On 19-20 September 2011, senior Army physician assistants met at Fort Bragg to discuss the future of the AOC. The conference was hosted by MAJ Detro at the 44th Medical Brigade Headquarters. Below is a list of attendees followed by key items discussed and developed during the two day event.

LTC John Balser, Chief, Physician Assistant Section, Army Medical Specialist Corps
LTC Buck Benson, USASOC Senior PA
LTC Sherry Womack, FORSCOM PA
LTC Tom Schumacher, Womack Warrior Transition Unit Commander
LTC Pam Roof, Chief of SP/VC, Center for Professional Education & Training
MAJ Amy Jackson, 65D Assignments Officer
MAJ Dawn Orta, IPAP Recruiter
MAJ Amelia Duron-Stanton, Womack IPAP Phase II Coordinator
MAJ Derek Swee, AMEDD Captain’s Career Course Instructor
MAJ Rob Heath, XVIII Airborne Corps PA
MAJ Dustin Martin, 82nd AB Division PA
MAJ John Detro, Commander 240th Forward Surgical Team
MAJ Mark Walther, USASOC
MAJ Steve Delellis, USASOC
MAJ John Elliot, USASOC
MAJ Troy Vaughn, USASOC
CPT John Silvestri, USASOC
CPT Charles Jennings, IPAP Instructor

I apologize if I forgot anyone.
“We would like to develop an Officer Professional Development Program to develop SP Officers in clinical, administrative, leadership core competencies and functions via decentralized training while building relationships and enhancing communication with our peers.”

Army PA STRATCOM

Core Competencies:
Core Competencies are those key things that people need to be familiar with in order to be a well rounded officer. Core competencies are clinical and non clinical and are included in the required military education. Others may be found in other schools, but if one finds themselves lacking in a core competency they can self motivate to educate themselves in that discipline. There is a potential gap in our knowledge with regard to non clinical competencies and we need to develop a program to identify and address these issues for familiarization at a minimum. These core competencies will help us develop our annual objectives, ensuring that as we approach our duties we are focused on the present and looking to the future as our careers progress. Senior PA mentors can assist junior officers in developing these annual objectives to achieve success as clinicians and officers.

OPD program:
We would like to develop an Officer Professional Development Program to develop Specialist Corps (SP) Officers in clinical, administrative, leadership core competencies and functions via decentralized training while building relationships and enhancing communication with our peers. The intent is to gather SP officers in forums at installations with prepackaged resources that provide an opportunity for monthly meetings/Defense Connect Online (DCO)/teleconference. Some of the topics discussed were Lifecycle Model/Career Timeline, Reading your Officer Record Brief (ORB), Officer Evaluation Report (OER)/Non Commissioned Officer Report (NCOER)/Civilian writing techniques and skills, Long Term Health and Education Training (LTHET), Training and Education Opportunities, NCCPA recertification and CME tips, Medical Operations, Coding and Relative Value Units (RVU’s), and several others. This should encourage camaraderie and the exchange of ideas with local peers.

PA Skills Course:
We’re looking at developing an advanced skills course. We’re going to start an unofficial pilot at the beginning of the year. MAJ Duran Stanton will be the first at Womack and based on her feedback, we’ll continue to develop the course. The intent is that when people are in their recertification window, they can brush up on their skills that they haven’t been able to use, either due to deployment or due to serving in a nonclinical role. It gives them an opportunity to get back into the hospital in a learning/preceptor environment. It will set them up to be a senior mentor for a junior PA and it also helps them brush up for the PANRE. It has a good chance of going forward. It will be on the cheap, via your local MTF that presently has an Interservice PA Program (IPAP) Phase II site, however we are interested in expanding it to other locations once it is fully developed and implemented.
Army PA STRATCOM

Program for Training with Industry/Long Term Health and Education Training:

PA’s have not taken advantage of opportunity for Training with Industry. We see the benefit in sending an officer to NCCPA for utilization in the IPAP program. We also see the benefit of sending an officer to NREMT for a variety of utilizations; Directorate Combat Medical Training (DCMT), Center Predeployment Medicine (CPDM), Emergency Medical Services (EMS) and others. In order to apply for TWI, we have to identify a non-governmental agency that would be able to support a program of instruction that would develop a leader for future utilization in a particular field.

The deadline for submission to the board is AUG 2012 for a 2013 start. At present we are still looking to identify POC’s for these two organizations to pursue a Memorandum of Agreement (MOA).

Captain’s Career Course Brief by MAJ Derik Swee:

MAJ Swee provided a brief on the material covered in CCC and what the future may hold for CCC in 2015 and beyond. There is a proposal being considered by which core curriculum instruction may become a US Army Training and Doctrine Command (TRADOC) function followed by an Army Medical Department (AMEDD) track.

Defense Connect Online/Teleconference:

The STRATCOM culminated in a worldwide 65D DCO/teleconference with LTC John Balser as the main speaker. He addressed the many issues discussed during the STRATCOM and the way ahead for PA’s. He emphasized taking control of our careers as we are at strength and the Army is facing a drawdown, which will likely not increase our objective force end strength or our senior billets. He stated that promotion is not a privilege; it is given to people who have demonstrated potential for the future. He touched on the new OER system; the optional support form, the 360 degree Multi-Source Update and Feedback (MSAF) option (peer, subordinate, supervisor evaluation), the box check for CPT’s, and Senior Rater successive assignments. He discussed the new 9 month Boots on the Ground (BOG) that will go into effect 1 FEB 2012. Professional Filler System (PROFIS) PA’s will stay for the entire 9 months.

The DCO closed with several PA’s making comments. MAJ Kathy Schultz commented that she was glad to see the numbers of folks participating in milbook. MAJ Rodney Dycus is active in Germany as the USAEUR PA, conducting assistance visits and meeting with all the PA’s in Europe. LTC Patrick Sherman is the Program Manager for the General Surgery program at Tripler. He stated that the program may soon be a Doctorate of Clinical Sciences (DSc) and that it is going well. It is a tough program, labor and time intensive, with some residents seeing many hours in the OR. He sees the potential for their utilization in the MEDDACs and MEDCENs as well as in the medical operational units. The next DCO will be in DEC/JAN 12.
On 25 June 2011, the SP Corps held its annual Strategic Conference in San Antonio. Below are some thoughts from LTC Balser,

Physician Assistant attendance was good. We had representation from our SAB members, those in command, National Guard, Reserves, Education and Training, and local Specialist Corps (SP) officers who wanted to participate.

We were allowed time to break away from the SP Corps Track for a couple hours and discuss PA issues and initiatives.

The more presentations given, it was apparent cross-pollination of our four Areas of Concentration (AOCs) was being conducted during the presentations in the form of discussions and as side-bars during the breaks. PAs at the conference learned more about the other 3 AOCs (Physical Therapy, Occupational Therapy, Dietician) and what they bring to Army Medicine. As well it can be said for the other AOCs about the PAs.

