

Chapter 1

FROM VIETNAM TO AFGHANISTAN: THE HISTORY OF THE ARMY PHYSICIAN ASSISTANT

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As the face of the AMEDD [Army Medical Department] provider to the line, Army PAs [physician assistants] will continue to serve as a key healthcare link between the Warfighter and the AMEDD. Army PAs fulfill the mission and vision of being agile, adaptable, versatile, and innovative to meet the ever-changing challenges of today and tomorrow. Army PAs are proud to take care of the Nation's greatest treasure: the men and women in uniformed service, their Families and beneficiaries. Army PAs are truly part of "One Team. One Purpose! Conserving the Fighting Strength!"

*–Lieutenant General Nadja West
The Surgeon General & Commanding General,
Office of The Surgeon General/
US Army Medical Command, 2016–present
2016 National Physician Assistant Week Email Message*

Introduction

The Army physician assistant (PA) community and the US military have been connected since the founding of the PA profession. Currently,

National PA Week is celebrated annually from October 6 to 12. Initially, National PA Day was celebrated once a year, on October 6. October 6th is significant for two reasons: (1) it is the date three former Vietnam-era Navy corpsmen graduated from Duke University's PA program in 1967, and (2) it is the birthday of Dr Eugene Stead Jr, the founding father of this prestigious program and of the PA profession.¹

The 1960s: Origins

The PA profession's past can be traced to an article written in 1961 by Dr Charles L. Hudson. Titled "Expansion of Medical Professional Services with Nonprofessional Personnel," it was published in the *Journal of the American Medical Association*.² Due to a shortage of physicians and allied healthcare professionals, Dr Hudson's vision was to create two new groups of providers to assist doctors in performing supervised primary care support to the public.³ During the 1961 American Medical Association conference, he described these two groups of providers.⁴ The first group would be interns who lacked formal medical education but would undergo on-the-job training like physicians of the past, and would serve in medical and surgical inpatient settings, including operating and emergency rooms. The second group was to be called externs. These individuals were to undergo formalized medical training somewhere between the level of a physician and that of a technician. The graduates would then work as primary care physician extenders. For this group, Dr Hudson proposed a 2-year college program followed by a 2-year clinical rotation leading to a Bachelor of Science in Medicine (BSM) degree. He stated that these "assistants to doctors" could be employed to handle routine care, allowing doctors to manage more complex procedures and care for increased patient populations.²

Three physicians took Dr Hudson's vision to heart. Dr Eugene Stead Jr, at Duke University, Dr Richard Smith from the University of Washington, and Dr Hu C. Myers at Alderson Broaddus College all bought into the idea of creating a program to address the national primary care shortage and began to develop the curricula.³ Dr Stead and Dr Smith knew of the plight being faced by discharged medics after serving in the Vietnam conflict. These individuals had developed exceptional medical skills while serving in the military, but much of their training failed to translate into civilian education or healthcare

professions. Both physicians felt that these former military medics could be trained to fill the primary care void.⁴

As early as 1964, Dr Stead and others used the term “physician assistant” to describe this new healthcare provider.⁴ In 1965, Dr Stead was the first to create a PA program. Originally, he had hoped to convince the nursing community that his development of a nurse clinician program was a worthy cause. Unfortunately, the National League for Nursing, on three separate occasions, declined to accredit the program. Disillusioned by their rejection of his proposal, Dr Stead enlisted former Vietnam-era Navy corpsmen into his PA program. His idea was to develop a curriculum based on clinical versus didactic training, an approach that would produce results much more quickly than traditional academic programs.⁵ The PA medical training model ultimately utilized is similar to a program developed during World War II that fast-tracked the training of physicians.⁴

This was not a totally new concept even in World War II. Peter the Great introduced a group of medical assistants called “fel’dshers” into the Russian army around 1721.⁶ By the 1790s, over 500,000 fel’dshers were providing care in rural areas of Russia. “Loblolly boys” were used by the British and US navies to assist surgeons as early as the 1800s.⁶ Their job description was “to do anything and everything that was required—from sweeping and washing the deck and saying ‘amen’ to the chaplain, down to cleaning the guns and helping the surgeons to make pills and plasters and to mix medicine.”⁶ Loblolly boys are predecessors of today’s Navy corpsmen.⁶

According to Dr James Mau, in 1965 Dr Dill DeMaria was a physician associated with the Army Special Forces community at Fort Bragg, North Carolina. Dr Stead and Dr Mau traveled to Fort Bragg to observe the Special Forces medic training program. The men noted that the Special Forces medics were trained well beyond the level of Navy corpsmen. These medics were equipped to operate independently, supporting a small team. Dr Stead was impressed by this course, and the experience influenced his development of the PA program at Duke University.⁵

Though it was not easy to implement, Dr Hudson’s original 1961 proposal to train former military medics as PAs made sense. It was an easy, cost-efficient way to meet the growing healthcare needs of the country and to employ veterans returning from Vietnam.³ To further help cover the costs of the PA program, Dr Stead tied the educational

curriculum into an existing grant for training of hyperbaric chamber specialists.⁷

In 1965 Dr Mau visited with Dr Amos Johnson in Garland, North Carolina. Dr Johnson regularly interacted with the Duke University medical community.⁵ In the 1940s Dr Johnson had employed a young African-American man, Henry Lee “Buddy” Treadwell, who he trained as his assistant. Treadwell performed physical exams, made diagnoses, and treated patients. This was significant given the South remained segregated into the late 1960s. By 1960, Treadwell was traveling regularly with patients to Duke University Medical Center and interacting with students and physicians. His role in the medical community was well known and respected. On the recommendation of Dr Mau, the first administrator of the Duke University PA program, Duke eventually made Buddy Treadwell an honorary PA.⁸

At the same time, Dr Smith, who had also visited Fort Bragg’s Special Forces medic course, started his “MEDEX” (medicine extension) model, focusing on development and employment of graduates in medically underserved communities around the world, with 14 former military medics. The program was not about creating a new health profession, but rather constituted a strategy to transform healthcare. Both Dr Stead and Dr Smith based their programs partially on the Special Forces medic curriculum.⁹

On October 6, 1967, three of the four original Duke students graduated from the PA program with certificates of completion. These men were Victor H. Germino, Kenneth F. Ferrell, and Richard J. Scheele. Due to the fledgling nature of the profession, all three were hired and remained within the Duke University Medical Center.¹⁰

