

# The MSC Today



## Mission

To deploy, fight, and win our Nation's wars by providing a diverse, competent, and multidisciplinary team of professionals who strengthen the Military Health System through responsive and reliable clinical, scientific, and administrative services across the full spectrum of the Joint Force.

## Vision

The keystone of the System for Health with highly trained and adaptive leaders successfully operating in joint, multi-domain, high intensity environments, while maintaining its ability to conduct irregular warfare.

## A Message from the Corps Chief

Fellow Medical Service Corps Officers,

The Medical Service Corps is experiencing the most significant change in its existence. We are tasked to realign ourselves to adequately support the Army as it executes as part of the Joint Force in Multi-Domain Operations. We must continue to adapt to the operational environment and change our way of thinking for prevailing in large scale ground combat operations.

My focus as Corps Chief is to develop exceptional leaders and Soldiers of unmatched lethality. In our current operational environment, there is no room for complacency; we must make difficult choices and prioritize what is most important to field a lethal, resilient, and rapidly adapting Medical Service Corps. We must shift our emphasis to best support lethality and contribute towards maintaining the Army's land power dominance.

We currently face a complex set of organizational changes to enhance our readiness, delivery of operational medicine, and reform our priorities. I understand there are many rumors and questions circulating regarding the future of the Medical Service Corps. I want to take this opportunity to inform you that there will only be limited degradation in several medical Areas of Concentration (AOC); however, the Medical Service Corps will remain viable during the reduction process. Regardless of the seismic changes taking place, it's important to recognize that our Corps continues to compete extremely well in promotion, command, and school selections. Congratulations to the MSC Officers selected for promotion, command, and school.

I want to emphasize the importance of these opportunities as they are strong indicators of our successful mentorship efforts. Thank you to the senior Leaders within the Corps for their continued efforts in helping shape our junior Officers and for paving the way for enterprise success. These opportunities will continue to exist regardless of AMEDD equities selected for reductions.

Again, I am honored and humbled to serve as your Chief of the best Corps in the Army. The Army will always require a land component and medical department to support its 9.5 million beneficiaries and our Soldiers. Most importantly, remember, we bring strength to the Warrior, hope for the wounded, and comfort for the dying. We are the foundation on which Army Medicine is built.

One Team...One Purpose! Conserving the Fighting Strength Since 1775!

Major General Patrick D. Sargent

18th Chief, Medical Service Corps

## Junior Leaders Course

The Medical Service Corps (MSC) is excited to announce the 2019 Army Medical Department Junior Leadership Course Medical Service Corps Selectees. Congratulations on this outstanding achievement!

The MSC selected 18 outstanding Junior Officers to attend the course and six Officers from the Air Force, Navy and United States Public Health Services. Of all the eligible AMEDD Junior Officers, Civilians and Senior NCOs, only 100 were selected to attend the second combined AMEDD JLC.

The course will include exposure to a variety of inter-professional and interagency activities. JLC attendees will participate in discussions and observe presentations which will build the critical knowledge and experience that will enable them to address future complex issues within Army Medicine and the Department of Defense. JLC Selection is a testament to the quality of leaders within the AMEDD Corps and their potential for future AMEDD Senior Leadership.

*2019 Junior Leader Course Selectees*

## Human Resources Command Medical Service Corps Branch

The Medical Service Corps Branch continues to enable personnel readiness and leader development through personal and professional engagement with Officers in the field. As the new Active Component Manning Guidance (ACMG) and the implementation of MTOE Assigned Personnel (formerly known as Reverse PROFIS) increases focus on achieving the highest level of readiness in operational units, the MSC Branch Team maintains its preparedness to execute initiatives and enhance open communication with the field.

### Assignment Interactive Module 2

Assignment Interactive Module 2.0 (AIM2) is a web-based, information system designed to enhance the effectiveness and efficiency of the talent management processes. It encourages interaction among the Soldier, the unit, and the assignment officer within the marketplace. This marketplace enables officers and units to learn about each other and indicate a preference. The marketplace offers additional information about available officer availability through the AIM2 Resume. The resume presents a personalized look at an officer and provides greater detail than is found on the ORB. Units are expected to provide detailed information about each of their billets to allow for officers to make an informed decision when preferencing available assignments. While still a work in progress, the increased transparency helps match the right officer to the right unit.

