2020

THE ARMY MEDICINE STRATEGY

Conserving the Fighting Strength

I. INTRODUCTION

Large Scale Combat Operations:
Extensive joint combat operations in terms of scope and size of forces committed, conducted as a campaign aimed at achieving operational and strategic objectives (ADP 3-0, Operations)

Multi-Domain Operations:
Describe how the U.S. Army, as part of the joint force, counters and defeats neer-peer adversaries capable of contesting the U.S. in all domains during both competition and armed conflict (TRADOC)

a. The Army and Army Medical Department are restructuring to meet both operational and institutional imperatives. In the past 15 months, the Army's medical operating environment has changed significantly. The Army Medical Department Center and School Health Readiness Center of Excellence (AMEDDC&S HRCoE) is now the Medical Center of Excellence (MedCoE) under the Combined Arms Center (CAC), Training and Doctrine Command (TRADOC). The U.S. Army Medical Research and Materiel Command (USAMRMC) re-designated as the U.S. Army Medical Research and Development Command (USAMRDC) and transferred its medical research, development, and acquisition elements to Army Futures Command (AFC) and its remaining medical logistics elements were reassigned to the U.S. Army Medical Logistics Command (AMLC) under U.S. Army Materiel Command (AMC). Given these major realignments these medical activities must quickly assimilate into their new Army Commands (ACOMs). During the Medical Health System (MHS) transformation, MEDCOM continues to provide direct support to the Defense Health Agency (DHA) for management of MTFs ensuring readiness operations and patient care. Throughout, MEDCOM remains an enduring command providing ready and sustained health services support and force health protection to the Total Force.

b. *The Army Medicine Strategy* acknowledges these changes as opportunities to better focus on readiness, collaborate with the DHA to continue delivering world-class healthcare and align structure with the Army in order to meet the needs of large scale combat operations and multi-domain operations. The Army's priorities expanded to include people first, then readiness, modernization, and reform. This is a critical time for Army Medicine to ensure there are no gaps and no decreases in the quality of healthcare provided to our Soldiers, Families, Civilians, and Soldiers for Life because people matter. People are the Army's greatest strength and the most important weapon system, and the Army's medical team contributes to their readiness to fight and win when our Nation calls. We are One Team in every sense of the word.

c. T*he Army Medicine Strategy* describes how The Surgeon General (TSG) accomplishes his statutory responsibilities in supporting the Secretary of the Army's (SecArmy) Title 10 authorities in the health and medical aspects of manning, training, and equipping the Army. Army Medicine leverages its resident expertise to execute the Chief of Staff of the Army (CSA) and SecArmy's priorities and intent and integrates the medical enterprise across the Total Army. Said simply, we are the Army's key enabler of medical readiness.

d. As the Army modernizes and the Military Health System (MHS) transitions, The Office of The Surgeon General (OTSG) fully embraces the expanding roles of integrator, facilitator, advocate, consultant, advisor, and enabler. In conjunction with the DHA, the Services, the Department of Defense (DoD) and other institutions, we are establishing a synergy of positive momentum in support of an integrated health system that ensures the readiness and meets the needs of our forces, Soldiers, Families and beneficiary population.

e. The Army Health System's mission is unchanged: *Provide ready and sustained health services support and force health protection in support of the Total Force to enable readiness and to conserve*

the fighting strength while caring for our People and their Families.

Army Medicine Mission:
Provide ready and sustained health services support and force health protection in support of the Total Force to enable readiness and to conserve the fighting strength while care for our People and their Families.

f. The Surgeon General's vision is clear – *Army Medicine of 2028 is* ***ready, reformed, reorganized, responsive*** *and* ***relevant*** *providing* ***expeditionary, tailored, medically ready and ready medical forces*** *to support the Army mission to deploy, fight, and win decisively against any adversary, anytime and anywhere in a joint, multi-domain, high-intensity conflict, while simultaneously deterring others and maintaining its readiness posture.* Bottom line, we continue to conserve the fighting strength of the greatest Army of the greatest country in the world.

