



DEPARTMENTS OF THE ARMY AND THE AIR FORCE

NATIONAL GUARD BUREAU
2500 ARMY PENTAGON
WASHINGTON, D.C. 20310-2500



NGB-ARP

25 Nov 96

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: (All States Log Number # 197-0040) State Area Command (STARC)
Medical Detachment Reorganization Implementation Instructions

1. The Army National Guard (ARNG) Surgeon's Office has, in accordance with a Department of the Army, Deputy Chief of Staff for Operations directive, reevaluated the Table of Distribution and Allowances (TDA) Medical Support of the ARNG. On 9 July 1996, I approved the new STARC Medical Detachment concept. The STARC Medical Detachments are organizations that will consolidate personnel, have the ability to meet the pre-mobilization medical requirements of the states, and not detract from the training of medical and non-medical Table of Organization and Equipment units.

2. The TDA medical structure previously developed to meet the pre-mobilization medical requirements of the ARNG is in place. However, these elements are not consistent in mission, structure, and distribution of personnel. Because of the pressing need to do business better now, I am directing immediate implementation of the STARC Medical Detachments according to the organizational model attached.

3. MEDICAL DETACHMENT INFORMATION: Enclosure 1, STARC Medical Detachment Concept. This gives background and organizational information on how the model was developed and how the detachment is to be organized.

4. STARC MEDICAL DETACHMENT MODEL: Enclosure 2, STARC Medical Detachment staffing model, shows the STARC Medical Detachment organization model in detail.

5. STARC MEDICAL DETACHMENT ALLOCATIONS: Enclosure 3, STARC Medical Detachment Allocations, identifies the number of teams and sections allocated to each state.

6. The responsibilities of the State Surgeon will be combined with the responsibilities of the Detachment Commander. The responsibilities of the State Chief Nurse will be combined with the responsibilities of the Deputy Detachment Commander. The Deputy Commander and Executive Officer will be Army Medical Department (AMEDD) branch immaterial. An exception to policy will be considered to retain only the State Surgeon in

NGB-ARP

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paragraph 003A of the STARC TDA. If the State Surgeon (COL/06) is not dual hatted as the Detachment Commander, grades of the Detachment Commander and the Deputy Commander will be LTC/05, the Executive Officer will be MAJ/04 and these positions will be AMEDD branch immaterial. Additionally, the STARC Medical Detachment will provide the "billpayer" for the separated State Surgeon.

7. A revised medical equipment list for supporting the physical examination mission of the STARC Medical Detachment will be published in the October 1996 Department of the Army Supply Bulletin, SB 8-75-S10. In the interim, a follow-on memorandum will be published to provide an advance copy of authorized equipment, the rationale used to develop the listing, and instructions for deleting obsolete equipment or requesting additional equipment to support mission requirements.

8. Those states with medical positions remaining from the former Regional NCO Academies, Gowen Field, and Camp Robinson, (now documented on the Total Army School System (TASS) schoolhouse TDAs) will have the TDA positions eliminated from the TASS TDAs upon implementation for the new STARC Medical Detachments. Arkansas, Idaho, Louisiana, Mississippi, Nebraska, Pennsylvania, South Carolina, and Utah will have their current TASS medical mission absorbed into the STARC Medical Detachments. Full-time support requirements (Medics, 91B) will be reviewed for applicability within the STARC Medical Detachment. Until review is complete personnel should continue in their current capacities.

9. The TDA positions that the state may have added, from existing TDA structure, during the developmental stages of the present Medical Detachment, and the two TDA positions used for the State Surgeon and State Nurse, may be kept, based on the State Objective Force Structure Allowance (SOFSA) for the state. For example: your original AMEDD Wedge was 135 positions and the state added an additional 35 positions from the STARC, a total of 170 positions. Now the new STARC Medical Detachment model shows that your state will receive 80 positions. The 35 positions that were previously contributed to the STARC Medical Detachment may be used elsewhere within the STARC, (as non-medical positions), if your state is short of its SOFSA, the positions will be returned to National Guard Bureau if your state is over its SOFSA, the STARC Medical Detachment will remain in paragraph 200 of the STARC TDA.

