

Chapter 27

ROLE OF THE PHYSICIAN ASSISTANT IN A JOINT ENVIRONMENT

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The Joint Chiefs of Staff, in view of their global responsibilities and their perspective with respect to the worldwide strategic situation, are in a better position than any single theater commander to assess the risk of general war. Moreover, the Joint Chiefs of Staff are best able to judge our own military resources with which to meet that risk.

*—Chairman of the Joint Chiefs of Staff Gen. Omar N. Bradley
to the Senate Foreign Relations Committee, 1951¹*

The Army physician assistant (PA) serving at the Office of the Joint Staff Surgeon (OJSS), Joint Staff, Pentagon, must have a firm set of clinical and operational skills with significant planning acumen. It is important to begin the tour of duty with basic knowledge of joint operations and understand that the joint environment transcends all services, specialties, and combatant commands (CCMDs). The PA must have or be prepared to develop a strategic mindset, with the ability to conduct analyses, develop processes, generate solutions, articulate risks to senior leaders at the three-star and four-star levels, and occasionally convey the Department of Defense (DOD) position on applicable subject areas to congressional leaders and other government agencies. The Army PA is the most well-rounded medical officer in the DOD, and as a Joint Staff officer, must always be prepared to offer subject matter expertise on demand. This expertise may range from individual medical readiness to operational medicine or even hospital operations. The PA experience is instrumental in providing crucial insight that may shape care for the warfighter across the joint force.

Strategic Environment

The PA must be prepared to interface and coordinate with both military and civilian senior leaders, including general/flag officers, congressmen, department secretaries, and foreign representatives. Senior leaders expect good staff officers to have well-developed communication and technology skills, including conducting basic research, using productivity software, and performing general analyses. Additionally, the staff officer must acquire working knowledge of other capabilities such as the Joint Staff tasking management system, the Joint Staff action process (JSAP), and other joint systems and tools such as the Joint Operations Planning and Execution System (JOPES); the Joint Capabilities Integration and Development Systems (JCIDS); the Joint Training Information Management System (JTIMS); and the integrated priority list process.

All Joint Staff officers, including the PA, must have a firm understanding of national strategies as well as the roles, duties, and responsibilities of the chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff; the PA must also focus on the roles and responsibilities of the Joint Staff surgeon. This perspective is extremely important when framing responses and corresponding across the joint force. Arriving on the Joint Staff with some basic knowledge may significantly ease transition and potentially decrease the learning curve—slightly. For starters, awareness of national strategy, joint doctrine, and the function and priorities of the OJSS may be very helpful. The following major national strategy documents drive all military operations and are required knowledge for all Joint Staff officers.

- **The National Security Strategy (NSS)** informs the National Defense Strategy (NDS), which, in turn, informs the National Military Strategy (NMS). The NSS is written by the White House (executive branch) and presented to the American public and Congress during the president's State of the Union address. The document is grounded in the Goldwater Nichols Act of 1986 and outlines the president's assessment of the capabilities necessary to mitigate threats to the nation. The administration presents both a classified and unclassified version of the report.²
- **The National Defense Strategy (NDS)**, written by the secretary of defense, is informed by the NSS. The NDS outlines the threats to the

complex global security environment and the risks and challenges posed by great power competition. The 2018 NDS states, “The central challenge to US prosperity and security is the reemergence of long-term, strategic competition by what the National Security Strategy classifies as revisionist powers.”³ As such, the three lines of effort outlined in the strategy are (1) rebuilding military readiness through a more lethal joint force; (2) strengthening alliances and partners; and (3) reforming the DOD’s business practices for higher performance and affordability.