II. STRATEGIC ENVIRONMENT: Readiness, Rapid Change and Reform.

a. The *National Military Strategy (NMS)* is nested with the *National Defense Strategy* and describes how the Department of Defense protects America's vital national interests. The *Army Strategy*, also nested, emphasizes the increasing volatility, unpredictability, complexity and ambiguity of our operating environment and outlines how the most powerful land force in the world supports and defends those same national interests with a focus on *readiness, modernization, alliances and partnerships,* and *reform* while prioritizing *people*. The *Army Modernization Strategy* further requires the Total Army to "transform into a multi-domain force. . . to meet its enduring responsibility as part of the Joint Force to provide for the defense of the United States, and retain its position as the globally dominant land power." For the medical community, this means we are managing rapid changes and reforms both horizontally and vertically.

b. The *Army Medicine Strategy* is nested with all of these documents. It serves as both guidance and directive, as both framework and agenda, and creates both interim and enduring windows of opportunity for Army Medicine. As our Army continues to shift its energies from counterinsurgency to near-peer adversary, so too, does its medical team amplify its efforts in support of *people, readiness, modernization*, and *reform*.

c. **Assumptions.** What follows are strategic assumptions that are most pertinent to this strategy; this is certainly not an all-inclusive list.

(1) Both OMA and DHP funding may decrease over time, with greater scrutiny and accountability to find savings within the Department of Defense. Army Medicine effectively participates in the Army's Programming, Planning, Budgeting and Execution (PPBE) process to effectively compete for funding resources.

(2) Physician shortages in the civilian sector exacerbate shortages in the Department of Defense.

(3) Technological advances influence aspects of force health protection and public health, enable better medical training and enhance the capabilities of MTFs to improve access, outcomes, patient satisfaction and productivity while lowering cost.

(4) OTSG will modify processes to fully integrate with established Army processes (like PPBE) and ensure The Surgeon General, as the principal medical advisor to the SecArmy and the CSA, has visibility and input at appropriate intervals on the health and medical aspects of manning, training, and equipping the Army. Specifically, TSG provides technical advice and assistance to the Secretariat

and Army Staff (ARSTAF) for matters regarding public health, readiness of the force, warrior transition care, medical force structure and equipping, force development, medical materiel and research and development, medical training and education, medical evacuation, and medical military construction.

d. **Challenges and Opportunities.**

(1) **Operational Depth.** We balance the simultaneous execution of medical reform (direct support to DHA) with resourcing/ providing/ supporting Army medical readiness and medically ready force requirements. We prioritize quality, safety, access to care, installation health service support management, and Soldier medical readiness for full spectrum operations.

(2) **Strategic Communication.** Army Medicine's unified and consistent narrative enables mission command. Our strategic messaging is nested and synchronized to bring about alignment and clarity to strengthen teamwork and partnerships. Every Army Medicine team member must be aware of our priorities and able to communicate our commitment to the mission and taking care of those entrusted to our care. Especially critical is clear and concise communication with our key external stakeholders, ACOMs and Army Senior Leaders, to ensure a unified voice toward shared objectives.

(3) **Resource Optimization.** Army Medicine's priorities reduce or eliminate resource expenditures on low value requirements. Efficient use of limited resources improves our ability to sustain medical modernization initiatives and meet Army medical readiness and ready medical force requirements. We must apply critical and innovative thinking when assessing proposals, regardless of the source.

(4) **Experienced Human Capital.** Our community brims with years of experience and exceptional skill. We must plainly and logically communicate the second- and third-order effects associated with reorganization or MHS reform by clearly articulating the risks to Army Senior Leaders to inform their decisions.

III. STRATEGIC APPROACH

a. Our approach to transform the Military Health System as prescribed in NDAA 17/ 19 requires new roles: integrator, facilitator, advocate, consultant, advisor, and enabler. In this strategy we operationalize TSG's Vision to ensure the Army's limited and shared resources are committed in a manner that enables the Army's success in current and future environments.