10. The target is to document the changes in the Winter Management of Change (MOC) Window with an effective date in FY98. Changes to state allocation for specific individual manning of the STARC Medical Detachment, and redocumentation of TDA

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NGB-ARP

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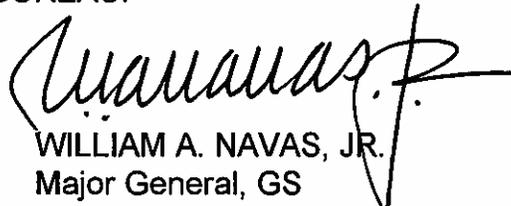
positions, (other than to augmentation paragraphs), must be staffed not later than 15 December 1996. No changes to the basic organizational structure will be staffed. If your STARC is not scheduled for update in the Winter MOC Window, you will receive a memorandum of authority to implement the STARC Medical Detachment changes prior to their update and documentation.

11. The STARC Medical Detachment full-time support staffing will remain the same based on the current Manpower Baseline Table (1995) and force structure guidance (July 1996). Upon implementation of the STARC Medical Detachment concept these full-time requirements will be adjusted accordingly.

12. Points of contact for this implementation are COL Lloyd, NGB-ARP-HN, DSN 327-7143, or commercial 703-607-7143, and LTC Armstrong, NGB-ARF-IC, DSN 327-7804, or commercial 703-607-7804.

FOR THE CHIEF, NATIONAL GUARD BUREAU:

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Encls
as


WILLIAM A. NAVAS, JR.
Major General, GS
Director, Army National Guard

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INFORMATION PAPER

NGB-ARP-HN
29 October 1996

1. SUBJECT: STARC Medical Detachment Concept

2. FACTS:

a. DA-DCSOPS Memorandum, dated 24 April 1995, Subject: Army National Guard State Area Command Medical Table of Distribution and Allowances (ARNG STARC Medical TDA) Concept Plan:

(1) Directed ARNG participation in Office of the Surgeon General (OTSG) pilot program to assess the ability of existing medial structure to meet Guard medical requirements.

(2) Directed an annual "relook" of medical requirements to return TDA spaces to Guard MTOE structure, as able.

b. STARC Medical TDAs were originally documented for fifty state and territories.

c. In October 1995 the ARNG Surgeon's Office began relooking the STARC Medical TDAs as directed by DA-DCSOPS memorandum. This evaluation has examined the entire concept of the STARC Medical TDAs. This medical structure was renamed the STARC Medical Detachment. Mission, structure, personnel requirements, medical command and control, incorporating the State Surgeon's functions into the detachment, quality assurance and logistics were evaluated.

d. The Force Management Directorate was briefed on the STARC Medical Detachment concept in May 1996 and supported the concept.

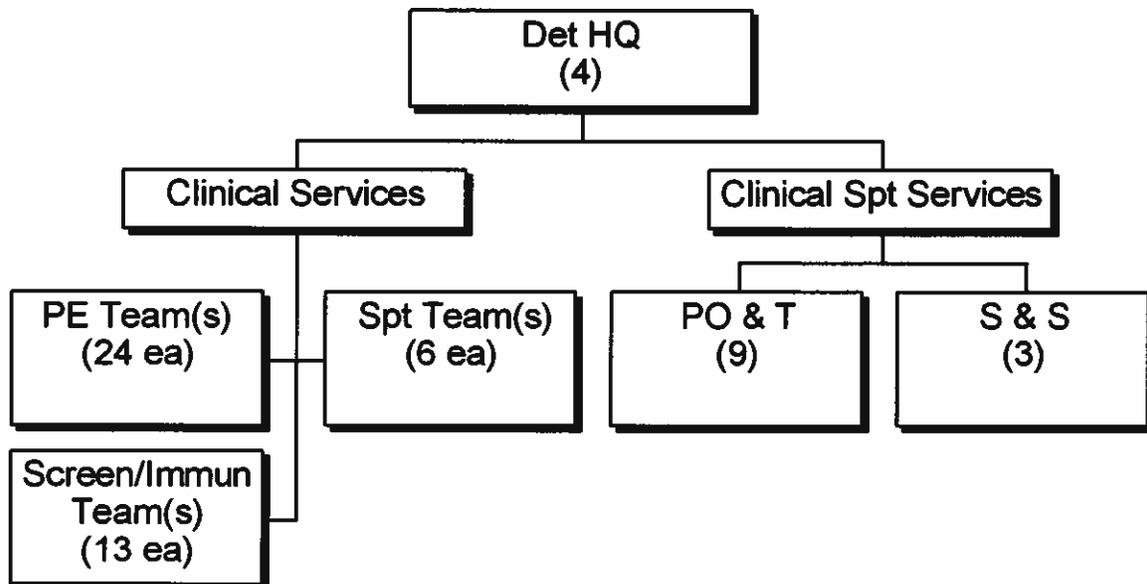
e. Mission Statement: The STARC Medical Detachments will plan, program, coordinate and provide medical and dental health care to meet the peacetime and mobilization readiness requirements of Army National Guard units and soldiers, while minimizing the impact on the supported unit's training.

