surgeon should anticipate working on post 2 weekends per month while also having one 3-day and one 4-day training holiday per month. An elementary

and junior high school are both on post, while high school students commute by bus to Silver Valley High School in Yermo, a 45-minute drive from post. Because of its remoteness and the potential for skills degradation, this position is typically a 2-year tour of duty, but can last 3 years (Figure 57-5).

Fort Polk is located in central Louisiana in a medically underserved area. The nearest town, Leesville, is very small and 7 miles away. The nearest city is Alexandria (54 miles away), which has the closest large hospitals and level II trauma center. Access to some specialty care is limited and may require travel. Due to the remote location, anyone with dependents enrolled in the Exceptional Family Member Program should ensure their information is updated as soon as they receive their request for orders. The training cycle and battle rhythm at JRTC are similar to those at NTC; the major differences are that there may be less direct involvement in JRTC rotations, and working over weekends and major holidays is possible, but not a consistent occurrence. This is due to the presence of deployable FORSCOM tenant units stationed at Fort Polk (which is not the case at Fort Irwin). For this reason, the primary duties of the JRTC and Fort Polk surgeon more closely mirror those of a division surgeon, although replicating a division surgeon during CTC rotations is not an official responsibility (Figure 57-6).

Figure 57-5. Major Sean Donohue points out terrain features to Lieutenant General Nadja West, the 44th surgeon general, in 2015.
Photograph courtesy of the US Army Medical Activity Fort Irwin Public Affairs Office.

Figure 57-6. Brigadier General Patrick D. Frank (the Joint Readiness Training Center and Fort Polk, LA, commanding general) briefs the Expert Field Medical Badge (EFMB) cadre before EFMB candidates start night land navigation, February 2020.
Photograph courtesy of Chuck Cannon, Joint Readiness Training Center/Fort Polk Public Affairs Office.

Conclusion

The CTC and the JRTC Command Surgeon positions continue to be very important positions within the Army's premier training platforms for achieving lethality, executing large-scale combat operations, building allied partner capacity, and developing multidomain capabilities. The ability of an experienced and engaged senior leader PA ensures the medical training standards are enhanced and relevant. Lastly, the importance of providing the necessary coaching and mentorship to each of the medical Brigade Combat team members will continue to be essential to facilitate in collaboration and learning.

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