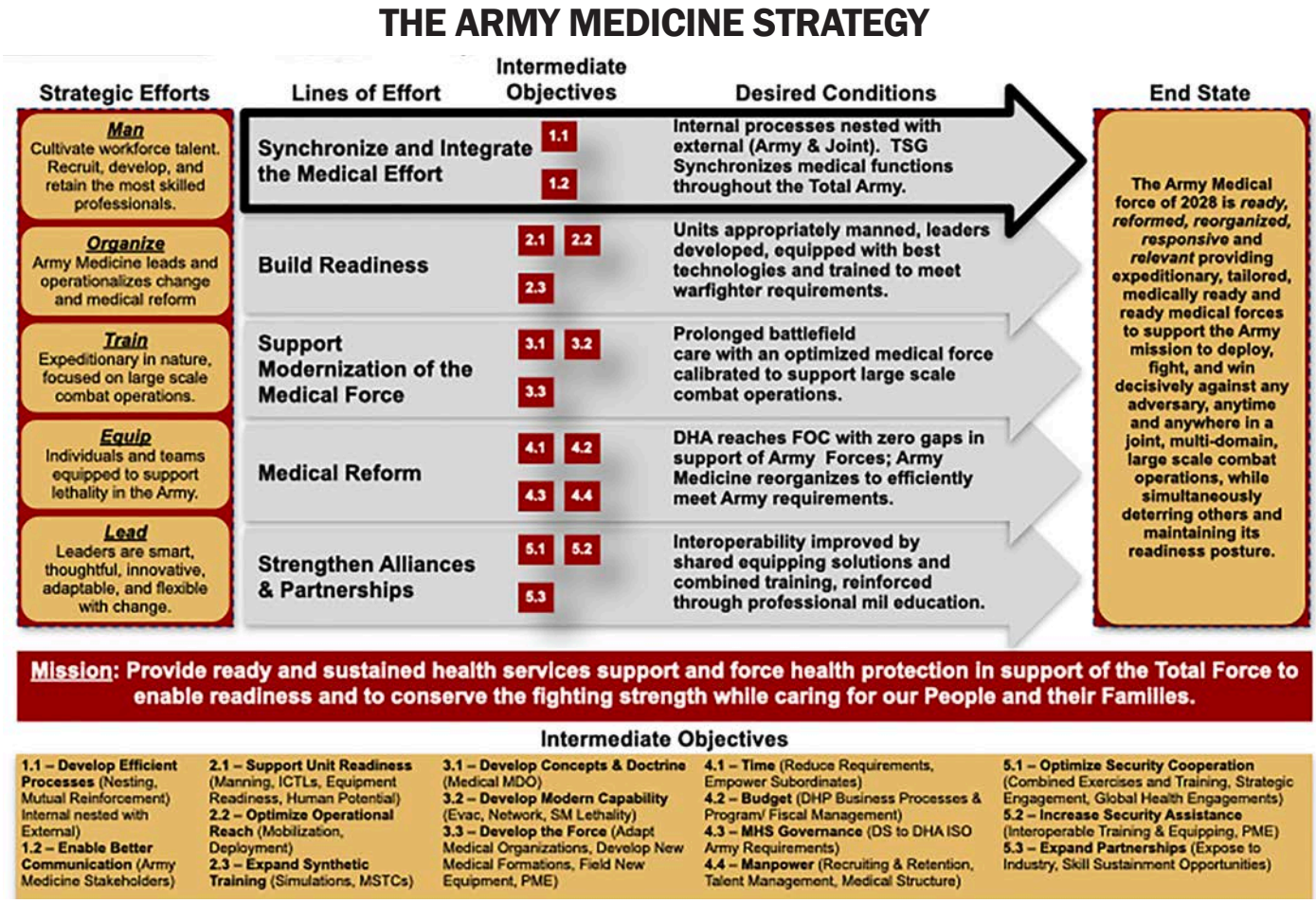


Figure 1. Strategic Approach.

b. **Vision.** The Army Medical force of 2028 is ***ready, reformed, reorganized, responsive*** and ***relevant*** providing expeditionary, tailored, medically ready and ready medical forces to support the Army mission to deploy, fight, and win decisively against any adversary, anytime and anywhere in a joint, multi-domain, high-intensity conflict, while simultaneously deterring others and maintaining its readiness posture.

c. **Lines of Effort.** The Chief of Staff of The Army's philosophy clearly articulates **"People First"** with an attitude that **"Winning Matters"**. We continue **developing, employing** and **retaining** skilled professional leaders who can **collaborate, create synergy** and drive the collective effort to **build and maintain trust with those we support** and foster a **Culture of Safety** in providing medical care. We grow leaders capable of operating in complex and chaotic environments from the tactical to the strategic level. We are ushering in a medical leadership renaissance wherein tomorrow's leaders are constantly pushed and challenged to do extraordinary and difficult things today.

