

## Office of the Chief, Medical Service Corps (OCMSC)



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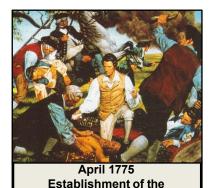


CPT Dylan Yates Executive Fellow Falls Church



## **Medical Service Corps History**





**Apothecary General.** 



**Ambulance Corps established by** 

law.

June 1920 NDA1920 established the Medical Administrative Corps in RA and Reserve component.





May 1862 War Department establishes the U.S. Army Medical Storekeepers.

23 June 1917
War Department GO 75
established the U.S. Army
Ambulance Service.

August 1947
National Security Act of 1947
replaces Sanitary, Pharmacy
and Admin Corps with the
Medical Service Corps.

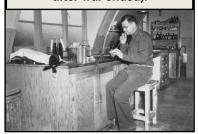
October 2019 LTG Scott Dingle becomes the first MSC Officer to be appointed as the Army Surgeon General.

May 1818 U.S. Army Medical Department permanently established



August 1862
Letterman Plan placed officers detailed to the Ambulance Corps in command of Ambulance units.

30 June 1917 War Department established Sanitary Corps (deactivated after war ended).



July 1866 Commissioned grades authorized for US Army Medical Service. November 1966
Act of 1966 authorizes first
brigadier general in the Regular
Army Service Corps



July 1943
Pharmacy Corps established as
Regular Army branch and
transfers to the Medical
Administrative Corps.



## **Branches of the Army Medical Department**



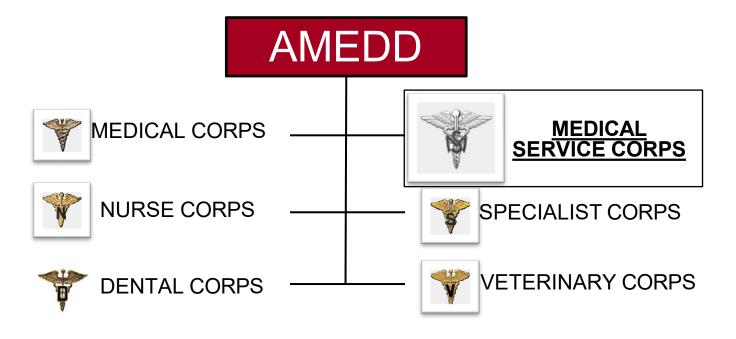
## **Army Competitive Category (ACC)**

34 branch and functional area specialties (IN, AR, SC, LG, etc.)

## **Special Branches of the Army**

The Judge Advocate General's (JAG) Corps
The Chaplain Corps

## **The Army Medical Department (AMEDD)**



# The Medical Service Corps offers a broad spectrum of opportunities within Medical Functional Areas and Additional Skill Identifiers...



Medical Service Corps Officers learn and train to be well-rounded officers, gaining expertise and experience in various specialties and skills.

The Medical Service Corps is comprised of diverse health care administrative and scientific specialties ranging from the management and support of the Army's health services system to direct patient care.

## Medical Service Corps Officers

assignments range from Administrative to Operational Units in both the Continental United States and Overseas.



## Contact us for more information

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Medical Service Corps



Public

Facebook

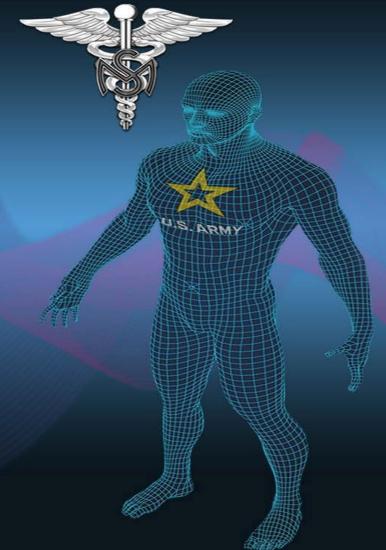


Private



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## U.S. Army **Medical Service Corps Officer**

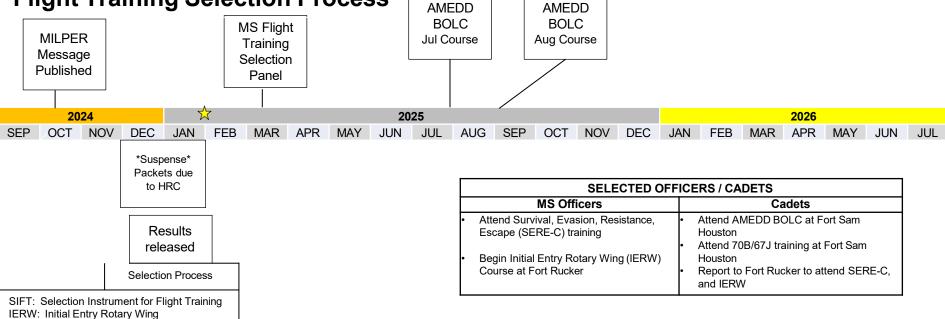




## **67J Aeromedical Evacuation Officer**



## Flight Training Selection Process



\*10-year active duty service obligation at the completion of IERW, voluntary or involuntary termination