The PA community just ten years ago was around 500 strong and a close knit group. The last ten years have consumed many of us into our own worlds, with our units, deploying, and becoming more independent. We are currently around 900 strong and the deployment pace is starting to decline. The ability to practice medicine under supervision within our Medical Treatment Facilities (MTFs) is allowing us to share our medical knowledge, mentor each other, learn how to grow as military leaders, and the ability to use other medical resources that were not available while deployed.

As PAs we are very versatile and can become an active substitution for other AMEDD slots that are difficult to fill in the deployed setting and CONUS. As well, the overall experience individually have the PA can readily fill many positions needed throughout the AMEDD.
Fort Bragg Providers Celebrate PA Week

6 October to 12 October is National Physician Assistant Week, PAs from Fort Bragg celebrated PA Week alongside Womack’s Phase II Interservice PA Students. The events were hosted by MAJ Amelia Duran-Stanton. If you have ever worked with Amelia, you know that she doesn’t do anything second class. The week was filled with exciting events which included “Take your PA to Breakfast”, a PA luncheon with senior Fort Bragg PAs and physicians as guest speakers, a visit to the Stead Center at Duke University— the home of PA Medicine, and a potluck hosted by the Methodist University PA Program. It was a great week for PAs to get reacquainted and to learn about our historic past. GREAT JOB AMELIA!
FORT BRAGG CELEBRATES NATIONAL PA WEEK

National PA Week is celebrated every year from October 6-12. It is a time to support, celebrate and recognize PAs, and increase public awareness of the PA profession.

Scheduled events:

- Wednesday, October 5th 1000-1200 PA Week kickoff
  The Stead Center, 1121 Slater Rd Durham, NC

- Thursday, October 6th 1100-1300 Potluck hosted by Methodist University
  5107 College Center Dr (Medical Science Complex), spouses welcome!

- Tuesday, October 11th 1100-1300 Fort Bragg PA luncheon w/ guest speakers
  Reserved area of WAMC dining facility, spouses welcome!

- Wednesday, October 12th 0630-0800 “Bring your PA to breakfast”
  WAMC dining facility

Each day, more than 75,000 certified physician assistants are providing patients like you with the medical care they need, when they need it. PAs help you get better when you are sick, and are committed to helping you thrive. PAs are always willing to discuss ways you and your family can prevent chronic disease and maintain a healthy lifestyle. No matter where they practice, PAs are an essential part of the health care team.

For more information, go to www.aapa.org/paweek/
Fort Bragg Providers Celebrate PA Week

Following PA Week, MAJ Duran-Stanton was interviewed about PAs via the Paraglide, Fort Bragg’s post newspaper. Below is an example of some of the questions she was asked and her candid responses.

Q. Where do Fort Bragg PAs practice?
A. Physician assistants are highly versatile. The majority of physician assistants in Fort Bragg are primary care clinicians. We also have PAs in other subspecialties such as Orthopaedics surgery, emergency medicine, and preventive medicine as well as several leadership positions such as senior staff and commanders.

Q. How did this week’s activities raise awareness of what PAs do on Fort Bragg and downrange?
A. The events this week not only provided public awareness of what physician assistants are and what they do for the Fort Bragg community through flyers, brochures, public announcements and immediate release documents in the importance of preventive care, the events also highlighted and provided awareness to existing PAs and current Womack Army Medical Center Interservice Physician Assistant Program (WAMC IPAP) physician assistant students a historic perspective of our profession. Our visit at the Stead Center and Duke University PA Program in Durham, NC showed us first hand the proud history of the physician assistant profession. Notably, Dr. Eugene Stead, Jr., the founder of the PA profession, used former military corpsmen as his first physician assistant students at Duke University who graduated on October 6, 1967 which is why October 6 was initially celebrated as "PA Day" and October 6 was also serendipitously Dr. Stead’s birthday. Furthermore, our continued collaborations with the Methodist University PA Program give a sense of community and sharing our experiences with fellow and future PAs in Fayetteville. Our Fort Bragg PA luncheon at the Womack Army Medical Center dining facility showed the continued commitment and support of our Commander, COL Brian Canfield, and the WAMC IPAP Medical Director, Dr. Y. Sammy Choi. The luncheon also showcased the senior Fort Bragg physician assistant leaders who were in attendance as guest speakers, LTC Tom Schumacher, the WAMC WTB Commander, MAJ Robert Heath, the XVIII Airborne Corps Deputy Surgeon, MAJ John Detro, the 240th Forward Surgical Team Commander. The PA students and potential PA students in attendance learned directly from these leaders what they needed to do in order to succeed as PAs and as Army leaders in general. Non-military personnel who were able to see the physician assistants and students throughout the week were able to know what we do and what is required to become a military physician assistant so we basically became recruiters for the week which will benefit our program in the long run especially when we continue to do these events.
Fort Bragg Providers Celebrate PA Week

Why should new recruits go into the PA program and how long does training take?

A. The Interservice Physician Assistant Program is for two years. Phase 1 is the didactic component of the training which is at Fort Sam Houston, Texas. Phase 2 is the clinical component at different military hospitals where they put to use what they learned in the classroom during Phase 1. Womack Army Medical Center is one of the Phase 2 sites where I am the clinical coordinator. The training is intense, challenging, competitive and highly rewarding. What makes our program stand out from other PA programs is that the students are required to maintain a high level of professionalism because they are still required to adhere to military standards. Those who are not yet officers will be commissioned as first lieutenants and obtain a Master in Physician Assistant Studies through the University of Nebraska Medical Center. There are also several Long Term Health Education Training (LTHET) and leadership positions available to Army PAs especially in the fields of education, research, Orthopaedics, emergency medicine, and general surgery. If there are individuals reading this who wants to be challenged, want to be around Soldiers, take care of patients throughout all of the levels of their care, want to be mentored by respected leaders and become respected leaders themselves, I challenge them to look into becoming an Army physician assistant.

What are some of the duties of an Army PA?

A. Army PAs plan, organize, perform, and supervise troop medical care at Levels I and II (unit and division level); they direct services, teach and train enlisted medics, perform as medical platoon leader or officer-in-charge in designated units. They function as special staff officers to commanders, providing professional advice on medically-related matters pertinent to unit readiness and unit mission. Army PAs participate in the delivery of health care to all categories of eligible beneficiaries; prescribe courses of treatment and medication when required, consistent with their capabilities and privileges. Specialty trained Army PAs provide care in orthopedics, emergency medicine, occupational health, cardiac perfusion, and aviation medicine. In the absence of a physician, the PA is the primary source of advice to determine the medical necessity, priority, and requirements for patient evacuation, and initial emergency care and stabilization. Army PAs function as the medical staff officer at battalion, brigade, division, corps, and higher headquarters, and in joint commands, advising the surgeon and the commander of the respective command on medical matters relative to PA practice.