(1) **LOE 1: Synchronize and Integrate the Medical Effor**t (Decisive). We remain responsive and reliable for our teammates and stakeholders. We create synergistic teamwork as the Army's medical voice **within and across the Army, between the Army and DHA**, and through the Joint Staff and Combatant Commands.

- Intermediate Objectives:
  - 1.1. Develop Efficient Processes (Nesting, Mutual Reinforcement, Internal nested with External)
  - 1.2. Enable Better Communication with Army Medicine Stakeholders
- Desired Conditions: Army Medicine sustains mutual trusted relationships with Army Commands (ACOMs) and Army Service Component Commands (ASCCs) and retains enough analytical capacity to synchronize and integrate medical functions mutually across the Army.

(2) **LOE 2: Build Readiness** (Shaping). Readiness requires appropriately **manned** and proficiently **trained** units/ organizations led by competent leaders, **equipped** with modern capabilities to provide expeditionary life/limb-saving to a multi-domain operations capable force by 2028. To meet the **Unit Manning** goal of reducing non-deployable rates to below 5%, Army Medicine embedded physicians, physical therapists, occupational therapists, dietitians, behavioral health providers and technicians into maneuver formations. To measure and maintain skills critical to a ready medical force we invested in **Individual and Collective Training** initiatives, such as realistic synthetic training devices, for combat medics to enhance far forward medical care delivery skills. To enhance/sustain our surgeon and trauma team proficiency, we entered into Medical Training Agreements with Civilian Trauma Centers and Medical Centers.

- Intermediate Objectives:
  - 2.1. Support Unit Readiness (Manning, ICTLs, Equipment Readiness, Human Potential)
  - 2.2. Optimize Operational Reach (Mobilization, Deployment)
  - 2.3. Expand Synthetic Training (Simulations, MSTCs)
- Desired Conditions: Medical units are appropriately manned, leader development programs are on par with the rest of the Army, expertly trained with modern tools, enabled by the best equipment and technology, and non-medical leaders measure/ ensure the readiness of MTOE assigned personnel using ICTLs that are enabled by MTFs and the DHA. Army Medicine enables efforts to increase mobilization and power projection capability and capacity to support the National Defense Strategy.

(3) **LOE 3: Support Modernization of the Medical Force** (Shaping). Modernization includes developing **medical concepts** in parallel with Army efforts, **expeditionary medical capabilities** that leverage emerging technologies, **designing** the future medical force, ensuring **interoperability**, and **investing** in synthetic training environments to provide the "sets and reps" required to be battlefield ready. Given the vast scope of large scale and multi domain operations, we are revisiting **Concepts and Doctrine** that address managing large numbers of casualties, intra- and inter-theater evacuation/enroute care, and the effects of a shorter/longer evacuation policy and its impact on warfighting operations. Army Medicine is reassessing **Force Development** priorities to meet the MDO challenges and create and resource next generation units within force structure. In addition to new units, we are identifying and fielding **New Equipment** by leveraging the rapid advance of medical technology, techniques and procedures in surgery and trauma care.

- Intermediate Objectives:
  - 3.1. Develop Concepts & Doctrine (Medical MDO)
  - 3.2. Develop Modern Capability (Evacuation, Network, SM Lethality)
  - 3.3. Develop the Force (Adapt Medical Organizations, Develop New Medical Formations,

Field New Equipment, Professional Medical Education)

- Desired Conditions: Emerging medical concepts, doctrine, and capabilities enable prolonged care on the battlefield, medical evacuation vertical lift, and an optimized expeditionary medical force.