Dr Hu C. Myers disagreed with the educational philosophy of his counterparts Dr Stead and Dr Smith. Dr Myers believed that a degree was necessary to confer a sense of professionalism on this new career field. In 1968, he established the first baccalaureate degree-producing program at then Alderson Broaddus College in Philippi, West Virginia (it is now a university). It quickly became clear that the federal government favored degree-producing schools, and the majority of new programs followed Dr Myers’ lead.³

From 1968 to 1972, Duke hosted the first of four conferences to promote the PA profession, develop and standardize the curricula, and push to enact related legislation. In addition, in 1968 the first graduates of Duke University’s PA program established the American Academy of

Physician Assistants (AAPA) and incorporated the organization in North Carolina.⁷ Its purpose was to serve as a national professional society to represent PAs in all areas of practice and promote the profession.⁷ It is now headquartered in the Carlyle area near Old Town Alexandria, Virginia.⁷

The 1970s: Beginnings

In 1971, the American Medical Association passed a resolution to recognize PAs and began to develop national certification standards.³ In addition, Dr Marvin Gliedman, Dr Richard Rosen, and Clara Vanderbilt, Registered Physician Assistant-Certified (PA-C), established the first postgraduate residency in general surgery at Montefiore Medical Center, Bronx, New York. Later that year, Congress passed the Comprehensive Health Manpower Training Act of 1971, which included \$4 million to establish PA educational programs.⁷ At the same time, cartoonist Dick Moores' popular comic strip *Gasoline Alley* first introduced PAs to the public when leading character and former Vietnam-era Navy corpsman Chipper Wallet decided to become a PA.¹¹

To create support for the program, Dr Stead collaborated with the American Medical Association to develop an advertisement that ran in the July 30, 1971, issue of *Life Magazine* (Figure 1-1). Showing a young African American Vietnam veteran washing a car's windshield, the copy read: "This man belongs in a hospital. Or a doctor's office. Working alongside doctors, helping to care for patients." The advertisement copy relates how for 2 years, this man was the first one on the battlefield to make decisions that could save the arms, legs, and lives of wounded service members in action. After serving his country, he could not get a job in medicine, like others with his skills. Not only did the advertisement describe the story of military medics, but it also informed the public of PA educational opportunities. The publicity effort was a powerful reminder to members of Congress about the sacrifices of America's medics and led to support for educational funding of PA programs.

Also in 1971, Colonel Dwight F. Morse Jr wrote his US Army War College research paper on the initiation of an Army PA program. He based his concepts on the civilian programs, recognizing the shortage of physicians within the nation and military: "During recent years, the Army Medical Department has been progressively plagued



We want to put this man in the hospital.

This man belongs in a hospital. Or in a doctor's office. Working alongside doctors, helping to care for patients.

For two years, he was a medic in Vietnam (volunteered for the duty because he was always interested in medicine). For two years he was the first one to be wounded on the battlefield. The first one to make the decisions that could save an arm, a leg—or a life.

That happens to be pretty good experience for a career in medicine.

But back in civilian life, he's pumping gas. Nothing wrong with that, of course. Except for the terrible waste of his training.

But now there's a way to put people like this into hospitals and doctors' offices. Programs developed by the American Medical Association are now putting qualified people into patient care work. So they can apply their skills as "physician's assistants."

These "physician's assistants" are men and women who in a relatively short time can be trained to perform certain kinds of medicine (under a doctor's supervision, of course). They can do everything from taking blood pressure to giving shots, to saving lives in emergencies.

They're arriving on the scene just in time.

You see, there's a shortage of doctors today. And with the growth in population (a population that is living longer), and with the surge in demand for medical care, doctors need help now.

These "physician's assistants" are one very good answer to this grave problem. They're virtually an extra right hand for the doctor. And that's very good news for the doctor's patients.

For information on the "Physician's Assistant" programs, write: Box P, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

America's Doctors of Medicine

Figure 1-1. *Life Magazine* advertisement, July 30, 1971.

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with increasing losses of career medical officers by resignation or retirement."¹² His article described the impetus for the first class, which was scheduled to begin the following year. At that time, Lieutenant Colonel Henry A. Robinson Jr, Medical Corps, was the acting program project officer of the former Medical Field Service School at Fort Sam

Houston, Texas. Lieutenant Colonel Robinson led efforts to develop the student prerequisites, curriculum, and utilization tours for those who graduated from the PA program. According to Morse, the PA was meant to fill a need to provide medical care to soldiers in their respective field units and to allow nurses to continue providing care within medical treatment facilities, stating, “No plans exist at present for the assignment of the Army PA to duties in a hospital setting.”¹² He concluded his paper by providing six recommendations to Army medical leaders:

- (1) continual monitoring of civilian PA programs;
- (2) involving all hospital staff at “Class I” hospitals in the Army PA program to maximize benefits;
- (3) developing a marketing plan to ensure all involved understood the importance of PAs to Army medicine;
- (4) urging physicians to utilize PAs in appropriate roles based on training and patient populations;
- (5) developing further studies on the role of PAs within Army medicine; and
- (6) conducting recurrent reviews to determine future extensions in the PA scope of practice.¹²

Up to this point, all the work in development and training had been through universities with former US Army and Navy personnel. In 1971, the Air Force, under the direction of Surgeon General Alonzo A. Towner, was the first service to create a military PA program. Towner realized that the Air Force was not meeting medical needs in general and family medicine. Shortages could not be addressed through recruitment alone. Towner then instituted the Air Force Medical Services Health Manpower Utilization Study Committee to see how they could correct this problem. For the first time since 1966, the Air Force submitted a request to draft 150 medical professionals. Towner then requested that this committee establish a curriculum to train PAs to help fill the acute shortage in family medicine (email from John Heitz, US Air Force Medical Services History Office, Houston, TX, September 17, 2016).