Q. If someone is interested in becoming a PA, who should they contact?

A. The Womack Army Medical Center IPAP has a website at this URL: http://www.wamc.amedd.army.mil/dme/GME/ipap/Pages/default.aspx

The USAREC website that outlines all the requirements for potential Army PAs: http://www.usarec.army.mil/armypa/ Dawn L Orta, PA-C, MAJ, SP Interservice Physician Assistant Program Manager.
New Guidance on Women’s Deployment Screening

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL MEDICAL COMMANDS

SUBJECT: Women’s Deployment Health Screening Requirements

1. References:


2. Purpose:

   a. To communicate the elimination of specific deployment health screening requirements for women service members.

   b. To communicate the elimination of MEDPROS Women’s Readiness Module (WRM).

   c. To emphasize the continued importance of delivery of evidence-based women’s preventive health services despite elimination of the requirement for women’s deployment health screening.

3. Proponent: The proponent for this policy is the Assistant Chief of Staff for Health Policy and Services, Medical Readiness and Standards.

4. Responsibilities: The Regional Medical Commands are responsible for the execution of this policy.

5. Policy:

   a. Women-specific preventive health screening tests (e.g., Cervical cancer screening, Chlamydia testing and, Mammogram screening, etc.) are no longer requisites for deployment readiness.

*This policy supersedes OTSG/MEDCOM Policy 11-054, 24 Jun 11, subject: Women’s Readiness.
New Guidance on Women’s Deployment Screening

MCHO-CL-C
SUBJECT: Women’s Deployment Health Screening Requirements

b. Use of the MEDPROS WRM.

(1) Use of the MEDPROS WRM as a component of the deployment readiness assessment is to terminate immediately.

(2) The MEDPROS WRM will not be an available field in MEDPROS effective 15 Jan 12.

6. These new guidelines do not change present Unit Status Report reporting criteria.

7. This policy does not change our commitment to the delivery of evidence-based preventive health services to female Soldiers. Healthcare providers must ensure that limitations are documented and communicated through eProfile. Routing screening PAP tests for women in a deployed environment may be deferred until redeployment when, in the judgment of the senior medical officer, deferment would not adversely affect the health of the Soldier.

FOR THE COMMANDER:

[Signature]

HERBERT A. COLEY
Chief of Staff
Saxe Wins Ledford Research Award

On 20 June 2011, at the AMEDD Museum, LTG (Ret) Frank Ledford awarded MAJ Jonathan Saxe the 1st recipient of the LTG Ledford Post-Graduate PA Award. During the years when LTG (Ret) Ledford was The Surgeon General, he was an advocate for the PAs and pushed hard for their commissioning on 4 February 1992.

MAJ Jonathan Saxe is currently at the Evans Army Community Hospital at Fort Carson, Colorado and working as a Intensivist in the Surgery Clinic.

Background of the Award:

Left to Right: MAJ Jonathan Saxe and LTG (Ret) Frank Ledford

The Lieutenant General Frank Ledford Award is awarded to the most outstanding Doctorate Candidate in Physician Assistant studies. Nominees for this award must be certified by National Commission on Certification of Physician Assistants, in good standing at credentials, and a postgraduate student of a residency programs (Orthopedics, Emergency Medicine, and General Surgery - Intensivist).

LTG (Ret) Frank Ledford 37th Surgeon General
Soldier Dies from Rabies

Below is a short article that appeared in the Watertown Daily Times on 4 September, 2011. This article is followed by a news release from the Army Medical Department (AMEDD).

Fort Drum Soldier Dies of Rabies

The Fort Drum soldier who recently contracted rabies while serving in Afghanistan has died.

Fort Drum officials said in a press release that Specialist Kevin R. Shumaker, 24, a 10th Mountain Division soldier, died Wednesday in an unspecified stateside hospital.

The circumstances surrounding how and where he contracted the illness remain under investigation, although he did not contract rabies in New York, military officials said. But a source in the north country community told the Times last month that the soldier had been bitten by a dog in Afghanistan.

Military officials had said that the soldier was diagnosed with rabies on Aug. 19. After that news was released, a spokesman for the national Centers for Disease Control and Prevention said the public should not be alarmed.

Army Medicine Seeks To ID, Treat Soldiers Potentially Exposed to Rabies Virus

A Fort Drum, N.Y. Soldier, who recently returned from Afghanistan, died from rabies after contracting the disease from a feral dog while deployed.

The Army has initiated an investigation to ensure that other service members who may have been exposed to rabies are identified and receive preventive treatment, if needed.

The Army Medical Department along with the Department of Defense (DOD), other uniformed services and the national Centers for Disease Control and Prevention are working together to expeditiously identify, evaluate and treat any service members, DOD civilians and contractors who may have been exposed to the disease while deployed. Individuals who have already been identified as being exposed to the disease while deployed are currently receiving appropriate evaluation and treatment.

The importance of receiving appropriate medical evaluation following contact with a feral/stray animal cannot be overstated. Rabies may not show any signs or symptoms in the infected animal until late in the disease, often just days before its death. The animal can, however, still spread the deadly virus while appearing completely normal.

The rabies virus is transmitted to humans by the saliva of infected animals through bite wounds, contact with mucous membranes or broken skin. Humans can become infected and harbor the virus for weeks to months, and in extremely rare cases, years before becoming ill. During this incubation period, which averages between one and three months, rabies can be prevented with appropriate treatment, including a series of vaccinations. Once symptoms occur, however, death is almost always certain.
All previously deployed Service Members, since March 2010 (Active or Reserve Component, as well as those recently discharged from military service); DOD civilians and contractors who have had contact with a feral/stray animal while deployed should be immediately evaluated by medical personnel. Army Medicine and the DOD are committed to ensuring that anyone who believes they may have been exposed while deployed is provided with appropriate medical evaluation and care.

The Army Medical Department and the DOD is dedicated to ensuring the health and well-being of all Service Members, DOD civilians and contractors.

We ask the friends and families of those returning from a deployment after March 2010 to encourage anyone that may have been exposed to seek medical attention, even if no symptoms are readily apparent.

Call the Wounded Warrior & Family Hotline at 1-800-984-8523 (Stateside DSN: 421-3700 or Overseas DSN: 312-421-3700) for information on obtaining a medical evaluation and, if necessary, treatment.

Screening questions to identify FORSCOM Soldiers who potentially were exposed to rabies since 1 March 2010 while deployed

(1) SINCE 1 MARCH 2010 DURING DEPLOYMENT, were you BITTEN by a warm-blooded animal such as DOG, CAT, BAT, FOX, SKUNK, RACCOON OR JACKAL, or did you have CONTACT WITH THE SALIVA of one or more of these animals?

(Circle one) YES UNSURE NO

- If Yes or Unsure, go to question (2).
- If No, Stop. Soldiers who have concerns about similar exposures that occurred when stationed in garrison (not during deployment) are encouraged to obtain medical evaluation as well. Home pet dogs and cats in garrison that are known by the Soldier to be up-to-date on rabies vaccination, as well as military working dogs, are not considered a risk for transmitting rabies.