NGB-ARP-H
SUBJECT: STARC Medical Detachment Concept

f. The Components of the Medical Detachments will be:

- (1) Detachment Headquarters
- (2) Clinical Services
 - (a) Physical Exam Team(s)
 - (b) Screening/Immunization Team(s)
 - (c) Support Team(s)
- (3) Clinical Support Services
 - (a) Supply and Services Section
 - (b) Operations and Training Section

g. The previous structure of the STARC Medical TDA will be changed to the following STARC Medical Detachment.



NGB-ARP-H

SUBJECT: STARC Medical Detachment Concept

h. The components of the detachment will be allocated on a modular, mission oriented basis. Each state will receive a Supply and Services Section and an Operations and Training Section. Some states may receive one or more Physical Exam Teams. States will receive variable numbers of Screening/Immunization Teams, possibly none, and variable numbers of Support Teams, also possibly none. Allocations to individual states will be tailored according to state size, geography, USAR, MEPS or other available support, types of units supported, National Guard demographics and distribution, ability to recruit medical personnel, etc.

i. Tasks to be performed by each component:

(1) Detachment Headquarters will provide command and control of the Medical Detachment and perform the functions previously accomplished by the State Surgeon's office.

(2) Clinical Services will perform the bulk of the services provided by the Medical Detachment. It will fulfill the requirements of Title 10, provide immunizations, DNA collection, limited cardiovascular screening, HIV testing and counseling, medical and dental screening, routine health care for eligible beneficiaries (sick call), make specialty referrals, provide AGR medical and dental support, and provide emergency medical response as needed.

(a) Physical Exam Teams will complete the physical exam requirements required by Title 10 and perform other activities that maintain readiness. Immunizations and Annual Medical Screening will also be completed by this section.

(b) Screening/Immunization Teams will provide immunization support, Annual Medical Certification support and be available for limited support missions.

(c) Support Teams will provide immunizations and site support, on request, to units in the state. Support to training sites and Total Army School System (TASS) organizations will also be provided by these teams, upon request.

(3) Clinical Support Services:

(a) Supply and Services section will provide direct support to the detachment for Class VIII supplies and equipment, provide biomedical equipment support for all state units with medical equipment and maintenance and act as a liaison for medical equipment and supply for emergency medical responses.

NGB-ARP-H

SUBJECT: STARC Medical Detachment Concept

(b) Plans, Operations and Training section will schedule and coordinate the operation of the other branches and supported units, coordinate board actions, complete fitness for duty determination, credentialing, quality assurance, occupational health and health promotion and respond to staff requests.

j. The State Surgeon and the Detachment Commander will be the same individual, dual hat. This individual will function as a special staff officer of TAG and as the detachment commander. The detachment commander will report to the Assistant TAG, Army or the Troop Command Commander (TCC) and be rated by the ATAG or TCC. Rank will be 0-6.

k. In order to calculate the numbers and types of personnel needed for this detachment the following assumptions were made:

(1) A provider (physician, nurse practitioner or physician's assistant) can do 3 physical exams per hour, (24 per day or 48 per weekend). This allows an average of 20 minutes for a complete physical examination. Each physical examination team will have 4 providers working as a team. Each team will be expected to complete 96 physicals per day or 192 per weekend.

(2) Physical examinations (PE) will be accomplished by a 10 station physical exam team (sign-in, vital signs, blood/urine collection, hearing screening, vision screening, tonometry, EKG, dental exam, physical exam, sign-out). Stations will be staffed to complete a physical in 4 hours or less. Physical exam teams will also be able to complete annual medical certificates and profiles and administer immunizations.