The Navy and Army quickly followed suit. In 1973, the first Army PA class graduated (Figure 1-2), and its students became warrant officers. Upon assignment, these graduates were designated battalion surgeons because of the lack of military physicians, therefore becoming first-line medical officers. Through their expertise and proximity to the troops,



Warrant officer candidates attending the first class of the Physicians' Assistant Course, staff and faculty members include (from left, front) Dr. William G. Toland, Dean, Graduate School, Baylor University; Major General Kenneth D. Orr, Commanding General of Brooke Army Medical Center and Superintendent of AHSUSA; WOC's James O. Tanner, Benjamin N. Stewart, Dennis J. McCullough, De Leon Gunter, Roy D. Arian, Ray Barger Jr., Vincent Tenorio, David H. Jenkins, (second row) Hugh P. Hughes, Richard L. Curtis, Harold E. Slusher, Gerald E. Hulst, Robert G. Hood, Joseph E. Swarts, Arthur Kyliavas, Harold B. Tyler Jr., William D. Long, Gary R. Herron, (third row) Daryl D. Butler, Harold W. Ward, David F. Duncan, James F. Madison, Louis R. Rocco, Harry M. Matthews Jr., Phillip O. Kerns, Ramona F. Deliz, George G. Strickler, Marvin H. Bruce, Milton Johnson, (fourth row) Don A. Johnson, Lawrence R. Williams Jr., Truman O. Thompson, Gilbert W. Coates, Howard L. Wells, Alvin R. Baccus, William H. Reinkins, Darvin D. Thomas, Jerry A. Massa and James L. Mountcastle; (fifth row) CPT Jerry J. Noren; WOC's John W. Hunt, Gordon E. Greentree, Clarence L. Thomas, Marshall E. Walker, Jo Ann E. Nick, Donald L. Edwards, Donald L. Spidel, Ernest C. Chastain, Walter E. Schofield, Johnny M. Brown Jr. and Joseph G. Obermire; CPT Joseph M. Long; CPT John Geesbreght; (back row) MAJ John Craig; MAJ Roger L. Christian; MAJ Dean Smith; CPT Peter B. Engber; Dr. Alton B. Lee, Baylor University; COL Henry A. Robinson Jr., Chief, Physicians' Assistant Branch, Medicine and Surgery Division, AHSUSA; COL Thomas C. Birk Jr.; LTC Joseph McNaney; CPT Stephen R. Uhlir; CPT Charles P. Cole; CPT Mark Langenfeld; MAJ George K. McMullan and CPT Henry S. Eden. Not shown is WOC Kurt M. Wyson.

Figure 1-2. Warrant officer candidates attending the first class of the Physician Assistant Course pose along with staff and faculty members. The photo appears to have been taken on the northern steps of the causeway between Willis and Abel Halls.

US Army photo courtesy of the Army Medical Department Center and School History Office.

they earned the designation of “doc.”⁵ Sergeant First Class Louis Rocco was a member of this first class. Rocco had gained fame in Vietnam while participating in a medevac mission as an Army medic. During a casualty evacuation mission, the UH-1H “Huey” helicopter Rocco was traveling in was shot down. Despite a fractured wrist, severe burns to his hands and body, and a badly injured hip and back, he carried several wounded crewmembers to safety while under enemy fire and was credited with saving their lives. For his bravery, Sergeant First Class Rocco received the Congressional Medal of Honor.¹³

In April 1972, the National Board of Medical Examiners (NBME) agreed to oversee development of the examination to certify PAs at the

national level. That same year the National Commission on Certification of Physicians Assistants (NCCPA) was founded by 14 national health organizations to oversee eligibility and standards for the NBME examination, as well as the competency of PAs. Formally recognized as a nonprofit group, NCCPA's purpose is to provide certifying examinations for new PA graduates and recertifying examinations for licensed PAs. The NBME appointed an advisory committee and task force to construct a blueprint for test committees, which eventually became the examination administered by the NCCPA.¹⁴ The candidate would perform a physical exam per the checklist. The first civilian PAs to receive baccalaureate degrees graduated in 1972.¹⁵ The first Army physician assistants graduated in 1973, and in 1985 the first baccalaureate degrees were received from University of Oklahoma Health Science Center.

In 1975, the Army determined that enough PAs were on active duty and terminated its program. Within 3 years, a shortage ensued and the Army surgeon general ordered the program restarted. Due to a lack of funding, the Army contracted with the Air Force and began sending students to Sheppard Air Force Base, Texas, for training. In September 1979, the Army resumed its program at Fort Sam Houston.¹⁵

In 1976, a group of former Army PAs stationed at Fort Hood, Texas, started a civilian organization to represent Army PAs. The first recorded meeting for the Society of Army Physician Assistants (SAPA) was held on September 24, 1976. In 1980, the first Annual SAPA PA Refresher Course was held in Fayetteville, North Carolina. The annual conference continues to be held in Fayetteville, and today the organization has an average active membership of around 600.¹⁶

The 1980s: Combat Tested and Valued Members of the Army Medical Team

In 1980 and 1981, the Army began specialty programs for PAs that included orthopedics, cardiovascular perfusion, emergency medicine, occupational medicine, and aviation medicine.⁵ The first Army PAs deployed with the 82nd Airborne Division (ABN DIV), and the 1st and 2nd Ranger battalions, proving their worth during combat operations in support of Operation Urgent Fury. Though operations in Grenada were brief, several medical units that included PAs provided critical care to soldiers and civilians, treating their wounds and getting them

safely away from the battlefield (email from Major [Retired] Jimmie E. Keller, former PA Consultant to the Army Surgeon General, Highlands Ranch, CO, November 17, 2015).

On Mother's Day 1986, Chief Warrant Officer 2 Pauline Gross (Figure 1-3) was deployed to Palmerola Air Force Base in Honduras