- **The National Military Strategy (NMS)**, written by the Joint Chiefs of Staff and signed by the CJCS, is informed by the NDS. It is issued to the secretary of defense and outlines the strategic aims of the armed services. The 2018 NMS provides an integrated approach composed of three national military objectives: (1) to deter, deny, and defeat state adversaries; (2) to disrupt, degrade, and defeat violent extremist organizations; and (3) to strengthen the global network of US allies and partners.⁴ The NMS also includes the overlapping concept of the “continuum of strategic direction”: “Force employment (how the Joint Force will meet the challenges of the current strategic environment); Force development (adaptation of the existing Joint Force to do what it does better; and Force design (innovation to enable the Joint Force to do what it does differently in a fundamentally disruptive way).”⁵

The Joint Staff

The PA may have the opportunity to directly engage the CJCS and executive staff (vice chairman, director of the Joint Staff, vice director of the Joint Staff), as well as other military and civilian leaders. Therefore, it is important to understand the Joint Staff and its functions (Figure 27-1). The Joint Chiefs of Staff consist of the CJCS, the vice chairman of the Joint Chiefs of Staff, the chief of staff of the Army, the chief of naval operations, the chief of staff of the Air Force, the commandant of the Marine Corps, and the chief of the National Guard Bureau.⁶ The CJCS is the senior ranking member of the Joint Chiefs of Staff. *The Joint Staff supports the CJCS in meeting the congressional intent to provide “(1) for the unified strategic direction of the combatant forces; (2) for their operation*

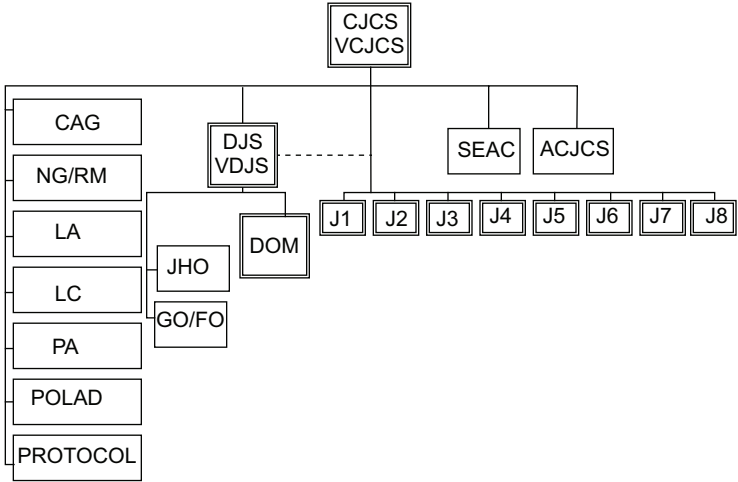


Figure 27-1. The Joint Staff organizational structure.

ACJCS: Assistant to the Chairman, Joint Chiefs of Staff; CAG: Chairman’s Advisory Group; CJCS: Chairman, Joint Chiefs of Staff; DJS: Director, Joint Staff; DOM: Directorates of Management; GO/FO: General Office/Flag Officer; JHO: Joint History Office; LA: Legislative Affairs; LC: Legal Counsel; NG/RM: National Guard and Reserve Matters; PA: Public Affairs; POLAD: Policy Advisor; SEAC: Senior Enlisted Advisor to the Chairman; VCJCS: Vice Chairman, Joint Chiefs of Staff; VDJS: Vice Director, Joint Staff

under unified command; and (3) for their integration into an efficient team of land, naval, and air forces.”⁷ Responsibilities as members of the Joint Chiefs of Staff take precedence over duties as the chiefs of military services.⁶ The CJCS is the global integrator and exercises Title 10 responsibilities that include comprehensive joint readiness, strategic direction and planning, global military integration, joint capability, and joint force development.⁸ In the role of global force integrator, the CJCS has the responsibility of advising the secretary of defense on the risks to the mission and risks to the force involved in the transfer and allocation of forces across geographic commands. Staff sections, called joint directorates, that support the CJCS in their duties are as follows⁹:



Joint Staff Surgeon- Global Integrator-Medical

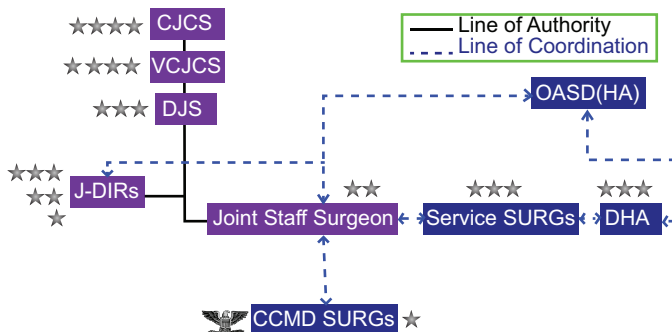


Figure 27-2. Joint Staff global medical integration. The Joint Staff surgeon maintains robust lines of coordination across the Department of Defense. CCMD SURG: Combatant Command Surgeon; DHA-Defense Health Agency; J-Dir: Joint Directorate; OASD(HA): Office of the Assistant Secretary of Defense for Health Affairs

DOM: Directorates of Management

J1: Manpower and Personnel

J2: Intelligence

J3: Operations

J4: Logistics

J5: Strategy, Plans, and Policy

J6: Command, Control, Communications, and Computers/Cyber

J7: Joint Force Development

J8: Force Structure, Resources, and Assessment

The OJSS, originally under J4, is now under DOM (see Figure 27-1).

Office of the Joint Staff Surgeon

The Joint Staff surgeon is the global medical integrator for the Joint Staff and synchronizes health services to enable globally integrated

operations across the joint force (Figure 27-2). In this capacity, the Joint Staff surgeon provides medical advice to the CJCS; oversees medical requirements and capabilities; manages education, evaluations, and assessments; synchronizes CCMD and service efforts; and maintains a full sphere of influence through strong coordination relationships with other government agencies, the CCMDs, and the services. The OJSS is responsible for several strategic documents that shape medical operations across the DOD, two of which are Joint Publication (JP) 4-02, *Joint Health Services*,¹⁰ and the *Joint Concept for Health Services (JCHS)*.¹¹

- JP 4-02 is the doctrine for health services support across the joint force, and provides guidance for the exercise of authority by the CCMDs and other joint force commanders regarding force health protection, health service support operations, and health service support planning.¹⁰ The PA must fully understand the scope and purpose of JP 4-02 and may be a key player in its interpretation and ultimately its revision.
- The JCHS, released by the CJCS in 2015, presents a comprehensive set of medical capabilities that enable joint, integrated, and optimized health services across the continuum of care. The JCHS is informed by several strategic documents,¹¹ including the *MHS Strategic Plan: A Roadmap for Medical Transformation*, 2008; *The Joint Operating Environment*, 2010; *Health Readiness Concept of Operations*, 2010; the Navy Medicine Strategy Map FY15,¹² and the *2018 Army Medicine Campaign Plan*.¹³

Unit Structure

Currently there are eight permanent positions on the OJSS manning document. The other 13 personnel on staff are a mix of contractors, liaison officers, and detailed personnel from the services. The OJSS is a two-star billet, with a civilian deputy (GS-15) and a uniformed deputy (O-7 [general or flag officer] or O-6 [colonel or captain]). The rest of the staff include specialists in plans, operations/logistics, clinical operations, force health protection, and strategic management. This composition may change based on availability of personnel.

Knowledge, Skills, and Attributes

The PA's experience and prior assignments on the Joint Staff will impact their effectiveness and efficiency. Previous assignments at the Army Medical Command and or a CCMD will assist them in understanding the roles and responsibilities of the Joint Staff surgeon. The PA's expertise and clinical experience become important during meetings, working groups, and capability-based assessments. The PA is a clinical subject matter expert on readiness and care of the warfighter. The operational experience a PA has from supporting "the line" can be instrumental in providing perspective during discussions that will impact the future of the joint medical force and how care is provided to service members. Concise written and verbal communication skills are important to being a successful staff officer, and the PA's ability to write and brief effectively will continue to be developed during a Joint Staff assignment.