(a) An extra physician is included on each PE team to review and sign exams as required by AR 40-501. Physicians on the team will rotate this responsibility.

(b) A nurse practitioner or physicians assistant can be substituted for a physician if needed in individual instances.

(3) A Dental Corps Officer will complete 10 dental screening exams per hour; (80 per day or 160 per weekend).

(a) Each dental officer will be assisted by a 91E or dental trained 91B.

NGB-ARP-H

SUBJECT: STARC Medical Detachment Concept

l. The Basis of Allocation for Screening and Immunization and Support Teams is 0.5/PE Team, each.

m. Physicals for aviators will be completed by Flight Surgeons assigned to aviation units. Physical exams for non-flying members of aviation units will be performed by the STARC Medical Detachment and are included in existing calculations.

n. Calculation of mission requirements are based on SIDPERS data from 30 April 1996. Calculations for under 40 years, over 40 years and over 40 years requiring an examination every 2 years have been made for each state. A monthly average, per state, for each group has been calculated.

o. A Regional Flight Surgeons Section will be added to the STARC Medical Detachments of Arizona, Colorado, Maryland, Montana, and Texas to meet requirements of the US Army Aeromedical Activity flight surgeon's review process. This section will include a Flight Surgeon and one 91B flight medics. The flight surgeon will be M-day.

p. Extra Support Team(s) will be added to the structure of Louisiana, Mississippi, Nebraska, Pennsylvania, South Carolina and Utah to meet the medical needs of the TASS NCOA Training Battalions in these states. Arkansas and Idaho will also receive one extra Support Team to meet the needs of the Professional Education Center, Camp Robinson, Arkansas and Gowen Field, Idaho, respectively. These will be M-day positions.

q. The Director of the Army National Guard (DARNG) was briefed on 9 July 1996 and approved the concept of the STARC Medical Detachment. The ARNG Surgeon's Office is working with the Force Structure Directorate to implement the STARC Medical Detachment structure and redistribute spaces during the first quarter FY 1997.

COL Lloyd/327-7143

STARC Medical Detachment Allocations as of 1 October 96 (SIDPERS 4/30)

State	PE Team(24)	HQ(4)	Screen(13)	Spt(6)	PO&T(9)	S&S(3)	State Allocation
Alaska	1	1	1	1	1	1	59
Alabama	3	1	1	3	1	1	119
Arkansas	2	1	1	1	1	1	83
Arizona	1	1	0	1	1	1	46
California	3	1	1	3	1	1	119
Colorado	1	1	1	1	1	1	59
Connecticut	1	1	1	1	1	1	59
D.C.	1	1	0	0	1	1	40
Delaware	1	1	0	0	1	1	40
Florida	3	1	1	3	1	1	119
Georgia	2	1	1	2	1	1	89
Guam	1	1	0	0	1	1	40
Hawaii	1	1	1	1	1	1	59
Iowa	2	1	1	2	1	1	89
Idaho	1	1	1	2	1	1	65
Illinois	2	1	1	1	1	1	83
Indiana	2	1	1	3	1	1	95
Kansas	2	1	1	1	1	1	83
Kentucky	1	1	1	1	1	1	59
Louisiana	2	1	1	3	1	1	95
Massachusetts	1	1	1	2	1	1	65
Maryland	1	1	1	2	1	1	65
Maine	1	1	0	1	1	1	46
Michigan	2	1	1	1	1	1	83
Minnesota	2	1	1	2	1	1	89
Missouri	2	1	1	1	1	1	83
Mississippi	2	1	1	3	1	1	95
Montana	1	1	0	1	1	1	46
N. Carolina	2	1	1	3	1	1	95
N. Dakota	1	1	0	1	1	1	46
Nebraska	1	1	1	2	1	1	65
N. Hampshire	1	1	1	0	1	1	53
N. Jersey	1	1	1	2	1	1	65
N. Mexico	1	1	1	1	1	1	59
Nevada	1	1	1	0	1	1	53
N. York	2	1	1	3	1	1	95
Ohio	2	1	1	2	1	1	89
Oklahoma	2	1	1	2	1	1	89
Oregon	2	1	1	2	1	1	89
Pennsylvania	3	1	1	3	1	1	119
Puerto Rico	1	1	1	2	1	1	65
Rhode Island	1	1	0	0	1	1	40
S. Carolina	2	1	1	3	1	1	95
S. Dakota	1	1	0	1	1	1	46
Tennessee	3	1	1	3	1	1	119
Texas	3	1	2	3	1	1	132
Utah	2	1	1	2	1	1	89
Virginia	2	1	1	1	1	1	83
Virgin Islands	1	1	0	0	1	1	40
Vermont	1	1	1	0	1	1	53
Washington	1	1	1	2	1	1	65
Wisconsin	2	1	1	2	1	1	89
W. Virginia	1	1	1	1	1	1	59
Wyoming	1	1	1	0	1	1	53
TOTAL	86	54	45	84	54	54	4017