#### Eligibility

YGs: Based on strength
Must be an <u>MS officer</u> currently
on <u>active duty</u> or an <u>ROTC/USMA</u>
cadet branched MS

Complete AMEDD BOLC

start of IERW

TOS requirements in MILPER Less than 48 months AFCS at the

#### **Prerequisites**

Minimum SIFT score of 40

Medically qualified, must meet class 1A medical fitness standards and undergo a flying duty medical examination (FDME) – approved by USAAMC at Fort Rucker

- No more than 32 years at the start of flight training
- Meet Army ACFT and height/weight requirements IAW AR 600-9

#### References

Request your cadre to provide recent MILPER message for 67J selection

AR 611-110, Selection and Training of Army Aviation Officers, 29 March 2019

AR 40-501, Standards of Medical Fitness, 27 June 2019

- 67 J Milbook suite: https://www.milsuite.mil/book/groups/67j-70d-career-management-hrc
- Facebook: Search 67J Aeromedical Evacuation Officers
- HRC: MAJ Ernie Severe, Assignment Officer, ernest.a.severe.mil@army.mil



## **Lieutenant Roles and Responsibilities**



### Responsibilities

- Likely serve as a BCT Medical Platoon Leader, Treatment Platoon Leader, or Ground Evacuation Platoon Leader
- Plan, coordinate, monitor, evaluate, and advise unit Commanders and staff in both medical and non-medical areas of
  patient evacuation, treatment and tracking; preventive medicine, organizational administration, supply, training,
  operations, transportation, and maintenance; in support of mission requirements.

### Day in the life of a typical 2LT 70B

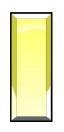
- Day usually starts with PT
- Preventive maintenance with your assigned vehicles, CBRN, medical or radio equipment
  - This includes setting the equipment up and utilizing it to ensure it is fully mission capable. Laying out assigned equipment to
    ensure we have the proper amounts needed to be mission capable.
- Plan, resource, and execute combat readiness training (weapons ranges, CBRN ranges, medical training) including
  going to the field, firing weapon systems at ranges, conducting convoy operations, and running drills to practice timed
  assessments
- Tracking equipment and personnel of your platoon
  - Awards, evals, counseling's, profiles, medical readiness, annual training, equipment readiness and reporting to your CDR in Training meetings
- Ensuring the platoon has all resources available to accomplish their Warrior Tasks and Drills, along with the resources and coordination to maintain their individual MOS certifications
- Partnering with the Platoon Sergeant to ensure the Soldiers and their Families are taken care of

Duties are performed primarily in TOE and occasionally TDA organizations, both CONUS and OCONUS



## **70B Health Services Administration**





Professional Military Education (PME): BOLC

**Skill Development**: EFMB, Airborne, Air Assault, Pathfinder, AOC Courses, Additional Schools (NBC, Motor Pool, Arms Room)

**Operational Assignments**: Platoon Leader, BMSO, Battalion Staff Support Operations



Professional Military Education (PME): - AOC Courses

**Skill Development** - EFMB, Airborne, Air Assault, Path Finder, Additional Schools (NBC, Motor Pool, Arms Room)

**Operational Assignments** - Platoon Leader, Company XO, Brigade Medical Supply Officer (BMSO), Medical Operations Officer, Battalion Staff Support Operations



**Professional Military Education (PME):** - AMEDD CCC, CLC3, AOC Courses, Advance Degree, Baylor

**Skill Development** - EFMB, Airborne, Air Assault, Pathfinder, Additional Schools (NBC, Motor Pool, Arms Room)

**Operational Assignments-** Company Command, BN/BDE Staff, Recruiter, OC/T, Instructor, Support Operations

## **DA PAM 600-4**:

Operational





Continuous cycle of education, training, selection, experience, assessment, feedback, reinforcement, and evaluation.

Learning, experience, and feedback provide the basis for professional growth.

"Learning is a lifelong process."