Duties and Responsibilities

The primary duties and responsibilities of the PA are to assist the Joint Staff surgeon in providing the CJCS with the best medical advice on time, every time. A PA assigned to the OJSS should be the rank of lieutenant colonel or major (promotable) and have completed the requisite professional military education. Prior assignment as a Joint Staff intern, an Army staff officer, or CCMD staff officer may enhance understanding of the strategic environment and better facilitate strategic planning and resourcing at the OJSS.

Daily Routine

The OJSS has a very dynamic "battle rhythm." The typical day begins with the morning meeting, nicknamed the "Jolt," in which the staff provides an internal update and attempts to synchronize and crosswalk priorities, actions, tasks, and deliverables. Generally, the Monday Jolt includes an update to the Joint Staff surgeon, and the Tuesday Jolt includes a session on professional development. The rest of the day is spent performing staff work, coordinating, planning, performing action officer (AO) tasks, and attending meetings. A significant portion of the day is spent coordinating and generating correspondence. This

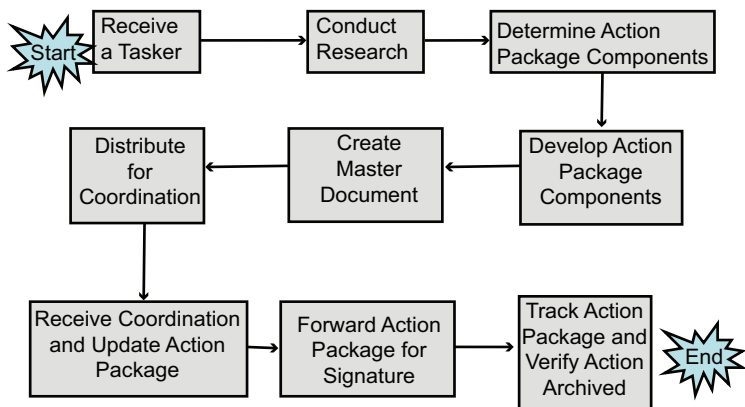


Figure 27-3. Joint Staff action package process flowchart.

includes a lot of research, reading, and writing action and information memoranda, information papers, position (decision) papers, and talking points. Other correspondence includes fact sheets, memoranda for the record, background papers, and coordination papers (summary sheets, letters, messages, and estimates).¹⁴

The PA will become integrated into the team that steers the joint force into the future while simultaneously receiving a high level of professional military education as outlined in *Developing Today's Joint Officers for Tomorrow's Ways of War: The Joint Chiefs of Staff Vision and Guidance for Professional Military Education & Talent Management*.¹⁵ The PA generates products that will influence decisions at the level of the secretary of defense and, on occasion, assist Congress and the White House in shaping national policies. The OJSS is the Joint Staff's repository for all things medical, and the PA supports the Joint Staff surgeon in providing the best available military medical advice to the CJCS. The PA must be mentally agile and flexible, and must be prepared to respond to inquiries at the speed of strategic relevance. A tardy but accurate answer (in some cases, minutes late) may no longer be needed because the discussion has already progressed or the decision has already been made. Requests for information may come to the OJSS via phone calls, email, office visits, or formally through the JSAP.

Joint Staff Action Process

The JSAP system (Figure 27-3) is the tasking process of the Joint Staff used to formally request information, direct action, coordinate responses, or disseminate information across the DOD. A prime responsibility of Joint Staff officers is to work action packages using the JSAP system. The DOM funnels all tasks that require medical responses to the OJSS, and the JSAP manager within the office assigns each task an AO. Working a task as an AO is perhaps one of the most important, time-consuming actions at the OJSS, with potential high visibility and high impact. The JSAP task instructions may direct the AO to consolidate information and responses from other organizations, prepare packets for senior leader approval/signature, or disseminate information across the joint force. Additionally, AOs may develop executive summaries, letters, memoranda, and other documents, or coordinate actions among directorates, services, CCMDs, and other government agencies. The AO working a JSAP must ensure that the response meets the intent of the tasker and that the packet is completed by its suspense date. Late JSAPs are reported to the level of the director of the Joint Chiefs of Staff.¹⁶

Other aspects of the PA's portfolio are integrated into the daily routine and mainly include areas within clinical operations that require medical or clinical expertise. The PA may also perform duties related to JCIDS, global health engagement, research and development, or science and technology.