(2) Are you 100% CONFIDENT that you received a COMPLETE MEDICAL EVALUATION, COMPLETE COURSE OF RABIES POST-EXPOSURE PROPHYLAXIS (PEP), and COMPLETE DOCUMENTATION BY A MEDICAL PROVIDER following an exposure incident?

(Circle one) NO UNSURE YES

- If No or Unsure – Soldier must be referred as soon as possible to the Post/Garrison Rabies Response Team and/or Department of Preventive Medicine at the supporting Medical Treatment Facility for further medical evaluation.
- If Yes, Stop. The screening is complete, and the Soldier is cleared.

Please print clearly in all spaces:

Name (Last, First, Ml)/Rank: ______________________________________
Social Security Number: ______________________________________
Unit: ___________________________ Unit Phone: ______________________
Telephone Number for Soldier contact after duty hours: (###) ###-####: (____)________________________________

Unit Leadership or Medical Reviewer completes below the line:

Date: ___________ Unit Leader or Medical Reviewer Name/Rank: _______________________

Check one: Cleared: ________ Referred to Rabies Response Team: ________
Expect the Unexpected!

By Major John Detro, SAPA Editor:

Several weeks preceding the 44th Medical Brigade Expert Field Medical Badge (EFMB) Course, I was asked to provide medical oversight for the event. In addition, I was tasked with providing medical treatment at the finish line of the 12 mile road march. Anyone who has ever finished or watched the finish of an EFMB event can tell you folks drive hard to reach the finish line under 3 hours in order to earn the coveted EFMB. I have never seen an EFMB road march where someone did not require evacuation to the local hospital for either heat injury, hypoglycemia, or both.

The night preceding the event, my FST set up two air conditioned tents while placing 6 litters in each tent. In addition, we setup a generator for each tent allowing for air conditioning and lighting. In addition, we placed a cooler in each tent. We placed another 20 litters on the outside of the tents. Since we set up the night before, a Soldier was left behind to guard the equipment. The majority of my medics had never participated in an EFMB and were less than thrilled about setting up the night before. However, the road march started at 0500 and there would be no time to prepare in the morning.

The morning of the road march, we picked up ice to place with water on top of bed sheets to form ice sheets. We filled several drinking containers with ice filled water. Next, we ensured all personnel were assigned a duty position. The morning was cool (70s) with a heat category of 0. However, the humidity was 95% and the air was still. Despite the humidity, I did not feel it was a day that would lead to 43 heat injuries and the EFMB making national news.

Immediately after the road march began, we established duty positions amongst the nurses, CRNAs, and medics. Within an hour, it was evident that a MASCAL was eminent. A call came over the radio, the road march OIC MAJ Ken Lutz had established a Casualty Collection Point (CCP) at the seven mile mark along Longstreet. The 4 assigned military ambulances were all working to move heat injured Soldiers to the hospital (if LOC) or the treatment tents. I asked the medical operations officer, who did an amazing job of creating CCPs and controlling evacuation, to activate the EMS service.
Casualties began to pour into the tents. Medical Operations launched a bus to a casualty collection point to pick up stable patients and pull competitors from the course who were unable to make the 3 hour time limit. Ultimately, the EMS Response Team arrived to assist at the scene. In addition, medics, physicians, nurses, and physician assistants who had arrived to watch their Soldiers finish volunteered to help in the tents or outside with those less severely affected.

Eventually, all Soldiers without a chance to finish under the allotted time were pulled from the course and brought to the finish line for medical evaluation. After several days, all heat injured Soldiers were discharged from the hospital.

COL frank Christopher, DCCS, Womack Army Medical Center credited the safety precautions and quick action in the field with preventing more serious injuries and limiting the number of soldiers needing to be taken to the hospital by Fort Bragg and Cumberland County medics. "They established treatment teams on site that were able to preemptively treat most of those patients," Christopher said. "Due to their efforts, a lot of those patients were treated and released that if otherwise unattended could have gotten a lot worse."

Although a 12 mile road march in temperatures in the 70s may appear to be a routine training event, it is not. While planning for any form of medical coverage, it is important to always “expect the unexpected.” By over planning and over preparing for medical support, it becomes possible to be proactive versus reactive. I have learned from my 8 combat deployments to always over plan, over prepare, and never consider a mission or training event routine. There is no such thing as routine medical coverage. Our Soldiers and their families expect us to always provide World class medical coverage. This should be our mantra in preparing and executing medical treatment in both peacetime and during combat.

Note: Eventually, all 12 heat injured Soldiers were discharged from Womack Army Medical Center and are expected to make a full recovery.
Opportunities During Resident ILE Course

Editors Note: MAJ Kane Morgan is the second Physician Assistant to attend the Resident ILE Course at Fort Leavenworth. I asked him to write a short article about his experience during a 2 week visit to England to train alongside their mid level officers. I attended the program a few years ago and found the experience invaluable in my professional development. Opportunities abound during the resident course. Each classroom has 16 students from all branches along with 2 international students each. In addition, students from various countries come to Leavenworth for 2 week programs to work alongside ILE students. During the course students have the opportunity to earn Master’s degrees, obtain multiple Additional Skill Identifiers (ASIs), travel to England, France, or Australia (where I attended), and listen to internationally renowned political figures and senior military leaders. Below is Kane’s story.

Attending the resident Intermediate Level Education (ILE) at the Command and General Staff College (CGSC) offers unique opportunities that are not available at the satellite locations. One of these opportunities is attending an exchange with a foreign country’s equivalent to ILE. I was fortunate to attend one of exchanges with the United Kingdoms Intermediate Command and Staff Course – Land Component (ICSC) located in Shrivenham, England.

The exchange between the US and UK Armies consisted of two parts. The first saw the ICSC students traveling to Fort Leavenworth for two weeks in June to participate in Exercise Eagle Owl, a planning exercise using both the Military Decision Making Process (MDMP) and Combat Estimate Model. The second part was when 15 ILE students traveled to the UK to attend the ICSC courses and participate in a staff ride of Operations Goodwood and Cobra. During both of these exchanges we were able to discuss with our counterparts on the many challenges that face both of our Armies. From these discussions we came to understand how closely related our armies are, especially with current issues that are impacting both including budget cuts, downsizing, while still working to continue innovation for the years to come. During the staff ride we reviewed issues that impacted operations for both the U.K. Army and U.S. Army during Operation Cobra and Goodwood, respectively. Additionally, we conversed how our current Armies might address these issues if faced during battle.

The exchange gave all participants a better appreciation for either others Army and allowed to us to develop lifelong friendship with our fellow brothers at arms.