Year Group 2025



#### INTELLIGENCES: Interpersonal, Linguistic, Logical-Mathematical

SKILLS (Medical Service Officer - 70B): Medical Service Corps (MSC) officers are Leaders skilled in planning, preparing, and executing a wide diversity of health service support for Army units across the tactical, operational, and strategic levels to include joint-combined-interagency operations. This includes leadership excellence at the direct-operational-strategic levels as well as clinical, scientific. and preventive medicine expertise within credentialing standards and board certifications. Therefore, MSC officer must be Warrior-Scholars skilled in tactics, techniques, and procedures necessary to understand and support the Warfighter. This requires the ability to connect to others in a deep and direct way, to sense and stimulate reactions and desired interactions. MSC officers are adaptable to Large Scale Combat Operations and capable of supporting the complexities of Multi-Domain Operations (MDO) to include prolonged field care. Within this patient - HS/MS relationship, Medical Service Officers must be effective and compelling communicators. They develop their leadership and clinical skills through operational assignments, self-development, professional military education, and professional-clinical training. SKILLS (Aeromedical Evacuations Officer - 67J): Aeromedical Evacuation Officers are Leaders skilled in planning, preparing, and executing a wide diversity of health service support for

Army units across the tactical, operational, and strategic levels to include joint-combined-interagency operations. They must be able to understand, process, and translate vast amounts of data into understandable concepts. As such, they must master concepts across multiple disciplines (for example, air and ground combat operations) while integrating them into an operational perspective in order to support their maneuver partners. Aeromedical Evacuation officers are adaptable to Large Scale Combat Operations and capable of supporting the complexities of Multi-Domain Operations (MDO) to include prolonged field care. They must also be capable of rapid visualization, possess an acute sensitivity to visual details and spatial relationships, and be able to orient multiple dimensions with ease. They must think creatively and in an innovative and novel fashion, devising solutions and responses to unforeseen challenges in the most effective yet prudent fashion. As a result, Aeromedical Evacuations Officers quickly and effectively analyze situations, rapidly process and prioritize requirements and actions, communicate effectively, and make independent and integrity-based decisions.

KNOWLEDGE (Medical Service Officer - 70B): The Medical Service branch values officers with academic backgrounds from a wide variety of disciplines and majors to include those with clinical and scientific background, but not exclusively. The domain-specific disciplines listed below provide officers with expertise to set the conditions for expert patient care in any environment.

- RELEVANT EDUCATION: Bachelors Degree in any discipline: Behavioral Sciences; Biomedical Engineering; Biology; Chemistry; Computer Sciences; Counseling Psychology; Economics; Epidemiology; Entomology; Environmental Engineering; Forensics; Healthcare Administration; Kinesiology; Life Sciences; Nuclear Engineering; Operational Research; Pharmacology; Physics; Physical Education; Psychology; Pre-Medical: Preventive Medicine (not all inclusive).
- > RELEVANT TRAINING / EXPERIENCE: Cadet Troop Leading Time / Leader Development Time (CTLT / CLDT) with Army medical units. Academic Enrichment Program with higher education / research agency in degree field of study (not all inclusive). Clinical, scientific, and research professional certifications granted by credentialing agencies.

KNOWLEDGE (Aeromedical Evacuations Officer (67J): The Medical Service Branch values Aeromedical Evacuation Officers with broad individual experiences, an understanding of combined arms maneuver and how its linkage to the Joint Force contributes to the success of the branch.

- RELEVANT EDUCATION: Bachelors Degree in any discipline, civil fixed-wing license, Combat Lifesaver, Master Fitness Trainer (not all inclusive).
- RELEVANT TRAINING / EXPERIENCE: Cadet Troop Leading Time in combat arms, military intelligence, logistics, or air traffic control; Small unit leadership responsibilities requiring independent operations; Leading higher-ranking cadets or peers, Leading small teams with emphasis on communication; Problem solving; Executing under a stressful timeline; Honor/Respect leadership.

#### BEHAVIORS: (In addition to foundational)

> ADAPTABLE

- > COLLABORATIVE
- > AGILE (67J only)
- > ALERT (70B only)
- > AUTHENTIC (70B only)
- > CALM
- > COMMITTED
- > CONCERNED FOR OTHERS
- CRITICALLY THINKING (67J only)
- CUSTOMER FOCUSED

- > DILIGENT (70B only)
- > DIPLOMATIC
- > DISCIPLINED (67J only)
- > EMPATHETIC
- > ETHICAL / MORAL

- > EXPERT > HUMILITY
- > INNOVATIVE
- > INTELLECTUALLY CURIOUS (67J only) > PERCEPTIVE (67J only)
- > STRESS TOLERANT

> PROBLEM SOLVING

> PRECISE

> RATIONAL

> URGENT (70B only)

#### TALENT PRIORITIES (Medical Service Officer – 70B):

- COMMUNICATOR: Precise, efficient, and compelling in both written and spoken word.
- 2. INTERPERSONAL: Skilled in developing appropriate relationships. Able to connect with others to effect positive results.
- DETAIL FOCUSED: Thorough, perceptive, and precise in all matters. Possesses a keen eye - notices everything
- MENTALLY TOUGH: Stress tolerant and emotionally mature. Performs well even under extreme psychological duress.
- 5. LOGICAL / ANALYTICAL: Uses reason and thinks in terms of cause and effect. Able to decompose and solve complex problems.
- 6. PROBLEM SOLVER: Able to choose between best practices and unorthodox approaches to reach a solution. Accomplishes the task.