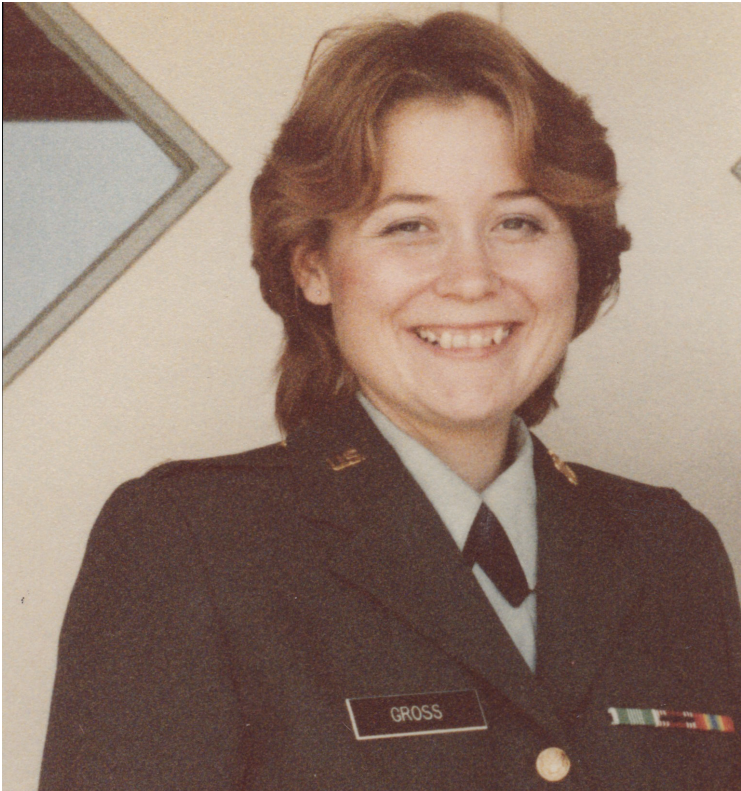


Figure 1-3. Chief Warrant Officer 2 Pauline Gross deployed to Palmerola Air Force Base in Honduras with the Joint Task Force-Bravo Medical Element as a physician assistant and surgical technician. As of this writing, now Colonel Gross is the longest serving PA in the US Army Medical Department. She was appointed the Army Installation Management Command Surgeon in 2015. Photograph courtesy of Colonel Pauline Gross.

to support Operation Golden Pheasant with the Joint Task Force (JTF)-Bravo Med Element. The purpose of this operation was to disrupt the Contra supply chain during the Iran-Contra events. JTF-Bravo Med Element included veterinarians, dentists, public health nurses, force protection, orthopedic surgeons, general surgeons, and family practice/internal medicine physicians who traveled to different villages, providing sick call and sexually transmitted disease clinics for the troops as well as the local population outside the gates. Because of her prior operating room experience, Gross also worked in the surgical suite assisting the surgeons with emergency procedures. As of 2015, now Colonel Gross is the Installation Management Command (IMCOM) surgeon, the longest serving active duty PA in the Army, and currently one of only five former members of the Women's Army Corps (WAC) still on active duty (email from Colonel Pauline Gross, Installation Management Command Surgeon, Fort Sam Houston, TX, February 18, 2016).

In 1984, Major Jimmie Keller became the first Army PA assigned to the White House medical staff. During his 4-year tour, he traveled to 35 US states and 22 foreign countries to prepare for and support presidential and vice presidential travels. This included the travel of families, staff, Secret Service, and the traveling press corps. Military PAs remain the primary care providers in the White House clinic and support the staff and government workers in the White House compound (see Chapter 18). Major Keller said his most memorable event was planning for and supporting the summits between President Ronald Reagan and Soviet General Secretary Mikhail Gorbachev in Geneva, Iceland, Moscow, and Washington, DC (email from Major [Retired] Jim E. Keller, PA-C, former PA Consultant to the Army Surgeon General, Highlands Ranch, CO, November 20, 2015).

In December 1989, in support of Operation Just Cause, several PAs deployed once again with the 82nd ABN DIV and the 75th Ranger Regiment to Panama in order to remove General Manuel Noriega from power. They parachuted into a hot Panamanian swamp in the middle of the night a few kilometers from the target, Torrijos International Airport, which was being held by Panamanian Defense Forces. Green tracers were coming at them from three different directions. Working through the marsh, Chief Warrant Officer 3 Bob Oyler, PA-C, of the 82nd ABN DIV, finally hit solid ground and crawled out onto dry land. Under the light of a half-moon, he saw a fence. Reaching underneath, he

found an 18” gap. Sliding his rucksack through, Oyler began to crawl under the fence. Unfortunately, he’d forgotten to remove his pistol belt, and his ammunition pouches got caught in the fence. As he struggled to get free, he heard Spanish voices right above him. With the enemy virtually standing over him, Oyler managed to undo his belt and pull his weapon. The enemy talked for a few moments but moved away in the other direction, and into a Ranger ambush. Oyler freed himself and proceeded to the assembly area. He was the first medic to arrive on the scene, and it had taken him 93 minutes to get there (email from Captain [Retired] Robert J. Oyler, PA-C, Headquarters Company, 307th Medical Battalion, 82nd Airborne Division, Saint Pauls, NC, December 21, 2015). In the 6 years after Grenada, Army PAs proved they could respond quickly and professionally in high-stress environments (email from Major [Retired] Jim E. Keller, PA-C, former PA Consultant to the Army Surgeon General, Highlands Ranch, CO, November 20, 2015).

The 1990s: Finally Commissioned

Though one of the first services to produce graduates from PA training, the Army would be the last to commission them. Air Force PAs were first commissioned in 1978, and Navy graduates were commissioned in 1989.¹⁷ In 1984, a study found that PAs provided care to 79% of patients seen by primary care physicians at half the cost. The Defense Audit Task Force on Non-Physician Health Care Providers recommended to Congress that all military PAs be commissioned officers.¹⁷ SAPA became critical in lobbying for commissioning. Despite Congress’ desire to commission Army PAs, it was not until 1990 that a proposal to do so was approved by the Army chief of staff. A year later the defense authorization bill included funding for commissioning PAs, authorized the inclusion of Army PAs into the Army Medical Specialist Corps (AMSC), and created a fourth assistant chief of the AMSC to supervise the PA section.¹⁸

Through diligent staff work, SAPA and AAPA involvement, and congressional influence, senior PA leadership garnered the support of Lieutenant General (Retired) Frank Ledford, the Army surgeon general, for PA commissioning. Lieutenant General (Retired) Ledford and others (including PA consultant Major [Retired] Jimmie Keller) convinced key Army leaders, including the chief of staff of the Army, General Carl Vuono; future chief of staff General Gordon Sullivan; and the deputy

chief of staff for personnel, Al Ono; to persuade secretary of the Army Michael P.W. Stone to commission Army PAs. The commissioning occurred on February 4, 1992, despite being in a period of Army force reductions.¹⁸ Across the globe, the Army commissioned 257 warrant officers to the ranks of second lieutenant through major. In 2007, the US Public Health Service was the first, and remains the only federal service organization, to promote PAs to the rank of flag officer with the promotion of Captain Michael Milner to the rank of rear admiral.¹⁹