Officer assignments occur during one of two distinct distribution cycles; the FY-01 “winter movement cycle” and FY-02 “summer movement cycle”. The upcoming distribution cycle 20-01 covers the movement period from 01 OCT 2019 – 31 MAR 20. The 20-02 Distribution Cycle will cover 1 APR 2020 – 30 SEP 2020. If an officer feels they should be part of one of the two upcoming movement cycles, they should contact their assignment officer immediately. Officers can find their current Year Month Availability (YMAV) date on the AIM2 website.

For the upcoming 20-01 distribution cycle, the market place is scheduled to open to officers and units from 6-31 MAY 19 to rank their preferences. Anyone participating in the marketplace should prepare their AIM Resume before the market opens and are encouraged to go into the marketplace early and often to show interest in preferred units. Units participate in AIM2 during the same time and see the officers who preference them. Early participation in AIM2 increases the likelihood of an officer being preferred by a unit.

Visit the AIM2 site at <https://aim.hrc.army.mil> and update your resume today.





## AMEDD Personnel Proponent Directorate (APPD)

by MAJ Kellie Mosely 70F

Within the AMEDD Personnel Proponent Directorate (APPD) there are nine Personnel Proponent Officers (PPO). Our mission is to analyze, synchronize, and integrate AMEDD personnel life-cycle management with doctrinal and force structure changes. APPD consists of four Divisions: the Officer Proponent, Enlisted Proponent, CP53 (Civilian Proponent), and the Force Structure Division. Within the Officer Proponent Division there are six Active Component PPOs (one for each Corps), two representing the USAR and one representing the ARNG. We work in conjunction with the Corps Chiefs office, the CSBPO, and the Consultants. APPD is the link between manpower and human resources as we develop recommendations focused in the near-future (2-5 years) for changes in spaces (positions). APPD is responsible for analyzing, synchronizing, and integrating the eight AMEDD personnel lifecycle management functions (Structure, Acquisition, Distribution, Deployment, Professional Development, Compensation, Sustainment, and Transition) with doctrinal and force structure changes. We also recommend policy changes for training, education, leader development and promotions.

Army Medicine is in a period of transformation. The AMEDD operating concept, nested with the Army's Campaign Plan, encompasses **defining risk**. One risk is to the organizational structure within the AMEDD, and the Medical Service Corps. Any change to the Army structure ultimately impacts our AMEDD personnel and lifecycle management functions.

Our Corps Chief, MG Sargent, recently made the following comment in the concept of readiness, "Are our capabilities consistent with the duties the officers will perform in the operational units?" Army Medicine's linchpin that links all Doctrine, Organization, Training, Materiel, Leadership & Education, Personnel, Facilities, and Policy (DOTmLPF-P). The first "P" is Personnel. The AMEDD Personnel Proponent Directorate (APPD) is where recommendations are made to address capabilities gaps where personnel are and the lifecycle involved or impacted. Within our information or decision briefings to senior leadership APPD identifies risk such as any impacts to our ability to train or recruit. Those risks could ultimately affect the Corps and possibly the AMEDD as a whole. To that end, we must align our structure more closely to the warfighter and ensure our personnel capabilities align with the other domains. For example, our Training requirements must be consistent with duties an officer will perform as a warfighter. APPD not only assess "preserving capability" within our Corps but ensure it can occur across the AMEDD, and the Army.

To assist Senior Corps leaders in decision making about promotions, accessions and training, APPD utilizes the Objective Force Model (OFM). OFM's are based on AMEDD Structure (MTOE & TDA) authorizations, branch immaterial and 05A allocations (AMEDD immaterial positions), promotion opportunity rates, and 5-year historical continuation rates. APPD works closely with Capabilities, Developments, and Integration Directorate (CDID) when changes to structure are recommended for TOE units. For example, when adding the 'R'/Resuscitative capability to the FST to create the FRST, APPD was tasked to develop a way-ahead for what type of personnel and at what grade were required.

Histograms are graphic representations of the AMEDD officer inventory segregated by promotion year group (PYG) and overlaid with the OFM. Histograms can represent an entire Corps or an individual AOC and are based on promotion year groups by rank. Histograms are helpful visualizations to show where inventory levels could indicate shortages within a particular year group (where inventory is below the number of authorizations), they can also show us where a year group may be overstrength (where inventory exceeds the number of authorizations). Below are the links to obtain our histograms for both Active Duty (Compo 1) and USAR (Compo 3).