Joint Capabilities Integration and Development System

The PA must understand the intricacies of the JCIDS and be able to articulate and explain the process to those seeking clarification and guidance from the OJSS. The CCMDs and services use the JCIDS process to identify, develop, and validate requirements; identify and match capabilities to those requirements; identify capability gaps; and develop sourcing solutions. The Joint Requirements Oversight Council owns the JCIDS process and is chartered to conduct JCIDS activities and validate capability requirements, unless independent validation authority is identified.¹⁷ The purpose of the JCIDS process is to support and enable the council in executing the CJCS's responsibilities in identifying, assessing, validating, and prioritizing joint military capability requirements.¹⁸

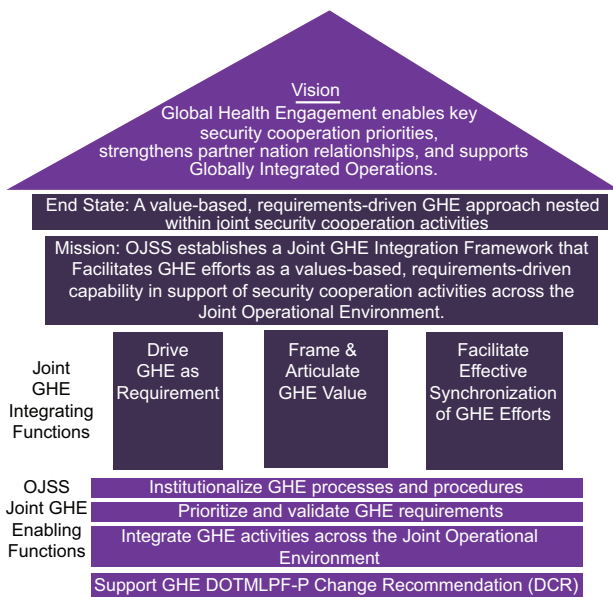


Figure 27-4. Joint Global Health Engagement Integration Framework facilitates global health efforts as a values-based, requirements-driven capability in support of security cooperation activities across the joint operational environment.

Non-materiel solutions proposed from capabilities-based assessments result in doctrine, organization, training, materiel, leadership, personnel, facilities, and policy (DOTMLPF-P) change recommendations (DCRs). The DCR is part of the JCIDS process and provides a format for considering solutions for each DOTMLPF-P domain.¹⁹ The OJSS chairs the Health Services Working Group, which serves as a gateway and validation authority for capabilities-based assessment outputs as well as tasks assigned within a DCR. Current DCRs with enduring requirements include:

- The **Defense Trauma Enterprise** DCR identifies gaps in DOD’s ability to deliver and manage trauma care from the point of injury to Role 4.
- The **Forward Resuscitative Care** DCR identifies gaps in DOD’s ability to provide and manage resuscitative care during operations in austere and remote environments.

- The **Medical Readiness Skills Sustainment During Deployed Operations** DCR identifies capability requirements for preserving the highly perishable mission-essential medical skills of deployed medical personnel involved in patient treatment in support of the joint force.
- The **Global Health Engagements** DCR identifies global health engagement shortfalls across the joint force that limit practical and useful support to the combatant commander's theater objectives.