Deciding to attend the resident course is not an easy decision. Many factors come into play– moving the family, PCSing to a new duty station among others. However, when your time comes to attend ILE and you are due for a change of station or are looking for a challenging but rewarding course– I recommend you compete for the Resident ILE Course.
Long Term Health Education and Training

Courtesy of LTC Pam Roof

The new LTHET message will be coming out in November which will give everyone about 6 months to get things together for the board. The validation process is taking place now so don’t want to tell you what we are offering until it gets final approval. I do have the FY12 PPSCP schedule (Attached) if you want to put that in the newsletter. Those wanting to attend one of the PPSCP courses needs to submit a DA 3838 to the project officer on the schedule at least 60 days prior to the course in hopes of getting central funding.

### SP Post-Professional Short Course Program (PPSCP) FY12

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<th>Course Title</th>
<th>BR</th>
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<td>SP</td>
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<td>6H-A0609</td>
<td>17-28 Oct 2011</td>
<td>Ft Sam Houston, TX 78234</td>
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<td>COL Douglas A. Kersey Adv Clin &amp; Operational Pract Course</td>
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<td>Ft Garmisch, Germany 82467</td>
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<td>ASER</td>
<td>6H-A0627</td>
<td>16-27 Apr 2012</td>
<td>Ft Hood, TX 76544</td>
<td>CPT John Demberly</td>
<td>254-553-9917</td>
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<td>SP</td>
<td>ASTS</td>
<td>6H-A0632</td>
<td>30 Apr-4 May 2012</td>
<td>San Antonio, TX 78202</td>
<td>MAJ Mark Thelein</td>
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<td>6H-A0614</td>
<td>7-11 May 2012</td>
<td>San Antonio, TX 78202</td>
<td>MAJ Duran-Stanton and CPT Kocher</td>
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<td>6H-A0626</td>
<td>18-29 June 2012</td>
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<td>Management of Combat Stress Casualties</td>
<td>SP</td>
<td>ASCS</td>
<td>6H-300/A0620</td>
<td>17-25 Aug 2012</td>
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<td>ASFN</td>
<td>6H-300/A0619</td>
<td>5-14 Sep 2012</td>
<td>Camp Bullis, TX 78256</td>
<td>CPT Sean Spanbauer</td>
<td>210-295-4482</td>
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Interservice Physician Assistant Program Update

Recently, there have been significant changes to the application process and requirements for the upcoming IPAP Selection Board. These changes will dramatically affect enlisted Soldiers (Time in Service-TIS) and officers (Time in Service/Time in Grade). Below are the changes provided by MAJ Schultz.

1. PA letter of recommendation: The applicant must have 40 shadowing hours with the PA and those hours needs to be addressed on USAREC Form 195. An additions memorandum may be written. How you choose to do those shadowing hours over what time frame is up to you. I am open to any questions you may have on this issue.

2. Time in Service: As of 01 Jan 2013, no more than 15 years Active Federal Service and Officer cannot have more than 5 years constructive credit. IE MSC officer with 9 years commissioned time with 4.5 years constructive credit as of 01 Jan 2013 may apply. Yet, an SP officer (who keeps their TIS) would not be able to apply, because their constructive credit would be 9 years.

3. Age as of 01 July 2015: By law (DODI 6000.12 and AR 601-100) regular Army enlisted cannot commission past their 42nd birthday. AGE for USAR: USARA Enlisted maximum age qualification less than 47 years of age.

4. Science classes cannot be over 10 years old at the start of IPAP.

5. Medical terminology is required. This can be from MOS, Army correspondence course, in a classroom or on line.

6. No P2 profiles except hearing. Exceptions can be requested, via email to MAJ Orta at ipap@usarec.army.mil.

7. Statistics will not count for college algebra, because folks with only statistics did not do well in chemistry.

8. Requirements Completion Course (RCC) SAT combined score of >1100 (math plus reading).

9. Active Duty Service Obligation or ADSO is 54 months for RA and 8 years for USAR.
Battalion Medical Officer Course (BMOC) Update

By Major Pat O’Neil, Deputy Director, Center for Predeployment Medicine (CPDM)

History: After multiple Brigade and Division Surgeons commented on the lack of experience and knowledge of the Battalion PA’s, it was recommended that a Battalion Medical Officer Course be established at the AMEDD Center and School. The course would be ten days in duration and would primarily cover all the administrative duties of the PA at the battalion level. Just as there were Division Surgeon and Brigade Surgeon Courses, this new course would instruct the students in how to succeed in the entry level position of a Battalion PA.

The initial course development was done by the PA’s at the Tactical Combat Medical Care Course. This group of highly experienced retired and active duty Army PA’s came up with an initial Program of Instruction and concentrated on what a PA would need to know to survive as a Bn PA.

Justification Letters, Decision Briefs, and Business Cost Analysis were then done for the proposed course. However, this is where we started to receive some “push back” on initiating a new course. As we all know, budgets are shrinking. Within the AMEDD C&S and the Academy of Health Sciences, most courses have been directed to cut their budgets by one-third. Where would the money come from to fund this new course? How would we man this course that would only be run four to five times per year, for just a ten day period each class? There were other concerns, but these were the cause of the initial resistance to the new course. The final “nail in the coffin” to the proposed Battalion Medical Officer Course came in the form of some very simple logic.

Q. Where do all 2nd Lieutenants get their initial training for their entry level positions they are about to go to?

A. The Basic Officer Leadership Course (BOLC).

Q. The next obvious question was, “Could our PA’s get that training within BOLC?”

A. The answer was “yes,” if the Tactical Combat Medical Care Course was taken out of the 2nd week of the BOLC PA track, where it currently resides. The decision was made to remove the TCMC course from BOLC. The new PA’s would receive that training just prior to their deploying to a theater of combat, when it would be more beneficial to them.
We are currently working on a Battalion Medical Officer Guide that should be ready in December or January of next year.

Battalion Medical Officer Course (BMOC) Update

Q. What about the Guard and Reserve PA’s that don’t go to the AMEDD BOLC?
A. An exportable training package will be sent to every Phase II Clinical Site. The PH II Coordinator will then use the weekly allotted time given to him to instruct and familiarize the National Guard and Reserve PA’s with this info. This will also capture those PA’s that were commissioned previously in another branch and will not have to attend AMEDD BOLC. The Active Duty PA’s will also get this training at their PH II sites, and will get it again in BOLC as reinforcement training. This was the only way to capture the Compo 2 and 3 PA’s, along with those that were previously commissioned.

Q. What about the PA’s that have already graduated the AMEDD BOLC? How do they get this training?
A. We are currently working on a Battalion Medical Officer Guide that should be ready in December or January of next year. We also hope to have many of the classes in a CD version that can be given to PA’s. Mentors and peers are also great resources.

Q. Who will fund the course?
A. Because the students are already in BOLC, there will be no additional costs for lodging, travel, or per diem. Additional costs for student handbooks will be minimal and will be the responsibility of the Leadership Development Branch of the Academy of Health Sciences.

Q. Where will the instructors for the course come from?
A. The Interservice PA Program, led by COL Gross and MAJ Jeff Oliver, have committed to staffing the PA track for the 10 day course duration. The course will run approximately four times per year.

