



DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
FORT SAM HOUSTON, TEXAS 78234-6200

REPLY TO  
ATTENTION OF  
MCHE-PO

17 December 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Brooke Army Medical Center (BAMC) Internal and External Tasking Policy  
(Policy Memorandum #24)

1. References.

- a. AR 220-1, 01 September 1997, Unit Status Reporting.
- b. MEDCOM Reg 350-4, 01 October 1996, Readiness Training Requirements.

2. Purpose. To establish policy, procedures, and define responsibilities to meet Great Plains Regional Medical Command (GPRMC), Installation external tasking requirements and internal BAMC tasking requirements.

a. External Taskings.

(1) Installation Management Agency (IMA)

- (a) Installation Support
- (b) Total Army Involvement in Recruiting (TAIR)
- (c) End of Month (EOM) Ceremonies

(2) GPRMC/Medical Command (MEDCOM)

- (a) Professional Filler System (PROFIS) Activations/Deployments
- (b) PROFIS Slot Fills
- (c) Regional Backfill Requests
- (d) Humanitarian Assistance Missions
- (e) Augmentees
- (f) MEDCOM Directed Missions

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b. Internal Taskings.

(1) Range Qualifications

(2) Common Task Training (CTT)

(3) PROFIS Exercises (PROFEXs) and other Field Training Exercises (FTXs)

(4) Other taskings as determined by the Troop Commander and the Chief, Security, Plans, and Operations Division.

3. Applicability. This memorandum applies to all companies and sections attached to BAMC Troop Command.

4. General.

a. The point of contact on the BAMC Staff for taskings is the BAMC Security, Plans, and Operations Division.

b. External taskings from the Installation or GPRMC will be forwarded through the Security, Plans, and Operations Division as follows:

(1) Deputy Commander for Clinical Services (DCCS) will receive and execute taskings for the following officers:

(a) All Medical Corps (MC) officers.

(b) All Medical Specialty Corps (SP) officers, except 65C Dieticians.

(c) The following Medical Service Corps (MS) officers:

(1) 65D Physician's Assistant

(2) 66F Nurse Anesthetist

(3) 66P Family Nurse Practitioner

(4) 67B Laboratory Scientist

(5) 67C Preventive Medical Scientist

(6) 67D Behavioral Scientist

(7) 67E Pharmacy Officer

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- (8) 67F Optometrist
- (9) 67G Podiatrist
- (10) 71A Microbiologist
- (11) 71B Biochemist
- (12) 71E Clinical Laboratory Officer
- (13) 71F Research Psychologist
- (14) 72A Nuclear Medicine Scientist
- (15) 72B Entomologist
- (16) 72C Audiologist
- (17) 72D Environmental Science Officer
- (18) 72E Sanitary Engineer
- (19) 73A Social Work Officer
- (20) 73B Clinical Psychologist

(2) Taskings for Medical Service Corps (MS) officers, other than those with Areas of Concentration (AOC) mentioned in para 4b(1)(c), Army competitive category officers, and SP officers with an AOC of 65C (Dietician) will be directed to the Deputy Commander for Administration for execution.

(3) Taskings for Army Nurse Corps (ANC) officers will be directed to the Assistant Chief, Department of Nursing for execution.

(4) Taskings for all Institute of Surgical Research (ISR) enlisted and officer personnel will be directed to the Commander, ISR for execution.

(5) Taskings for enlisted personnel will be directed to the appropriate Military Occupational Specialty (MOS) Manager. All MOS Managers are mandated to coordinate taskings across department, division, and section lines of authority. If agreement cannot be reached, the Deputy Commander in the MOS Manager chain of supervision will make the final decision.

(a) 91A, 91H, 91J, and 95B will be directed to the NCOIC, Logistics Division.

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(b) 91D, 91W, and all 91W with Additional Skill Identifier (ASI) will be directed to the NCOIC, Department of Nursing.

(c) 91E will be directed to the NCOIC, Department of Oral Surgery.

(d) 91G will be directed to the NCOIC, Patient Administration Division (PAD).

(e) 91K will be directed to the NCOIC, Department of Pathology and Laboratory Services.

(f) 91M will be directed to the NCOIC, Department of Nutrition Care.

(g) 91P will be directed to the NCOIC, Department of Radiology.

(h) 91Q will be directed to the NCOIC, Department of Pharmacy.

(i) 91S will be directed to the NCOIC, Department of Preventive Medicine.

(j) 91T will be directed to the First Sergeant, ISR.

(k) 91V will be directed to the NCOIC, Department of Medicine.

(l) 91X will be directed to the NCOIC, Department of Behavioral Medicine.

(m) 91Z and 00Z will be directed to the BAMC Command Sergeant Major (CSM).

(n) 92Y will be directed to the NCOIC, BAMC Troop Command S-4.

(o) 71L, 75B, 75H and 79S will be directed to the NCOIC, BAMC Trp Cmd S-1.

(p) 56M will be directed to the NCOIC, Department of Ministry/Pastoral Care.