In support of Operations Desert Shield and Desert Storm, over 230 PAs saw action in 1991; of these, 12 were women, and they deployed across the battlefield. Chief Warrant Officer Karen K. Kelso deployed with the 3rd Armored Cavalry Regiment (ACR). At the time, she was a 49-year-old grandmother; her second grandchild was born during her deployment. About a career spent supporting soldiers, Kelso remarked, "I fell in love with soldiers . . . It was amazing to me that they were willing to give their lives."²⁰ Additionally, in order to cover the large number of deployed PAs supporting these operations, the Army recalled retired PAs to active duty for the first time, including Vietnam veteran Chief Warrant Officer 2 Louis Rocco.¹³

In December 1990, eight physicians and four PAs were attached to the regimental clearing station for the 2nd ACR. The job of the 2nd ACR was to spearhead the VII Corps' end-run deep into the Iraqi Republican Guard's Tawakalna Division, which ended with US forces decimating the Iraqis in the Battle of 73 Easting. The operation required quick movement and a mobile facility to treat casualties. The PAs needed options for evacuation of casualties from the battlefield. With air evacuation and ground options cut off, medical staff had to be creative. Medics acquired two old Saudi buses and, with the help of maintenance troops and some scrap metal, converted these buses into mobile medical treatment facilities that would, supposedly, follow the battle and treat and remove casualties as needed. The buses were named the *Comfortless* and the *Merciless* after the Navy's medical ships, the USS *Comfort* and USS *Mercy*. On February 24, 1991, the buses crossed into Iraq. Unfortunately, just a few miles across the border, the brake line ruptured on the *Merciless* and it had to be abandoned. The *Comfortless* continued on, and in the course of the next 4 days, PAs treated approximately 60 wounded soldiers and civilians as the bus made its way across the desert. On February 28, the day the cease-fire went into effect, the *Comfortless* crossed the border into Kuwait,



Figure 1-4. The *Comfortless*, in the Kuwaiti desert, 1990.

mission complete (Figure 1-4). Ingenuity and teamwork made this mission a success.²¹

Chief Warrant Officer 2 Thomas F. Haigler, who was assigned to the 2nd ACR, stated that the biggest concern early on was the estimated casualty count. “It was estimated that 220 casualties would come from a squadron of 1,200, including 40 men who were expected to die. We were expecting to lose one of our tanks for every four of theirs. We faced not only conventional weapons but also the very real threat of chemical weapons.” However, there were few American or coalition casualties during the conflict, and the 2nd ACR (like the majority of US medical personnel) spent most of its efforts treating enemy prisoners of war.²²

PAs continued serving with distinction throughout the 1990s. Chief Warrant Officer 3 William “Doc” Donovan was a legend in both the PA and Special Operations communities. In 1980, Donovan served as chief medic during the failed attempt to rescue the hostages in Iran. Among the hostages was Don Hohman, an Army medic on the embassy staff, who later went on to graduate from the PA program in 1984 (personal communication, Chief Warrant Officer 3 [Retired], William “Doc” Donovan, Atlanta, GA, August 25, 2015).

In 1991, Chief Warrant Officer 3 Louis “Lou” Smith III was assigned to the 5th Special Forces Group when the 1st Battalion, 75th Ranger Regiment conducted a combat parachute training mission into Kuwait. According to Smith, during high winds, the unit “evacuated some 40 guys off the drop zone.” Two days later, “Doc” Donovan hobbled into Smith’s aid station with a broken foot. Donovan had been blown off course and walked over 20 miles on his injured foot (personal communication, Colonel [Retired] Louis H. Smith III, Andrew Rader US Army Health Clinic, Fort Myer, VA, January 5, 2016).

In 1992, Donovan earned the Soldier’s Medal for Heroism after he and two others rowed a Zodiac boat continuously for 4 hours in near-freezing weather to save fellow Rangers from drowning after a helicopter crash during a training mission in Utah. In 1999, Donovan, who had served in Vietnam and as well as multiple operations including Eagle Claw, Urgent Fury, Just Cause, Desert Storm, and Restore Hope, became the first and only PA to be inducted into the US Army Ranger Hall of Fame.²³

After the Gulf War, the federal government began mandatory force reductions, and these reductions led to the consolidation of the military’s PA programs. In 1995, the Army PA program was renamed and reflagged as the Interservice PA Program (IPAP), based at Fort Sam Houston, with an effective date of May 1996. Today, this program matriculates students from the Army, Air Force, Navy, and Coast Guard, with the majority of IPAP students being Army active duty, Reserve, and National Guard. Recently the program was lengthened from 24 to 29 months. Currently, students attend a 16-month didactic phase (Phase 1) followed by a 13-month clinical phase (Phase 2) at one of 22 military medical treatment facilities. The program’s vision is “to be recognized as the world-class leader in physician assistant education,”²⁴ and in 2015 the IPAP was ranked 11th out of 164 US PA programs by *US News and World Report*.²⁵

On October 2, 1995, Sergeant First Class Robert Howes, who was attending the Special Forces Advanced Noncommissioned Officer Course, helped prevent further deaths during a dawn sniper attack at Fort Bragg that resulted in the death of one officer and wounding of 18 soldiers. Sergeant First Class Howes, along with three other Special Forces noncommissioned officers, were doing a physical training run nearby and heard the shots. They diverted to help subdue the shooter, and Howes was wounded in the foot. While at Womack Army Hospital, he

was visited by the Fort Bragg senior PA, Major Michael Robertson, and asked what he wanted to do in the Army. Howes stated he wanted to go to PA school. He applied and was admitted to the IPAP, and served as a PA in the 1st Battalion, 36th Infantry Regiment in Friedberg, Germany, and in Iraq, then attended training to become an orthopedic PA. He retired from military service at Brooke Army Medical Center (BAMC), November 10, 2011, culminating his military career as the Army orthopedic PA residency director, and recently retired from BAMC as a civilian orthopedic PA in 2016 (email from Lieutenant Colonel David L. Hamilton, Commander, Public Health Command District-Fort Bragg, Fort Bragg, NC, November 20, 2015, and personal conversation, Lieutenant Colonel Amelia Duran-Stanton, Deputy Chief, Thermal and Mountain Medicine Division, Natick, MA, October 4, 2016).