Since early July, there have been several meetings with COL Gross and the IPAP, LTC Balser, and myself. It was agreed that this course of action was the most feasible and the easiest to achieve. Instead of fighting the system to get funding and manning for a new course, which would not happen anyway; this course of action will result in new PA’s receiving this training in December.

The end result should be a PA that is more confident and prepared to accept the challenges of becoming a battalion medical officer.
Newest IPAP Phase II Coordinators

Congratulations to the following Army PAs who were recently selected as Phase II Coordinators for the Interservice Physician Assistant Program.

MAJ John Geise - Martin ACH, Ft. Benning, GA
MAJ Mike Chambers - William Beaumont AMC, Ft Bliss, TX
MAJ Jim Beecher-Blanchfield ACH, Ft Campbell, KY
MAJ Dave Hamilton-Evans ACH, Ft. Carson, CO
MAJ Doug Roach-Carl R. Darnall AMC, Ft. Hood, TX
CPT Ron Brock-Irwin ACH, Ft. Riley, KS
MAJ Stewart Miller-Tripler AMC, Honolulu, HI
MAJ Rich Acevedo-Keller ACH, West Point, NY

The IPAP Phase II Clinical Coordinators are selected via an application process through HRC, with decisions made by IPAP-FSH, TX, and the gaining MTF. There is a current call for applications for an opening at Ireland ACH, Ft. Knox, KY. Contact MAJ Amy Jackson at HRC for details:

MAJ Amy Jackson
65D Assignments Officer
Personnel Management Directorate,
HRC Fort Knox, KY

PAs Selected for Working with Industry Fellowships

Please send your congratulations to MAJ Michael Franco (65D) and MAJ David Bauder (65D) who have been selected as AMEDD’s RAND Arroyo Fellows for Academic Year 2012-2013. This is quite an honor and will place them among the few who earn the opportunity to learn from some of the country’s best researchers and apply what they learn to their Army Medical Department career field. They will serve out the fellowship at one of RAND’s Arroyo Center Army Research Division locations, at either Santa Monica, California or Arlington, Virginia.
The Interservice Physician Assistant Program (IPAP) has always been involved with community volunteer work. Recently, the Interservice Physician Assistant Student Society (IPASS) conducted two community service projects. This information was provide by Officer Candidate Nickolas Willer. The first was a food drive and the second involved volunteering at a food warehouse.

Below is a description of both charity events.

Food Drive:
- Total combined donation of food and cash equivalent: 2,897 lbs.
- Estimated number of people who will be fed for a week: 232

Warehouse volunteers (17 personnel from across all classes):
- Total food processed and sorted: 5,300 lbs.
- Number of people who will be able to eat for a week: 424

During these difficult times, it is great to see our aspiring physician assistants working to improve the lot for those in the Greater San Antonio community.
Are You Preparing for a Promotion Board?

Are you preparing for an upcoming promotion board? Below are some tips for a successful promotion board packet. This information was provided by MAJ Amy Jackson, 65D Assignments Officer.

Preparing your Board File – Cheats, Hints, and Tips
--Start NOW…don’t wait until the week before your file closes before you try to make changes. Most issues take 3-5 business days to resolve.
--If you get a new DA Photo and or Change your ORB you need to let us know so we can refresh your Board File.

HRC AWARDS: [https://www.hrc.army.mil/site/Active/tagd/awards/index.htm](https://www.hrc.army.mil/site/Active/tagd/awards/index.htm)
--If you are wearing an Iraqi Campaign Medal or an Afghanistan Campaign Medal you HAVE TO HAVE at least 1 STAR in the ribbon. See MILPER 08-123 for dates and breakdown of campaigns. 1 star is 1 campaign. 4 stars is 4 campaigns
--OSRs are annotated by numerals not oak leafs or stars
--Badges are ¼ inch above ribbons and ½ inch spaced between each other
--Regimental Crest is ¼ inch above Unit Awards
--Only wear YOUR UNIT AWARDS in your DA Photo, not your current units awards.
--Army Unit awards are to be worn to the RIGHT of other service Unit Awards.
--FEMALES: Unit Awards are ½ inch above name plate.
--Oak Leaf stems should always point to the wearers RIGHT.
--FEMALES: I highly recommend you take a female NCO or squared away peer to your photo shoot so they can address and alter your ribbons to make sure they are STRAIGHT and even with your name tape. You need to fix ribbons with top button buttoned, reach in and adjust the clasps this way to get the proper fit.
--Women be sure to wear the Long-sleeved shirt under your ASU not the short sleeve shirt. It is an obvious difference.
Are You Preparing for a Promotion Board?

OERS:
Check the IWRs before inquiring about submitted or missing OERs. https://knoxrhc16.hrc.army.mil/iwrs/
to correct an inverted, misfiled, incorrect, unreadable, or duplicate OER email:
hrc.tagd.evalappeals@conus.army.mil
Questions comments or concerns for OERS can be addressed at
hrc.tagd.evalpolicy@conus.army.mil
502.613.9019 or DSN 983-9019

OMPF:
Your local S1 has the capability to upload Board Priority Documents. MILPER 10-322 and
MILPER 11-112 Para 6.B
****DON’T FORGET YOUR BATCH NUMBER****
Issues with duplicates, misfile, incorrect, unreadable documents should be sent to
hrc.ipermbsboardsupport@conus.army.mil or call 502.613.8995
When sending an email be specific to the Title of the Document as listed in your OMPF, the actual document, dates of
document, your name, SSN, and BOARD PRIORITY.
They say they upload board priority documents in 48 hours.
(Non-board related requests can be sent in ALL YEAR to perms.records@conus.army.mil
502.613.9990)

My Board File: https://www.hrc.army.mil/portal/?page=active.record.mbf
How does this work? When you upload or delete a document in your OMPF it takes up to
72 hours for it to reflect in your Board File. It first has to be changed or added in your
OMPF then it syncs to your Board File. Your Board File is fed by your OMPF. You can’t
change your Board file without changing your OMPF.

OSR: You DO NOT get an OSR for 6 months in Iraq or Afghanistan. Many of you have
memorandums that you think state they do. Make sure it doesn’t say, Overseas Service
Bar. It is different. One is on your sleeve the other is on your Ribbon rack.
Question 4: How long do I have to serve in Iraq or Afghanistan to be awarded the OSR?
Answer 4: Overseas tour credit is outlined in AR 614-30. Provided below is a clarification
statement the proponent to AR 614-30 has provided our office:
Are You Preparing for a Promotion Board?

"Soldiers who serve a minimum of 11 cumulative months or 9 continuous months in a TCS/TDY status get credit for a completed short tour. Your reference is AR 614-30 (23 Sep 04), Table 3-2, rules 5 and 7. Iraq and Afghanistan are considered isolated areas where tour lengths have not been established by DOD; therefore, the Army gives equivalent credit for periods of TCS/TDY. Also, since there is no official established DOD tour length, Soldiers cannot serve in Iraq in PCS status. To determine the overseas tour lengths refer to Table 1, Appendix Q, Joint Federal Travel Regulations (JFTR), Volume I. You will not find a tour length for Afghanistan or Iraq."

