Chapter 26

ROLE OF THE COMBAT TRAINING CENTER COMMAND SURGEON

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Introduction

The National Training Center (NTC) surgeon is currently an accepted list position (ALP) filled by a physician assistant (PA) who is assigned to NTC headquarters (HQ), with duties within the US Army Medical Department Activity (USAMEDDAC). The NTC surgeon has three primary professional roles: (1) NTC surgeon; (2) director, medical management center; and (3) installation liaison for medical readiness. Historically, this position existed on the table for distribution and allowances (TDA), and the USAMEDDAC deputy commander for clinical services (DCCS) had the additional duty as the NTC surgeon but was not allocated time or resources to successfully perform in this position. Lieutenant Colonel Larry France was the first officially recognized NTC surgeon, serving in this position from March 2011 through 2014. Input from the NTC commander, US Army Forces Command (FORSCOM) surgeon, and Western Regional Medical Command has prompted a requirement for a continued fill for this position, with an end-state goal of TDA authorization for a physician assistant for HQ NTC.

The Joint Readiness Training Center (JRTC) surgeon position was formerly an ALP filled by a 65DM3 major who was assigned to HQ JRTC and Fort Polk, Louisiana. A subsequent ALP request was denied by the Office of The Surgeon General. Currently the position is identified as a 65DM3 lieutenant colonel assigned to the USAMEDDAC, with duties at HQ JRTC and Fort Polk. The lieutenant colonel serves as JRTC command surgeon as well as installation subject matter expert (SME) for medical readiness. Previously, this position was filled by
the USAMEDDAC commander, who was never afforded time or resources to successfully perform as JRTC surgeon. Input from the JRTC commander, JRTC chief of staff, FORSCOM surgeon, and USAMEDDAC Fort Polk commander has 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 USAMEDDAC DCCS. The intermediate rater is the USAMEDDAC commander (a colonel [O6]), and the senior rated is the NTC commander (filled by a one-star or two-star general officer); this rating scheme complies with Army Regulations (ARs) 623-3^1 and 40-68.2 If the NTC surgeon is senior in rank to the USAMEDDAC DCCS, he or she will be rated by the Western Regional Medical Command DCCS (filled by a colonel [O6]).

The JRTC command surgeon is currently rated by the JRTC chief of staff (O6), intermediate rated by the USAMEDDAC DCCS (O6 physician), and senior rated by the USAMEDDAC commander (O6). This rating scheme complies with AR 623-3^1 and AR 40-68.2 Once the position is a TDA authorization for the unit identification code for HQ JRTC, the 65D will be rated by the JRTC chief of staff (O6), intermediate rated by the USAMEDDAC DCCS (O6 physician), and senior rated by the commander of JRTC and Fort Polk (brigadier general).

**Unit Structure**

NTC and Fort Irwin, California, is the world-renowned premier combat training center (CTC) and annually trains 10 to 12 brigade combat teams (BCTs) or their equivalents in support of joint operational area deployments. There are approximately 5,000 active duty soldiers assigned to the training center, yet daily mission support requirements encompass roughly 20,000 when family member and civilian workforce numbers are considered. Current FORSCOM tenant units assigned to NTC and Fort Irwin with colonel (O6) command billets include the 11th Armored Calvary Regiment (the opposing forces in support of BCT rotations), 916th Sustainment Brigade, and Operations Group (covers the command and control and observer controller/trainer [OC/T]
mission in support of BCT rotations). The USAMEDDAC, Dental Activity (DENTAC), a veterinary detachment, and US Army Garrison comprise the non-FORSCOM assigned tenant units with colonel (O6) command billets as well. The NTC surgeon’s office is located within the USAMEDDAC HQ command. The staff includes a deputy NTC surgeon, a noncommissioned officer in charge (NCOIC; sergeant first class [E7], who serves as senior medical OC/T), and a sergeant (E5, who serves as the NTC surgeon’s driver).

JRTC and Fort Polk is a premier CTC and annually trains 11 to 12 BCTs in support of the Global Reaction Force mission and joint operational area deployments. Approximately 11,000 active duty soldiers are assigned to the training center. Daily mission support requirements encompass roughly 40,000 when family member and civilian workforce numbers are considered. Current FORSCOM tenant units assigned to JRTC and Fort Polk with colonel (O6) command billets include the 3rd Brigade, 10th Mountain Division, 115th Combat Support Hospital, and Operations Group (covers the command and control [C2] and OC/T mission in support of BCT rotations). USAMEDDAC, DENTAC, and US Army Garrison comprise the non-FORSCOM assigned tenant units with colonel (O6) command billets. Non-colonel (O6) command billets assigned to JRTC and Fort Polk include the 1-509th Parachute Infantry Regiment (the opposing forces in support of BCT rotations), 5th Aviation Battalion (Provisional), 519th Military Police Battalion, 46th Engineer Battalion, a veterinary detachment, and a noncommissioned officer academy. The JRTC command surgeon’s office is located in the JRTC and Fort Polk HQ building, on the first floor near the G3 section. The surgeon’s staff includes a sergeant first class noncommissioned officer in charge who runs the Joint Aid Station–Rear during unit rotations. The noncommissioned officer in charge’s office is located in the USAMEDDAC Plans Training, Mobilization, and Security section.