Early 21st Century: Battle Hardened

Following the attacks of September 11, 2001, and the beginning of the conflicts in Iraq and Afghanistan, Army PAs found themselves overworked and understaffed. The Army PA became the most deployed AMEDD officer. Today, the Army has 836 active duty PAs, including those in the process of retiring and those attending graduate-level education. Collectively, Army PAs have conducted 1,129 combat tours for a total of 9,278 months. The average combat tour is 12 months. Individually, Army PAs averaged 21.6 months, or 1.75 combat tours per PA. Many PAs in these conflicts have been deployed for a total of 3 to 4 years (email communication, Major Nicholas Bradley, PA-C, 65D Assignment Officer, Human Resource Command, Fort Knox, KY, February 9, 2017).

In February 2003, Lieutenant Colonel (Retired) Donald Parsons, a retired Army PA and medic training instructor at Army Medical Department Center & School (AMEDDC&S), became concerned about a lack of standardized tactical combat casualty care (TCCC) training for first responders and conventional Army medics. At the time military medicine had employed training doctrine that was more in line with care of civilian trauma patients. This doctrine failed to fully recognize the unique challenges of providing care within austere environments, with medical personnel caring for injured at night or under enemy fire, while moving patients through long evacuation corridors. Parsons participated in numerous discussions with special operations medical

personnel and became a member of the Committee on Tactical Combat Casualty Care (CoTCCC). The CoTCCC was established in 2001 as a US Special Operations Command biomedical research effort to ensure that emerging technology and information is incorporated into the TCCC guidelines on an ongoing basis. The membership of the CoTCCC includes combat medics, corpsmen, pararescue jumpers, physicians, and PAs.²⁶

As a former 18D (Special Forces medic), Parsons understood the training of Special Operations medics and was intrigued by the 75th Ranger Regiment's success at treating combat injuries, including a successful bleeding (hemorrhage) control kit that was attached to every Ranger's body armor. The kit was developed by a team that included then Captain John F. Detro, an Army Ranger PA, who provided an example of the kit to Parsons. The original Ranger kit included a tourniquet, trauma dressing, nasopharyngeal airway, 14-gauge catheter for needle decompression, oral antibiotic/analgesic pill pack, intravenous starter kit, surgical tape, and gloves. This kit evolved into today's Individual First Aid Kit (IFAK), which has been issued to every soldier during Operation Enduring Freedom, Operation Iraqi Freedom, and other overseas contingency operations. The IFAK's contents, like the Ranger's kit, are focused on the three leading causes of preventable death: airway compromise, tension pneumothorax, and extremity exsanguination (personal conversation, Lieutenant Colonel John F. Detro, Physician Assistant Consultant to The Surgeon General, Falls Church, VA, January 5, 2016).

In discussions with TCCC leaders, Lieutenant Colonel (Retired) Parsons advocated for training on proper usage of the IFAK to be included in AMEDDC&S curriculum, including publishing an article for *Infantry* magazine describing how this new kit would save soldiers' lives. Eventually his concepts were incorporated into updates of the Combat Lifesaver Course (CLS), which became required for every soldier in 2008 and is now part of Basic Combat Training.²⁶

In 2003, Captain James Rice and fellow PAs developed a rough draft for a predeployment trauma course designed to prepare frontline PAs for combat. Eventually called the Tactical Combat Medical Care (TCMC) Course, the training was developed to teach PAs the techniques required to treat preventable causes of battlefield death. The TCMC gained the Army surgeon general's approval and was first offered in April 2004. Shortly afterward, other medical providers began to attend the course.

Today, all providers deploying to Roles 1 and 2 combat assignments are required to attend the course.²⁷

In 2003, the United States again invaded Iraq, commencing the start of Operation Iraqi Freedom. Many PAs stationed at medical treatment facilities across the nation were deployed to support operations in theater, and many of these facilities were left without critical support. To provide adequate coverage for dependents, retired PAs were recalled to active duty for the second time. Recall was restricted to those still actively practicing medicine and included fill for 30 to 60 positions, with plans to recall more if the situation deteriorated (email from Major [Retired] Jim E. Keller, former PA Consultant to The Army Surgeon General, Highlands Ranch, CO, November 20, 2015).

In 2006, then Major Leonard Gruppo, the director of the Army's Emergency Medicine PA (EMPA) Residency Program, proposed a doctorate-level clinical training program for specialty PAs. The goal was to produce specialized PAs with a substantially higher level of clinical competency. This increased capability could then be forward deployed with units on the battlefield. The EMPA program started in July 2005, then was expanded from 12 to 18 months, and the first class graduated with a Doctor of Science in Physician Assistant Studies—Emergency Medicine from Baylor University on December 15, 2007. These PAs became the first in the nation to earn clinical doctorate degrees. Since this first graduation, the Army has developed similar doctorate programs in clinical orthopedics and clinical general surgery/intensivist.²⁸

In 2004 Captain Sean Grimes, a dedicated PA, was assigned to the 1st Infantry Battalion, 9th Infantry Regiment, 2nd Brigade Combat Team, 2nd Infantry Division, Camp Hovey, Korea. His tour was almost over, but his commander wanted to keep him for another tour because he was good at his job, and good with people. Grimes, however, wanted to go into combat. He had orders for the 3rd Infantry Division in Georgia, and he would go to war with that unit, but it was going to take a few months. Word came that the 2nd Brigade Combat Team was going to deploy to Iraq from Korea. An officer with that team was unable to deploy at that time, so Grimes volunteered to take his place. On March 4, 2005, six months after Grimes deployed to Iraq, an improvised explosive device detonated near his convoy outside Ramadi, killing Grimes and three others. Grimes was the first PA killed on the battlefield in Iraq. At Fort Campbell, his home post, a training center at Blanchfield Army Community Hospital has been named for

Grimes. His family used Grimes' life insurance money to establish an educational scholarship award through SAPA (email from Major Shawn Lockett, Deputy Division Surgeon, 2nd Infantry Division, Beijing, China, September 27, 2016).