Global Health Engagement

The PA must have a working knowledge of global health engagement and understand how it is informed by strategic documents and executed at the CCMD level (Figure 27-4). Global health engagement is nested within security cooperation and is an interdepartmental collaborative of DOD global health engagement, the Joint Staff, the Uniformed Services University Center for Global Health Engagement,²⁰ services, and CCMDs, as well as other governmental agencies such as the Defense Threat Reduction Agency, Centers for Disease Control and Prevention, and US Agency for International Development.

Current Operations

Activities within current operations range from the Defense support for civil authorities during disaster response (southern border operations, hurricane and other natural disaster support, infectious diseases, epidemic and pandemic support) to CCMD activities. The PA may be the subject matter expert with the requisite experience and knowledge to appropriately respond to requests for assistance from other government agencies or to validate requests for forces from the CCMD.

Lessons Learned

The following are lessons learned from service at the OJSS:

- A few courses that are not required but will be helpful are How the Army Runs, Joint Medical Officer's Course (JMOC) Basic and JMOC-Advanced, and the Joint Senior Medical Leaders Course.

- Balance is important. Being an AO for the Joint Staff surgeon requires self-discipline and balance between work and home. The office's high operational tempo can be daunting; being mindful of life outside the Pentagon walls is very important.
- An assignment on the Joint Staff is an opportunity to understand the role of the OJSS and its influence on how health care is provided to the joint warfighter. The challenge is to adjust focus from an Army-centric view to a joint view. Army PAs assigned to the Joint Staff must understand they are AOs whose mission is to develop joint solutions that nest with the Joint Staff surgeon's priorities.
- Movement, action, and decision-making at the strategic level can be slow and deliberate. Exercising tactical patience is rewarding. Conversely, impatience and ignorance can lead to frustration, especially during the first 6 months.
- Learning to navigate the Pentagon is essential. Many meetings require physical attendance, so understanding the Pentagon's layout makes coordination and daily tasks less daunting. The Pentagon is composed of five floors, five interconnected rings with ten interlinked corridors, several internal hallways, and an open courtyard in the center of the building. It is easiest to identify a corridor or office by going through the center courtyard. Walking along the rings is generally ill-advised if time is of the essence; the outmost ring (E-ring) is almost 1 mile long.

Tips for Success

Along with lessons learned, the following tips will help future Joint Staff PAs succeed:

- The Joint Staff PA should allow at least 90 days for orientation and onboarding. A good sponsor will ensure a smooth transition and in-processing. This time affords the Joint Staff PA an opportunity to put things into context.
- Joint Staff PAs must be prepared to live outside their comfort zone. Being called on to respond to unfamiliar things is a way of life at the Pentagon. The PA should project confidence, ask for help, ask if they do not know something, and never refuse help when offered.

- “There is no casual conversation; every discussion is an evaluation.” The Joint Staff PA should know that media is present throughout the building, and always assume someone is watching or listening.
- The Joint Staff PA must put conversations into context. Conversations taken out of context, discussions that are unintentionally expanded beyond intended audiences, or emails circulated inadvertently and inappropriately can have devastating consequences. Office discussions, often intended to frame and support internal tasks and actions, can pose unintended consequences when discussed with persons outside the group.
- “Words have meaning.” The Joint Staff PA’s discussions with senior leaders and fellow Joint Staff officers must be as accurate, brief, and concise as necessary.
- The Joint Staff PA must not forward general officer/flag officer emails.
- The Joint Staff PA must listen and learn. No matter how much a PA thinks they know, there is much more that they do not.
- The Joint Staff is about joint solutions. Service-specific solutions that do not support CCMD interests or conflict with the CJCS’s priorities are of less interest to the Joint Staff. A PA who cannot move beyond Army-specific issues will certainly struggle.

Conclusion

An assignment to the OJSS is an excellent opportunity for field-grade officers to further develop their strategic acumen. Service on the Joint Staff affords the opportunity to interact with service medical leadership, Defense Health Agency staff, CCMD surgeons, and senior leaders from other government agencies. These engagements will not only build career-long relationships but also set the stage for future operational and strategic assignments for PAs as future Army leaders.

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