LOST AMEDD CENTER AND SCHOOL CERTIFICATES:
If you are missing an old certificate from and AMEDD C&S course you can contact the school registrar and they can recreate it for you. Webpage: http://www.cs.amedd.army.mil/details.aspx?dt=125
Email: registrar@amedd.army.mil
Phone: (210) 221-6207 DSN:471-6207
ILE Registrar
US army command and general staff college, Fort Leavenworth, Kansas 66027-6900
Kenneth Norris is the named Registrar in global there is a TRADOC Kenneth Norris listed at 913.684.2545 kenneth.a.norris@us.army.mil

TRANSCRIPTS:
Only official transcripts are authorized for inclusion in the OMPF. Official transcripts are defined as transcripts issued directly from your university sent to HRC in a sealed envelope. Additionally, only transcripts that confer a degree are authorized. Transcripts that list transfer credit only or credit awarded by a university where no degree was earned are not authorized.
Are You Preparing for a Promotion Board?

Other useful Hints

-Most of you should probably have a star in your NDSM for service

AR 600-8-22 2-10b. b. It is awarded for honorable active service for any period between 27 June 1950 and 27 July 1954, both dates inclusive; between 1 January 1961 and 14 August 1974, both dates inclusive; between 2 August 1990 and 30 November 1995; and from 11 September 2001 to a date to be determined. During these periods, service members in the following categories will not be eligible for the NDSM:

-Do not confuse OVERSEAS SERVICE BAR (worn on right sleeve) with your OVERSEAS SERVICE RIBBON (worn with your ribbons). BLUFF- 6 months at combat gets you one Service Bar on the right sleeve. Stationed in Germany with a completed tour, gets you 1 service ribbon for your awards. Or 9 months consecutively deployed.

-If you have 3 overseas service assignments you should wear the OSR with a Bronze Number 3 in it. It is different from your awards.

-If you have one campaign in Iraq or Afghanistan as mentioned above you have to have at least 1 star in the ribbon. If you have 3 campaigns in Iraq you then wear 3 stars in the ribbon. The ribbon does NOT count as the number 1. MILPER 08-123

-Deployment after 01 SEPT 2010 to Iraq as Operation New Dawn does NOT start a new campaign phase.

-If you don’t have a CSIB produced see the ALARCT 173/2011 on what to wear.
The Society of Air Force PA’s (SAFPA)

Is proud to announce

A Continuum of Care: Fiesta Style

9 - 12 November 2011
At the Drury Plaza Hotel
on the beautiful Riverwalk
in San Antonio, TX

Mark your calendar today for a phenomenal CME
offering up to 25+ Category I hours

Contact the Conference Chairs below for additional info or the SAFPA website

Timothy.Howerton@amedd.army.mil
Patricia.Lucas.1@amedd.army.mil

Or

http://www.safpa.org and click on the Conference link
for more information on the special hotel rates and online booking
European PA Refresher Course
(Last years conference was approved for 40 CME's)
27 February to 2 March 2012
Garmish, Germany

For more information contact:

MAJ Michael Smith:
michael.p.smith2@us.army.mil
Eric Klage:
eric.klage@us.army.mil
MAJ Rodney Dycus
rodney.dycus@us.army.mil
Edelweiss Lodge and Resort Conference Agreement Proposal

Conference Information

Conference Name: Winter SEPA

Reservation Information

Arrival Date: Saturday, 25, February 2012 Departure Date: Saturday, 3, March 2012

Reservation Code: 1202EUROPE

Total Number of Rooms: 771

Final Room Number/Requirements Due:
The grid below outlines your rooms and nightly rates during the complete conference package

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Subject to availability, rates for those guests staying before and after the conference are: $114.00 for Standard Rooms (except for holiday time elements)

Generic Schedule

Saturday, 25 February
PM Pre Conference Arrivals - $114 room rate (no package)

Sunday, 26 February
PM Conference Check In (after 1500 hrs)
PM Dinner (On Own)

Monday - Thursday, 27 February – 1 March
AM Breakfast (pkg)
AM Conference Session w/ upgraded coffee break
Midday Lunch (pkg, conference center buffet)
PM Conference Session w/ upgraded coffee break
PM Dinner (On Own – Ice Breaker @ $27 Per Person on Monday)

Friday, 2 March
AM Breakfast (pkg)
AM Conference Session w/ upgraded coffee break (if necessary)
Midday Lunch (pkg)

**Hotel checkout before 1100 hrs

Conference attendees without sleeping accommodations at the Edelweiss Lodge and Resort will be charged approximately $40-55 per person per day payable at registration. All personnel attending conference, not staying at Edelweiss Lodge & Resort and not covered under the contract, are subject to the above conference charge. Conference POC will be responsible for providing roster and collecting fees for those attending conference activities but not staying at the Edelweiss Lodge and Resort.

Additional charges: When a conferee wishes to bring along a spouse (non-conferee), the conferee will be charged the single occupancy package price and there will be no additional room charge for the spouse. For more than two adults (17 & older), there will be a $10 charge to the room. Children 17 years of age and under stay free in parents room on available bed space. However, if a cot or sofa bed is needed, a $6.00 per night charge will apply, cribs are $3.00 per night. Meals for spouses are not included. There are limited numbers of family rooms available and due to fire regulations we must limit the number of children according to the size of the room. Reservations for families must therefore be closely coordinated with our reservations office to avoid any misunderstandings.
Social Security Benefit

Below is a message sent out to USSOCOM Care Coalition members regarding Social Security Benefits for Soldiers serving from January 1957 till December 31, 2001.

Subject: Social Security

Good Afternoon All,

Not sure who all already has this information but just in case. Please pass to your troops or individuals who have served or retired from the military. DD FORM 214 -- SOCIAL SECURITY BENEFIT Please share this with anyone who’s had active duty service between January 1957 to December 31, 2001 and planning for retirement. In a nutshell it boils down to this:

You qualify for a higher social security payment because of your Military service, for active duty any time from 1957 through 2001 (the program was done away with 1 January 2002). Up to $1200 per year of earnings credit credited at time of application - which can make a substantial difference in social security monthly payments upon your retirement. You must bring your DD-214 to the Social Security Office and you must ask for this benefit to receive it! It is NOT just for military retirees, BUT anyone who has served on active duty between January 1957 to December 31, 2001. For more information visit the Social Security Administration’s website.

SAPA Membership News

Retirements/ETS

The SAPA Leadership would like to thank the following PAs for their service to the US Army and our Nation. They will leave the military in the next several months. Please wish them luck with their new endeavors.