In 2009, Combat Outpost (COP) Keating, in Afghanistan, was one of many forward operating bases being closed. The enemy was anticipating the closure, and on October 3, 400 Taliban troops launched a brutal attack on COP Keating. Intense fighting continued for more than 12 hours. A team of medics, led by PA Captain Christopher Cordova, Headquarters Troop, 3rd Squadron, 61st Cavalry Regiment, 4th Brigade Combat Team, 4th Infantry Division, cared for the injured and helped defend the COP. Under heavy fire and with medevac support unavailable, Cordova and his team treated traumatic battle wounds and evacuated 16 Afghan soldiers and US personnel while providing aid to another 27 "walking wounded." In an event that continued for 84 hours, Cordova successfully led his team and provided continuous medical support to soldiers at the base. In recognition of his actions over those long days, Cordova earned the Silver Star for gallantry in action against an armed enemy.²⁹

Continuing Progress

In 2015, Major Saibatu Mansaray-Knight, PA-C, was designated as the Army military aide to the vice president of the United States. "This prestigious position is usually held by a line officer, such as an infantry officer or pilot," said Lieutenant Colonel James J. Jones, PhD, PA-C, deputy director and chief of protective medicine, White House Medical Unit. "It's not a medical role at all—which makes her appointment unique."³⁰ Most recently, Colonel John Balsler, the command surgeon for the US Army Reserves, became the first PA to be selected for as chief of the Army Medical Specialist Corps (email from Colonel Nikki Butler, Human Resources Command, Fort Knox, KY, January 19, 2016).

Conclusion

Today's Army PA is not only a clinician, but also a leader. Several PAs have served in command roles, senior clinical positions, and administrative leadership roles throughout Army and military medicine. Army PAs are seasoned veterans with years of service. By drawing on

their experiences, PAs can lead in both tactical and clinical settings. Today's soldiers continue to pave the way for future Army PA and AMSC leaders. Perhaps in the future, a PA will become the Army Medical Specialist Corps chief or an Army PA will attain flag officer rank. One thing is certain, the future of the Army PA is bright, and the potential is limitless. As Colonel John Balser frequently states, "PAs are the chameleons of the AMEDD," able to adjust to any mission, anywhere, at any time. One day, their own general officer will represent Army PAs (email from Colonel John E. Balser, Command Surgeon, US Army Reserve Headquarters, Fort Bragg, NC, January 20, 2016).

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ATTACHMENT: ARMY PHYSICIAN ASSISTANT DISTINCTIONS

First Physician Assistant to Serve as Chief of the Army Medical Specialist Corps

2017–Present: COL John E. Balser

Physician Assistants Who Have Served as Chief of the Physician Assistant Section and Assistant Chief of the Army Medical Specialist Corps

1992–1994: MAJ Jimmie E. Keller
1994–1998: LTC Patrick D. Feely
1998–2002: LTC Louis H. Smith, III
2002–2006: COL William L. Tozier
2006–2010: COL Michael A. Robertson
2010–2014: LTC John E. Balser
2014–Present*: LTC Jeff Oliver, Physician Assistant Branch Chief-
Assistant Medical Specialist Corps Chief; LTC John F. Detro, 65D
Consultant

*In 2015, the Army Medical Specialist Corps divided the duties of the Area of Concentration Branch Chief and Consultants, making these positions separate duties. Lieutenant Colonel Oliver and Lieutenant Colonel Detro are the first two physician assistants to serve in these new roles.

Army Physician Assistant Purple Heart Recipients

COL Michael A. Robertson	CPT Brett C. Gendron
MAJ Andrew H. Allen	CPT Richard Eugene Gieck
MAJ Robert Wade Bradley	CPT Joseph Newton Gomez
MAJ John Fitzgerald Detro (three awards)	CPT Sean Grimes
MAJ Robert Bradley Rather	CPT Travis L. Jacobs
MAJ Paul Joseph Schillaci	CPT Corey J. Jenkins
MAJ Jim Arnold	CPT Andrew R. Kennedy
CPT Juan Briones	CPT Garrett W. Larson
CPT Christopher B. Dominguez	CPT Jeremy A. McGuffey
CPT Thomas John Eigel Jr	CPT Dustin T. Overholt
CPT Andrew D. Fisher	CPT Michael A. Ramos
	CPT Marion J. Smith III

CPT Nathaniel J. Taylor
CPT Jeffrey L. Tyler

CPT Cody Zane Williams
1LT Allan Ray Thomas

Army Physician Assistant Iron Majors Awardees

The Chief, Army Medical Specialist Corps (SP) Iron Majors Award is a selection process to identify outstanding majors and captains promotable of the SP Corps who have displayed exceptional leadership skills, with the ability to mentor junior officers and foresee and participate in the future growth and potential of SP Corps officers. This annual award is bestowed upon selected recipients and culminates with the attendance of a senior leader development symposium in the National Capital Area, where invaluable exposure to strategic issues, interagency relations, and senior leader interaction at the Office of The Surgeon General level occur, building the foundation of our future strategic leaders.

2009

MAJ David Bauder
MAJ Robert Heath
MAJ James Jones

2010

MAJ George Barbee
MAJ Marni Barnes
MAJ Michael Franco
MAJ David Hamilton
MAJ Kane Morgan

2011

MAJ Stephen DeLellis
MAJ Amy Jackson
MAJ Dawn Orta
MAJ Bill Soliz

2012

MAJ Michael Coote
MAJ Michael Davidson
MAJ John Detro
MAJ Amelia Duran-Stanton
MAJ James Schmid
MAJ Bradley Warr

2013

MAJ Chad Cole
MAJ Owen Hill
MAJ Dustin Martin
MAJ Johnny Paul
MAJ Larry Wyatt

2014

MAJ Christopher Pase

2015

MAJ Aaron Cronin
MAJ Ryan McGill
MAJ Sharon Rosser
MAJ Brian Savage

2016

MAJ Seth Holland
MAJ Manuel Menendez
MAJ Maureen Giorio
MAJ Benjamin Kocher
MAJ Anisa Garcia (Reserves)