#### TALENT PRIORITIES (Aeromedical Evacuations Officer – 67J):

- PRUDENT RISK TAKER: Acts boldly yet maintains appropriate focus upon personal. Soldier, and unit safety.
- INTERPERSONAL: Skilled in developing appropriate relationships. Able to connect with others to effect positive results.
- INTERDISCIPLINARY: Synthesizes and applies knowledge from multiple disciplines into a coherent overarching perspective.
- 4. SPATIALLY INTELLIGENT: Easily perceives, understands, and operates within the multi-dimensional world.
- 5. INNOVATIVE: Creative, inquisitive, and insightful. Easily identifies new solutions and catalyzes change
- MULTI-TASKER: Rapidly processes and prioritizes multiple demands simultaneously. Takes appropriate action.



## Long Term Health and Education Training (LTHET) Administrative Health and Preventive Medicine Professional Training





## **Army Baylor Program**

Where: FT Sam Houston, TX Who: 70B transition to 70A

Length: 12 months + Residency/Internship





### **Fellowships**

Where: Office of the Corps Chief, American Red Cross, RAND Corporation, Congressional Liaison, Department of

Veterans Affairs, Who: 70 series AOCs Length: 12 months

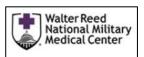


### **Defense Comptroller Program**

Where: Syracuse University, NY

Who: 70B/67J transitioning to 70C, 70C

Length: 24 months



## Forensic Psychology Fellowship

Where: WRNMC

Who: 73B

Length: 24 months

#### **PhD-Healthcare Economics**



Where: Wharton School of Business or School

of Choice

Who: Existing 70D Length: 36 months



## Johns Hopkins Applied Physics Lab Internship

Where: Laurel, MD

Who: 72D

Length: 12 months

### **Training With Industry**



Where: Methodist Health System-

San Antonio, TX

Who: 70D

Length: 12 months



#### **MS in Public Health**

Where: School of Choice

Who: 72C

Length: 24 months



## Allied & Clinical Health Sciences Professional Training





## MHA/MBA Executive Clinical Leadership Program

Where: FT Sam Houston, TX

Who: Clinical AOC's Length: 12 months



#### **PhD Vision Science**

Where: University of Alabama-

Birmingham, Indiana University, SUNY College of Optometry, University of the

Incarnate Word

Who: 67F

Length: 12 months





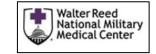
World Health Organization Where: WHO, PATH, Bill and Melinda Gates

Foundation

Who: 71A, 71B, 71E, 71F and other related

AOCs

Length: 12 months



## Clinical Laboratory Officers Course (CLOC)

Where: WRNMC

Who: 71E

Length: 12 months + time to sit for national

cert board/exam

## **Critical Care Pharmacy Residency**



**≥** Banner Health.

Where: Massachusetts General Hospital-Boston, Banner University Medical Center-

Tucson, School of Choice

Length: 12 months



## **Program Management Acquisition Internship**

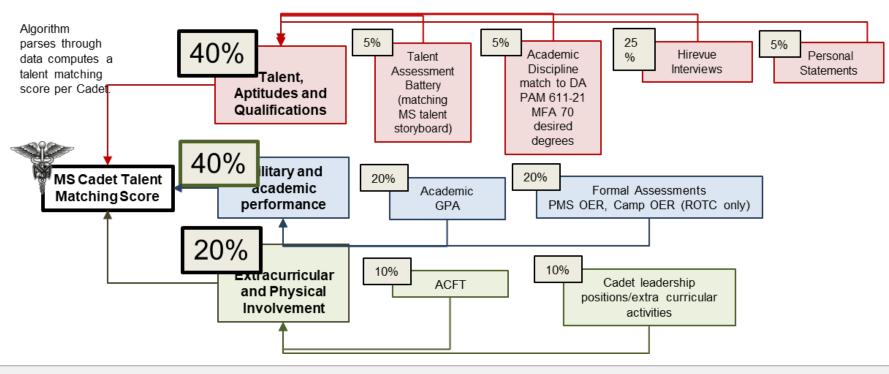
Where: Fort Sam Houston, Fort Detrick

Who: All AOCs/Corps Length: 24 months



## **MS Cadet Ranking Methodology and Highlights**





## 20 MSC Allocations Requirement each year

## **YG24 Highlights:**

1:1 Match (Branch Rating to Cadet Preference)

USMA: 100% ROTC: 84%







Q&A Closing Remarks