(q) 27D will be directed to the NCOIC, Center Judge Advocate's Office.

c. Troop Command Medical Companies will retain authority to execute company-level taskings within their respective companies (i.e. details, training support, range qualification, CTT, etc). Company missions will be planned for in an equitable manner during Troop Command training meetings. Every effort will be made to balance internal and external taskings with company-level missions.

## 5. Responsibilities.

a. The BAMC Security, Plans, and Operations Division is the command executive agent and approving authority for taskings. Security, Plans, and Operations Division will:

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(1) Identify the appropriate Department Deputy, Commander, Assistant Chief, or MOS Manager for routing and approval of individual taskings.

(2) Provide necessary coordination with the gaining unit and coordinate resource management issues (e.g. packing lists, transportation and destination, passport applications, fund citation, special SRP requirements, etc.).

(3) Inform the appropriate company commander and Family Readiness Group (FRG) to support the families of tasked soldiers.

b. Office of the Surgeon General (OTSG) and the regional MEDCOM consultants must redirect formal taskings to GPRMC Operations and back to Security, Plans, and Operations Division for formal tasking mechanism to be activated. OTSG and GPRMC must be careful not to formally commit BAMC in their discussions.

c. Individual Departments and Divisions will:

(1) Consult with their respective Deputy, Commander, Assistant Chief, or MOS Manager to identify by name selections to satisfy taskings. This includes designation of an alternate name to replace any personnel not able to deploy for legitimate reasons.

(2) Provide a conduit for information communication from Trp Cmd to the tasked individual and FRG.

(3) Coordinate adjustments in appointment and roster templates to accommodate the absence of deployed personnel. This includes patient rescheduling and notification, as required.

(4) Coordinate the impact of taskings on Graduate Medical Education (GME) with the education coordinator and DCCS.

d. Individuals tasked are responsible for contacting the POC from the gaining organization for any further coordination not on the original tasker.

e. Should a soldier in an assigned PROFIS slot become non-deployable, the slot must be refilled by the appropriate AOC or MOS manager.

6. Special Instructions.

a. Reclama Process.

(1) GPRMC tasking.

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(a) BAMC Security, Plans, and Operations Division has seven days from receipt of the tasking to process the tasking or reclama.

(b) Tasked elements have four days from receipt of the tasking to process the tasking or reclama.

(2) Installation tasking.

(a) BAMC Security, Plans, and Operations Division has 72 hours from receipt of the tasking to process the tasking or reclama.

(b) Tasked elements have 24 hours from receipt of the tasking to process the tasking or reclama.

(3) Reclamas will be sent to the BAMC Security, Plans, and Operations Division point of contact with complete justification as soon as inability to execute the tasking is realized. Failure to reclama within the specified period of time will constitute acceptance of the tasking.

b. The preferred method of communication for taskings is via email.

c. BAMC Trp Cmd S-1 Personnel Operations Branch will prepare all orders as needed (DD Form 1610). Temporary Change of Station (TCS) Orders will be coordinated by S-1 Personnel Operations Branch.

7. Questions regarding BAMC Tasking Policy should be directed to the BAMC Security, Plans, and Operations Division.

2 Encls

/S/  
JAMES A. MUNDY  
LTC, MS  
Troop Commander

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**ENCLOSURE 1**

<b>MOS/ASI</b>	<b>MOS Consultant Roster</b>	<b>Work #</b>	<b>Pager#</b>	<b>Date: 22 October 2002</b>	<b>Comments</b>
GPRMC OPS		295-2358			
91D - OR Tech		916-5509	513-3362		
91W - No ASI					
91WM6 - Nursing ASI					
91G - PAD		916-1175	513-2029		
91H - Optician		295-4070			
91J - Logistics		916-4496	513-0509		
91KM2 - Cytology		916-4114	513-7997		
91KM4 - Lab					
91M - Hosp Mess		916-1003			
91P - Radiology		916-4188			
91Q - Pharmacy		916-4044			
91S - Env Health		295-2500	513-6621		
91T - Vet Tech		916-3968	513-5857		
91V - Respiratory		916-0769	513-9305		
91WN3 - OT		916-5805	513-1249		
91WN9 - PT		916-3156	272-5920		
91WP1 - Orthopedics		916-5209			
91WP2 - ENT		916-1244			
91WP3 - Ophthalmology		916-1717			
91WY60 - Cardiology		916-4877	513-0388		
91X - Mental Health		916-3754	513-3089		
91Z - Chief Medical NCO		916-4217			
92Y - Unit Supply Spec		916-9707			
95B - Military Police		916-3621			
71L - Admin Spec		916-9377	513-9562		
75B - Pers Admin Spec					
75H - Pers Admin Spec					
79S - Career Counselor		916-9746			
56M - Chaplain's Asst		916-1105			
27D - Paralegal		916-5879			
00Z - Sergeant Major		916-4217			

**ENCLOSURE 2**

**EXTERNAL TASKINGS**  
**FLOW CHART**