The Surgeon General's Physician Assistant Recognition Award

- 1981: CW2 Gerald T. Mlakar, 1st Armored Division, Germany
- 1982: CW2 Donald L. Parsons, 172nd Infantry Brigade, Vicenza, Italy
- 1983: CW3 Keith B. Sunderlin, 82nd Airborne Division, Fort Bragg, NC
- 1984: CW2 William Donovan, 1st Battalion (Ranger), 75th Infantry, Hunter Army Airfield, GA
- 1984: CW2 Stephen E. Brick, 2nd Battalion (Ranger), 75th Infantry, Fort Lewis, WA
- 1985: CW2 Henry B. Sablan, 5th Battalion, 15th Field Artillery, Fort Ord, CA
- 1986: CW2 Samuel L. Jewett III, 1st Battalion, 68th Armor, 8th Infantry Division, Germany
- 1987: CW2 Charles M. Russell, 2nd Battalion, 75th Field Artillery, Hanau, Germany
- 1988: CW2 Patrick F. Roper, 2nd Squadron, 11th Armored Cavalry Regiment, Fort Irwin, CA
- 1989: CW3 Judith E. Colver, 547th General Dispensary, Grafenwoehr, Germany
- 1990: CW3 Terry L. Lewis, AMEDD Personnel Proponent Division, Academy of Health Sciences, Fort Sam Houston, TX
- 1991: CW4 Duane K. Paulus, 1st Battalion, 319th Airborne Field Artillery Regiment, 82nd Airborne Division, Fort Bragg, NC
- 1992: CPT Michael K. Cavanagh, Joint Special Operations Command, Fort Bragg, NC
- 1993: 1LT John E. Hurley III, 3rd Battalion, 75th Ranger Regiment, Fort Benning, GA
- 1994: CPT Peter A. Forsberg, Brooke Army Medical Center, Fort Sam Houston, TX
- 1995: CPT Joseph F. Creedon, JR., Evans Army Community Hospital, Fort Carson, CO
- 1996: CPT Charles E. Solesbee, USA MEDDAC, Fort Jackson, SC
- 1997: CPT Jonathan R.C. Green, USA MEDDAC, Fort Stewart, GA
- 1998: CPT Dale J. Rush, 1st Battalion, 10th Special Forces Group, Stuttgart, Germany
- 1999: CPT Anne M. Albert, USA MEDDAC, Fort Leavenworth, KS
- 2000: CPT Leonard Q. Gruppo, JR, 2nd Battalion, 5th Special Forces Group, Fort Campbell, KY

- 2001: 1LT James J. McIlwee, 172nd Combat Support Battalion, Fort Wainwright, AK
- 2002: CPT David L. Hamilton, 2nd Battalion, 37th Armor, Friedberg, Germany
- 2003: 1LT (P) Kevin W. Burnham, USA FORCES CENTCOM, Camp As Sayliyah, Qatar
- 2004: CPT Christopher S. Van Winkle, 82nd Forward Support Battalion, 82nd Airborne Division, Fort Bragg, NC
- 2005: CPT John E. Hendricks, 1st Battalion, 6th Field Artillery, 1st Infantry Division, Bamberg, Germany
- 2006: CPT John F. Detro, HHC, 3rd Battalion, 75th Ranger Regiment, Fort Benning, GA
- 2007: CPT Patrick C. Williams, 172nd Stryker Brigade Combat Team, Fort Wainwright, AK
- 2008: CPT William C. Swaims, 173rd Armored Brigade Combat Team, Camp Blessing, Afghanistan
- 2009: CPT Anthony J. Bohl, 173rd Special Troops Battalion, Bamberg, Germany
- 2010: CPT Andrew D. Fisher, HHC, 1st Battalion, 75th Ranger Regiment, Hunter Army Airfield, GA
- 2011: CPT Christopher Cordova, 3-61st Cavalry, 4th Brigade Combat Team, 4th Infantry Division, Fort Carson, CO
- 2012: CPT Manuel Menendez, HHC, 3rd Battalion, 75th Ranger Regiment, Fort Benning, GA
- 2013: MAJ George A. Barbee, Womack Army Medical Center, Fort Bragg, NC
- 2014: MAJ Lindsey K. Faudree, HHC, 160th SOAR (A), Fort Campbell, KY
- 2015: MAJ John B. Robinson, Defense Medical Readiness Training Institute (DMRTI), JBSA Fort Sam Houston, TX

Army Physician Assistants With “A” Designation

The “A” proficiency designator is the highest recognition for professional excellence in the Army Medical Department (AMEDD). Candidates for the honor must be eminently qualified to chair a department, division, or service, or have attained full professional status and national prominence in their field. This annual award can be given to eligible candidates in the AMEDD active component, Army National Guard, and US Army Reserve.

COL John E. Balsler	LTC James J. Jones
COL Pauline V. Gross	LTC Roberto E. Marin
COL Richard A. Villarreal	LTC Dawn L. Orta
LTC George A. Barbee	LTC Jeffrey E. Oliver
LTC (Ret) Bruce J. Beecher	LTC James G. Paimore
LTC David W. Broussard	LTC Pamela A. Roof
LTC John F. Detro	LTC (Ret) James T. Schumacher, Jr
LTC Amelia M. Duran-Stanton	LTC Kenneth Shedarowich
LTC David L. Hamilton	LTC Patrick A. Sherman
LTC Robert S. Heath	LTC Bill A. Soliz
LTC Owen T. Hill	LTC Michael P. Way
LTC Paul V. Jacobson	LTC (Ret) Patricia M. Williams
LTC Amy L. Jackson	MAJ Jonathan D. Monti

Specialist Corps Chief’s Award of Excellence

The Chief, Army Medical Specialist Corps (SP) Award of Excellence provides personal recognition by the Corps chief to active and reserve company-grade SP officers who have made outstanding contributions to the accomplishment of military medicine in their respective fields. This annual award is may be given to active duty company-grade occupational therapists, physical therapists, and dietitians, and reserve component company-grade occupational therapists, physical therapists, dietitians, and physician assistants.

2009: CPT Kristy Linginfelter (65D)

2013: CPT Michael Bell (65D)

Army Federal Physician Assistant of the Year Award

Every year between 1990 and 2009 the Association of Military Surgeons of the United States (AMSUS) awarded the Federal Physician Assistant of the Year Award, recognizing superior contribution, steadfast mission support, and accomplished technical performance. Three army physician assistants were honored with this accolade.

1991: CW4 Jimmie E. Keller, PA-C

2006: CPT John F. Detro, SP, PA-C

2009: COL Louis H. Smith III, SP, PA-C