150 (TAADS-R)
 F. ED ON 28-OCT-1996
 TIME 0908

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 INPUT ANALYSIS REPORT TDA - TYPE B

PAGE 1

STARC MEDICAL DETACHMENT MODEL

DOCNO NGWSMODL
 CCNUM NG0199
 EDATE 19981201

SECTION II - PERSONNEL

P	S	A	A	T	L	P	B	I	P	P	P	A	S	S	M	M	P	P	P	L	C			
E	Q	S	S	P	I	P	R	D	P	S	P	M	W	W	D	D	R	R	R	R	N	O		
R	I	I	I	A	C	A	N	E	S	I	S	S	C	C	E	E	M	M	M	S	V			
L PARTL/ PARNO N PSNTL	UICDR/ GR POSCO	2	0	0	C	C	C	N	S	R	R	E	C	E	P	P	K	K	K	T	C			
	D	1	2	0	O	L	P	I	N	D	O	H	T	T	Q	Q	A	M	S	C	O			
																	R	D	R	K	R			
																	RQSTR							
																	AUSTR							
																	1	2	3	S	D			
200	00	DETACHMENT HQS																						
01	REG	CDR/STATE SURGEON	O6	60A00								K	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
02	REG	DEP CDR/CHF NURSE	O6	66H00								K	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
03	REG	EXECUTIVE OFFICER	O5	67A00								K	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
04	REG	CHIEF MEDICAL NCO	E8	91B50								N	C	I	Y	Y	Y	51989100	BAA	WGSX		1	1	2
																	TOTAL FOR PARAGRAPH 200		4	4				
																	TOTAL FOR NON-ADD							
201	00	CLINICAL SERVICES																						
																	TOTAL FOR PARAGRAPH 201							
																	TOTAL FOR NON-ADD							
201A	00	PHYSICAL EXAM TEAM																						
01	EXP	FAMILY PHYSICIAN	O5	61H00								K	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
02	EXP	HEAD NURSE	O5	66H00								K	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
03	EXP	FIELD SURGEON	O4	62B00								K	Y	Y	Y	51989100	BAA	WGSX		2	2	2		
04	EXP	DENTAL OFFICER	O4	63A00								K	Y	Y	Y	51989100	BAA	WGSX		2	2	2		
05	EXP	CLINICAL NURSE	O4	66H00								K	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
06	EXP	PHYSICIAN ASST	O4	67D00								K	Y	Y	Y	51989100	BAA	WGSX		2	2	2		
* 07	EXP	NURSE PRACTITIONER	O4	66H00		8E						K	Y	Y	Y	51989100	BAA	WGSX		0	0	2		
08	EXP	PAT ADMIN OFFICER	O3	70E00								K	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
09	EXP	MEDICAL NCO	E7	91B40								N	C	I	Y	Y	Y	51989100	BAA	WGSX		1	1	2
10	EXP	MEDICAL NCO	E6	91B30								N	C	I	Y	Y	Y	51989100	BAA	WGSX		1	1	2
11	EXP	PAT ADMIN NCO	E5	71G20								N	C	I	Y	Y	Y	51989100	BAA	WGSX		1	1	2
12	EXP	MEDICAL NCO	E5	91B20								N	C	I	Y	Y	Y	51989100	BAA	WGSX		2	2	2
13	EXP	DENTAL SERGEANT	E5	91E20								N	C	I	Y	Y	Y	51989100	BAA	WGSX		1	1	2
14	EXP	PAT ADMIN SPEC	E4	71G10								I	Y	Y	Y	51989100	BAA	WGSX		1	1	2		
15	EXP	MEDICAL SPEC	E4	91B10								I	Y	Y	Y	51989100	BAA	WGSX		6	6	2		
16	EXP	DENTAL SPECIALIST	E4	91E10								I	Y	Y	Y	51989100	BAA	WGSX		1	1	2		

* Nurse Practitioners and/or Physician Assistants may be interchanged based on local availability, ability to recruit, etc.