MAJ Troy Bidez
CPT David Berg
MAJ Rachelle Beseman
CPT David Beutler
CPT Terry Blackwell
CPT Charles Bradshaw
MAJ Ken Brodie
CPT Nakia Brooks
MAJ Brian Burgemaster
MAJ Joseph Cameron
CPT Patrick Campbell
MAJ Ronald Carden
CPT Anna Chavez
CPT Avanesian Copeland
CPT Quinalin Easley
MAJ James Fulton
CPT Anisa Garcia
MAJ Jay Hardy
CPT Danielle Heikes
MAJ John Hendricks
CPT Joni Hensley
CPT Brianna Love

CPT Jeramy McCarty
MAJ Robert Nutter
MAJ Edward O’Brien
CPT Robert Olivi
CPT John Pilien
CPT Clair Reilly
CPT Robert Scavelli
LTC Michael Schiefelbein
CPT Barratt Schultz
MAJ Kathy Schultz
CPT Mark Smith
CPT Ted Snyder
CPT Joshua Soles
CPT Donald Stevenson
MAJ Franklin Tucker
MAJ Timothy West
CPT Sara Wiskow
On October 1st, 2011, San Diego Police Officer Jason Prokop was killed in a tragic auto accident. Officer Prokop was traveling from his home in Arizona to work in San Diego. Around 0300 hours, his car hit a stalled vehicle on Interstate 15. After hitting the car, Jason called 911 and asked for assistance and then he ran into the expressway to render aid to the occupant of the other vehicle. While running toward the injured occupant, he was struck by a border patrolman who was also on the way to work. Jason died from his injuries. Below is a short narrative of my memory of SSG Jason Prokop, Reserve Drill Sergeant, San Diego Policeman, and Army Ranger Medic.

Every few years a Soldier comes along who makes a great difference to your medical team while leaving a lasting impact on you and a legacy amongst his peers. SGT Jason Prokop was that Soldier. When I returned for my second tour with the 3rd Ranger Battalion, I met a young highly motivated medic named Jason Prokop. Right away, I knew he was different from the typical Ranger Medic. All Ranger medics are great Soldiers who are compassionate and will die to care for their fellow Rangers. This is exemplified by a part of a stanza within the Ranger Creed - “Never Leave a Fallen Comrade.” However, despite their love of their fellow brothers in arms, many are not great at doing what they consider the mundane but critical tasks such as performing sick call, filing medical records, ordering medical supplies, tracking profiles, caring for families, or attending meetings. Jason was different. He took great pride in doing everything possible to help both Rangers and their families. If I had to pick one word to describe Jason it would be “Caring.” He cared about everything he did and always did the best he could. During my first tour in the battalion, I developed a refractive eye surgery program. At Fort Benning, we had no facilities to perform the surgery. Quarterly, I would take a group of men to Fort Bragg to have the surgeries performed. My medics appreciated the program but were not interested in helping. Upon my return, I was comforted to see I had a medic who now ran the entire program— that medic was Jason Prokop. As Jason reached his reenlistment window, the Ranger Regiment began its military working dog program. Jason had worked with working dogs in the past and had a passion to later become a policeman. He inquired about becoming a Ranger dog handler, but the Regiment only wanted to have Infantryman fill these positions. Instead of stewing, Jason decided to leave the Army and become a San Diego Policeman. In addition, he planned on continuing his military career in the Army Reserves. In 2007, Jason became a San Diego Policeman. He was very proud of continuing his selfless service. In addition, he completed Drill Sergeant School becoming an important part of shaping future Soldiers. According to fellow officer Capt. Mark Jones “Prokop was a tremendous officer” who was well-liked. “He was the type of law officer that you wanted on your command. He was a hard worker, he was humble, and did a great job.” Jason married his lovely wife lovely Julie. They have two children Raiden 5 and Vaughn 23 months.
"Selfless Service"

Watching the video of his life during the funeral, at the Rock Church, it was evident how much he loved his wife and children. There is no doubt that they loved him just as much. Fellow Drill Sergeant, SSG Jeffery Rigsby stated, “He loved his family and his wife more than any guy I know.” During his wake, both the San Diego Police Force and his Reserve unit provided sentries to watch over his coffin as family and friends visited. The wake lasted from 1100-2000 hours to allow fellow officers working shifts to attend. His funeral was solemn but special. Police officers from all divisions within the San Diego Police Force, Sheriff’s Department, US Border Patrol, Army Reserves, and MAJ Ray Sterling (Retired Army Ranger) and myself were in attendance. William Lansdowne, Chief of Police, gave a memorable eulogy that I will never forget. He spoke of a day when the police force was moving homeless people from a park. The chief feared that the movement could become violent. When he arrived, Jason was talking to all the homeless by first name and explaining why they needed to move. The homeless people knew Jason and responded positively to Jason’s request without incident. His childhood friend Steve Chambers spoke of his character. His father Stan talked about the little things that many of us didn’t know about Jason. "He was afraid of heights even though he completed 19 jumps out of a perfectly good airplane," said Prokop's father. His partner, Jeff Swett (also a former Ranger) talked about his lack of enthusiasm the day he found out he had a new partner- “Jason said that I'll be the best partner you ever had. And he was.”

His company commander CPT Danee Cook spoke of his attention to detail, belief in always adhering to regulations, but most importantly his care for his Soldiers. She stated, “Drill Sgt. Prokop will be the standard to which I measure any soldier or human being. I respected and admired his leadership, mentorship and compassion.” SFC Edward Tubao spoke of how Jason’s fellow Soldiers looked to him for leadership. Ray Sterling spoke of Jason as an Army Ranger and his commitment to others. Ray talked about the day Jason returned to work after Ranger School. Ray said, what did you think. Jason said despite finishing the last phase with a broken ankle, he would love to do it again. Ray stated that Ranger’s “never leave a fallen comrade” and told Jason’s wife, “So Julie, you have my promise that you can always reach out to me whenever you need me.” Following the service, the funeral procession escorted Jason’s body to the El Camino Memorial Park, San Diego. His grave sits atop a beautiful hill covered by a tree overlooking a pond with a fountain.

Jason served his country admirably as an Army Ranger, Reserve Drill Sergeant, and Police Officer. His commitment to his friends, family, and country will not soon be forgotten. The San Diego Police Officer Association is collecting donations for his family at Officer Jason Prokop Family Trust, c/o San Diego Police Officers Association, 8388 Vickers Street, San Diego, CA 92111. According to the Police Department, 100% of proceeds will go directly to the Prokop family.

Ranger’s Lead The Way!

SAPA JOURNAL
The SAPA Journal staff and SAPA Board of Directors encourages membership participation in this publication. Feel free to use this forum to present your views on any topic you desire. The publication of clinical articles on any subject is also solicited, however, to reduce our workload, we do request articles be presented typed, double-spaced format, and on CD, Microsoft Word format. The editor reserves the right of final acceptance of articles as well as the right to serialize articles which are too lengthy to be included in a single issue. Articles will be accepted via email.

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