[https://cac.amedd.army.mil/msc/career\\_mgmt/histograms/MSFY22\\_Histogram\\_Jan\\_2019.pdf](https://cac.amedd.army.mil/msc/career_mgmt/histograms/MSFY22_Histogram_Jan_2019.pdf) [https://cac.amedd.army.mil/msc/career\\_mgmt/histograms/MS\\_AHS\\_USAR\\_Histogram\\_1OCT18.pdf](https://cac.amedd.army.mil/msc/career_mgmt/histograms/MS_AHS_USAR_Histogram_1OCT18.pdf) [https://cac.amedd.army.mil/msc/career\\_mgmt/histograms/MS\\_HSO\\_USAR\\_Histogram\\_1OCT18.pdf](https://cac.amedd.army.mil/msc/career_mgmt/histograms/MS_HSO_USAR_Histogram_1OCT18.pdf)

I hope that sharing why structure and histograms are important and how APPD provides recommendations to our Senior Leaders will help to alleviate some of your concerns. I can say based on 10 months of analysis and numerous decision briefings to our Corps Chief, the Medical Service Corps is positioned properly and will preserve our capabilities aligned to the warfighter. While we endure the changes forthcoming, please remember to remain engaged at the forefront of the Corps transformation, remain competitive, and you will continue to have endless opportunities in which to excel.

## AMEDD Captains Career Course Transformation

by CPT(P) Matthew Young (70H), Operations OIC, AMEDD

The Army Medical Department's (AMEDD) Captain's Career Course (CCC) at the Army Medical Department Center and School, Health Readiness Center of Excellence (HRCoE) is undergoing a transformation. As Army Medicine sharpens its focus on lethality, FM 3-0, Large Scale Ground Combat Operations (LSGCO) and guidance to increase rigor, an aggressive momentum for improvement and change is occurring in the HRCoE. The Surgeon General of the United States Army, LTG Nadja West, recently testified to Congress that, "we must be prepared to operate in austere, expeditionary environments without the benefit of a robust theater medical infrastructure. We must continue to develop agile and adaptive leaders who are able to effectively operate in complex environments." The AMEDD Leader Training Center CCC team is conducting a bottom up review of course prerequisites, curriculum and grading systems to ensure the course is properly preparing company-grade AMEDD officers who can provide medical support and solutions to the warfighter within Unified Land Operations.

The AMEDD CCC class that graduated on 08 March 2019 experienced the initial wave of changes and increased rigor to the course. Successful implementation of all Midgrade Learning Continuum (MLC) hours from the Combined Arms Center is bringing the AMEDD CCC on par with other Centers of Excellence (CoE). AMEDD officers now achieve higher levels of learning through enhanced topic depth and expanded practical exercises. The curriculum is refocusing on Army Health Systems (AHS) and Force Health Protection topics revolving around the delivery of support to the warfighter in an operational environment.

Students will now be assessed during a day one doctrine exam. A Black Board facilitated doctrine study program will replace the legacy, outdated, and less effective distance learning phase 1. Students are auto-enrolled once they have an ATRRS reservation, and the program is designed to promote deeper doctrine understanding and application throughout the course. Successfully passing the doctrine exam will become a course requirement, which is a shared best practice among all CoEs. Concept of support briefs are an individual requirement in the 9-week CCC course, ensuring all AMEDD officers understand a maneuver plan and can formulate an AHS plan in support of the maneuver plan. Each officer will also participate in a staff exercise designed around a Defense Support to Civil Authorities mission in a field setting at Camp Bullis.

The future design of the AMEDD CCC will incorporate new and innovative ideas. Curriculum for a 20-week pilot course in FY20 is currently being finalized and will serve as the future AMEDD CCC model. CCC is being designed to bring the AMEDD CCC professional military education on parity with the Army and other CoEs. It is designed around multiple compounding phases, each having a capstone, must-pass event. This builds a quality assurance framework where students can be recycled back to the beginning of a phase if they do not achieve correct application levels. A final STAFFEX at Camp Bullis where students will operate as a Hospital Center, Multi-Functional Medical Battalion or Medical Brigade staff officers, places students in an expeditionary setting, incorporating modern mission command systems in concert with analog battle tracking. Real time analysis, production of mission orders, and management of information operations during a continuous, around the clock operation, will enable students to be adaptive and critical thinking staff officers.