**Roles and Duties**

The NTC surgeon is responsible for the integration of FORSCOM, US Army Training and Doctrine Command, Army Materiel Command, and Medical Command (MEDCOM) 21st century doctrinal medical training into 10 to 12 BCT rotations per year at the NTC. Regular interface occurs with the FORSCOM surgeon’s office and MEDCOM
to ensure inbound BCTs are arrayed with organic and Professional Filler System (PROFIS) providers in support of the rotation and future BCT deployment. The NTC surgeon serves as the director of the Fort Irwin Medical Management Center and USAMEDDAC SME on medical readiness in support of the six installation commands, totaling over 5,000 active duty soldiers and senior leaders.

Additionally, the NTC surgeon assists USAMEDDAC’s patient administration division with all aspects of the Integrated Disability Evaluation System and serves as the installation SME and point of contact for all aspects of unit medical readiness tracking. The NTC surgeon provides oversight to the installation troop medical clinic daily operations as it pertains to Soldier-Centered Medical Home issues and challenges. The NTC surgeon provides Role 1 and Role 2 SME oversight to the USAMEDDAC contract providers working in the life support area warrior battalion aid station. Additionally, the NTC surgeon oversees the individual medical readiness status of the assigned senior command teams and is their conduit for healthcare access.

The JRTC command surgeon’s primary duty is to serve as the medical liaison by providing oversight of medical welfare and readiness to over 11,000 soldiers assigned to the installation. The 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 OCONUS (outside the continental United States) combat and contingency operations for units assigned to Fort Polk.
- Serving as the co-chair of the installation suicide prevention working group, liaison for the installation health promotion council, liaison to the FORSCOM surgeon, senior FORSCOM provider on the installation senior medical council, and senior mentor to the junior medical officers assigned to the FORSCOM units at Fort Polk.

As the senior aviation medicine-trained healthcare provider on the installation, the command surgeon coordinates ongoing medical operations related to aviation activities on Fort Polk and function as the aviation medicine provider for the 5th Aviation Battalion (Provisional).
The JRTC command surgeon is responsible for the integration of FORSCOM, Training and Doctrine Command, and MEDCOM doctrinal medical training into 11 to 12 BCT rotations per year at the premier CTC. The JRTC command surgeon also serves as the OC/T for medical providers during unit rotations and interfaces with the FORSCOM surgeon’s office and MEDCOM to ensure inbound BCTs are arrayed with organic and PROFIS providers in support of the rotation and future BCT deployment. The command surgeon serves as the SME on medical readiness in support of over 11,000 active duty soldiers and senior leaders. Additionally, the JRTC command surgeon oversees the individual medical readiness status of the assigned senior command teams and is their conduit for healthcare access.

**Desired Skills and Attributes**

The following are skills desired skills for the NTC or JRTC command surgeon:

- Should be a lieutenant colonel (O5), or at least a major (promotable) with verbal and military skill sets affording daily interface with senior installation commanders on strategic issues.
- Should have extensive tactical and operational experience as a PA and AMEDD officer.
- Should have had a combat deployment at the BCT or division level within 3 years of assignment.
- Should be an Intermediate Level Education graduate and be enrolled in or have completed Command General Staff College.
- Must have a strong work ethic.
- Must have solid writing skills and working knowledge of the military decision-making process.
- Must be a credentialed and privileged provider. Must be Aviation Medicine qualified for JRTC.

**Training**

The NTC surgeon will need access to the Armed Forces Health Longitudinal Technology Application (AHLTA) Composite Health Care System (CHCS), e-Profile, and Medical Protection System (MEDPROS) to maximize his or her medical readiness oversight.
Keen insight and mentoring of junior providers is required on issues pertaining to temporary and permanent profiling of active duty soldiers. Weekly interface with the USAMEDDAC DCCS and Patient Administration Division chief is to be anticipated. The NTC surgeon leads the monthly battle rhythm of face-to-face medical nonready adjudication between his or her medical management center team (chiefs of orthopedics, behavioral health, pharmacy, Patient Administration Division/Integrated Disability Evaluation System), the DCCS, and each tenant brigade-level command. Additionally, a working knowledge of and access to the AMEDD Resource Tasking System database is required in order to track MEDCOM PROFIS personnel who are task organized in support of the rotational BCT. (Task organization is the process of temporarily allocating military forces, and determining the command and support relationships, to set the conditions for achieving a particular mission; it is temporary and specific to the mission.)

The JRTC command surgeon will need AHLTA/CHCS, e-Profile, Aeromedical Electronic Resource Office, and MEDPROS access to provide medical readiness oversight, aviation medicine services, and senior leader medical care, as well as complete the OC/T 2-day academy to serve as the OC/T for medical providers during unit rotations. Additionally, a working knowledge of and access to the AMEDD Resource Training System database is required to track MEDCOM PROFIS personnel who are task organized in support of the rotational BCT.

**Additional Factors**

The NTC surgeon is currently an APL approved for a 65D lieutenant colonel (O5). NTC and Fort Irwin are located in the Mohave Desert of southern California along Interstate 15 (halfway between Los Angeles to the south and Las Vegas to the north). The closest town (Barstow, CA) is 31 miles off the installation and further drive time is required for shopping, dining, and outdoor sports and recreation. Because of its remoteness and the potential for skills degradation, this position is typically a 2-year tour of duty.
References