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STARC MEDICAL DETACHMENT MODEL

DOCNO NGWSMODL
 CCNUM NG0199
 EDATE 19981201

SECTION II - PERSONNEL

P	S	A	A	T	L	P	B	I	P	P	P	A	S	S	M	M	P	P	P	L	C					
E	Q	S	S	P	I	P	R	D	P	S	P	M	W	W	D	D	R	R	R	N	O					
R	I	I	I	A	C	A	N	E	S	I	S	S	C	C	E	E	M	M	M	S	V					
L PARTL/ PARNO N PSNTL	UICDR/ GR POSCO	2	0	0	C	C	C	N	S	R	R	E	C	E	P	P	K	K	K	T	C					
	D	1	2	0	O	O	LPIND	O	H	T	T	Q	Q	AMSCO	R	D	R	K	R	RQSTR	AUSTR	1	2	3	S	D

TOTAL FOR PARAGRAPH 201A 24 24
 TOTAL FOR NON-ADD

201B 00 SCREEN/IMMUNIZATION TM

01	EXP	FIELD SURGEON	O4	62B00		K	Y	Y	Y	51989100	BAA	WGSX	1	1	2
02	EXP	DENTAL OFFICER	O4	63A00		K	Y	Y	Y	51989100	BAA	WGSX	1	1	2
03	EXP	PHYSICIAN ASST	O4	65D00		K	Y	Y	Y	51989100	BAA	WGSX	1	1	2
* 04	EXP	NURSE PRACTITIONER	O4	66H00	8E	K	Y	Y	Y	51989100	BAA	WGSX	0	0	2
05	EXP	HEAD NURSE	O4	66H00		K	Y	Y	Y	51989100	BAA	WGSX	1	1	2
06	EXP	CLINICAL NURSE	O3	66H00		K	Y	Y	Y	51989100	BAA	WGSX	2	2	2
07	EXP	MEDICAL NCO	E6	91B30		NC	I	Y	Y	51989100	BAA	WGSX	1	1	2
08	EXP	MEDICAL NCO	E5	91B20		NC	I	Y	Y	51989100	BAA	WGSX	1	1	2
09	EXP	MEDICAL SPEC	E4	91B10		I	Y	Y	Y	51989100	BAA	WGSX	4	4	2
10	EXP	DENTAL SPECIALIST	E4	91E10		I	Y	Y	Y	51989100	BAA	WGSX	1	1	2

TOTAL FOR PARAGRAPH 201B 13 13
 TOTAL FOR NON-ADD

201C 00 SUPPORT TEAM

01	EXP	HEAD NURSE	O4	66H00		K	Y	Y	Y	51989100	BAA	WGSX	1	1	2
02	EXP	CLINICAL NURSE	O3	66H00		K	Y	Y	Y	51989100	BAA	WGSX	1	1	2
03	REG	MEDICAL NCO	E6	91B30		NC	I	Y	Y	51989100	BAA	WGSX	1	1	2
04	REG	MEDICAL NCO	E5	91B20		NC	I	Y	Y	51989100	BAA	WGSX	1	1	2
05	REG	MEDICAL SPEC	E4	91B10		I	Y	Y	Y	51989100	BAA	WGSX	2	2	2

TOTAL FOR PARAGRAPH 201C 6 6
 TOTAL FOR NON-ADD

202 00 CLINICAL SUPPORT SVCS

TOTAL FOR PARAGRAPH 202
 TOTAL FOR NON-ADD

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* Nurse Practitioners and/or Physician Assistants may be interchanged based on local availability, ability to recruit, etc.

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STARC MEDICAL DETACHMENT MODEL

DOCNO NGWSMODL
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EDATE 19981201

SECTION II - PERSONNEL
DEFINITION OF ASICO, LICCO AND PERMK

ASI LICCO PERMK

8E

OFFICER: NURSE PRACTITIONER