Evolution of the AMEDD CCC is a direct response to the call from the operational force for agile and competent staff officers. The AMEDD CCC is transforming into a rigorous and relevant course. The HRCoE Leader Training Center CCC team looks forward to developing, training, and empowering the next generation of leaders in Army Medicine.

If you are interested in joining a team leading change, as cadre or as a CCC student in our pilot courses, contact your HRC assignment manager!

### 9A Proficiency Designator

The purpose of the "A" Proficiency Designator is to recognize the highest level of professional achievement within each AMEDD Corps' specialty. Officers selected for this honor are leaders in their specialty and have made significant contributions to the advancement of knowledge in their field through extensive publication and active national professional organization membership. These professionals have worked hard and dedicated a significant amount of time to become a distinct asset to the AMEDD, both as an officer and an expert in their field. They are considered eminently qualified to chair a department, division, or service; have attained full professional status; and have obtained national prominence in their field. Join us in congratulating the following "A" recipients:



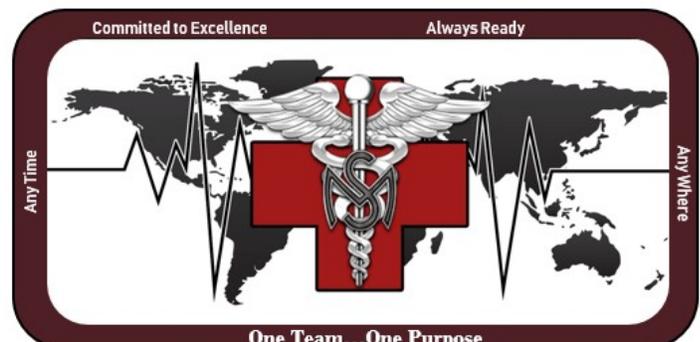
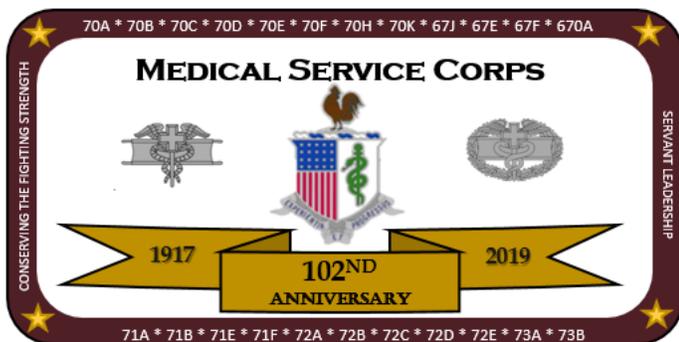
### Colonel Army Medical Department (AMEDD) Centralized Selection List



### Lieutenant Colonel Army Medical Department (AMEDD) Centralized Selection List



### 2019 Medical Service Corps Coin



If you're interested in purchasing the MSC Coin, please contact us at [usarmy.jbsa.medcom-ameddcs.mbx.medical-service-corps@mail.mil](mailto:usarmy.jbsa.medcom-ameddcs.mbx.medical-service-corps@mail.mil)

## Retirements

On behalf of the Medical Service Corps, thank you ladies and gentlemen for your service and best of luck on all your future endeavors.

### Order of Military Medical Merit (O2M3)

The Order of Military Medical Merit is a unique, private organization founded by the Commanding General of U.S. Army Health Services Command in April 1982 to recognize excellence and promote fellowship and esprit de corps among Army Medical Department (AMEDD) personnel. Membership in the Order denotes distinguished service which is recognized by the senior leadership of the AMEDD. Members are given a certificate and a handsome medallion that signifies to all they meet that they are members of the Order. You will see members proudly display their medallions at formal AMEDD social functions. MSC awardees for 1st and 2nd quarter are:

### Office of the Chief

COL Marion Jefferson  
Deputy Corps Chief, JBSA

COL Roberto Cardenas  
CSBPO, JBSA

LTC Tammy Glascoe  
Executive Officer, JBSA

CPT Joshua Gotay  
Special Assistant, JBSA

CPT Leyla Kosakowski  
Special Assistant, NCR

1LT Ashley Robbins  
Special Assistant, JBSA

Do you have a story you want to share with the Corps?  
Contact us at [usarmy.ibsa.medcom-ameddcs.mbx.medical-service-corps@mail.mil](mailto:usarmy.ibsa.medcom-ameddcs.mbx.medical-service-corps@mail.mil)