(4) **LOE 4: Medical Reform** (Shaping). The goal of the Medical Reform Initiative is to ensure the highest Soldier and provider medical readiness while **reducing administrative** requirements associated with MTF health and business processes, procedures and practices to deliver more efficient beneficiary care at less cost. The DHA/Army requirement for MTFs to build Quadruple Aim Performance Plans (QPP), essentially an MTF Business Plan, informs DHA programming and resourcing to effectively and efficiently execute the QPP resulting in optimal access, outcomes, patient satisfaction, productivity and cost while meeting the Soldier/provider readiness and Family well-being priorities of senior mission commanders. As MTF commanders implement better **business processes**, clinical protocols, treatment practices coupled with diligent **program** and **fiscal management** by administrative and clinical staffs, our support to commanders and communities will positively influence the ability of the Army to achieve **recruiting** and **retention** goals. Whereas Army Medicine is *reorganizing*, the Military Health System is *reforming*. Medical Reform encompasses **direct support** to DHA until complete, **reorganizing** the Army Medicine Enterprise, and **collaborating** with key stakeholders to prevent medical function degradation. We continue to see and rapidly act on opportunities that improve the Army Health System. We continue to identify and rapidly act upon opportunities to improve the AHS.

- Intermediate Objectives:
  - 4.1. Optimize Time (Reduce Requirements, Empower Subordinates)
  - 4.2. Optimize Budget (DHP Business Processes & Program/ Fiscal Management)
  - 4.3. Codify Effective MHS Governance (Direct Support to DHA in support of Army Requirements)
  - 4.4. Optimize Medical Manpower (Recruiting & Retention, Talent Management, Medical Structure)
- Desired Conditions: The Defense Health Agency reaches full operational capability with zero gaps in support to Army forces, and Army Medicine reorganizes to meet Army requirements and realize new efficiencies in support of Army forces.

(5) **LOE 5: Strengthen Alliances and Partnerships** (Shaping). Army Medicine will continue to embrace allies through various opportunities. We will build upon our experience working with in multinational staff hospitals in Iraq and Afghanistan, leverage current experiences in EUCOM with NATO allies and seek additional opportunities in other COCOMs. We will continue to **Train** and **Equip** through foreign military sales to partner nations and invite allies to participate in formal **Professional Military Education** venues and activities. We will pursue alliances and partnerships with US Government agencies and other organizations dedicated to emergency operations and disaster relief. Near peer threat nations have the ability to inflict damage on our cities and communities. Natural disaster response planning and execution provide Army Medicine valuable experience that is applicable to expeditionary and other complex operational environments.

- Intermediate Objectives:
  - 5.1. Optimize Security Cooperation (Combined Exercises and Training, Strategic Engagement, Global Health Engagements)
  - 5.2. Increase Security Assistance (Interoperable Training & Equipping, Professional Military Medical Education)
  - 5.3. Expand Partnerships (Expose to Industry, Medical Skill Sustainment Operations, Mil-Civ Opportunities)

- Desired Conditions: U.S. allies benefit from shared equipping solutions and combined training

to improve interoperability, validated during strategic engagements, and reinforced through professional military education.

d. **Strategic Objectives.**

Army Medical Missions and Equities	Linkage	Army/Joint Leads for Mission Oversight
Training	Medical Center of Excellence	Training and Doctrine Command, Combined Arms Center, Medical Education and Training Campus
Health Care Delivery	Regional Health Commands	Defense Health Agency
Medical Research, Development and Acquisition	Medical Research and Development Command	Army Futures Command
Medical Evacuation, Aerospace Medicine	Medical Center of Excellence	Aviation Center of Excellence
Operational Medicine	FORSCOM, ASCC, and Joint Staff Surgeon Cells	FORSCOM, ASCCs, Joint Force
Medical Logistics	Army Medical Logistics Command	Army Materiel Command
Talent Management	Health Services Division	Human Resources Command
Force Health Protection	Army Public Health Center	Defense Logistics Agency, Defense Commissary Agency, Military Exchanges, Installation Management Command, Senior Mission Commanders, Defense Health Agency

Figure 2. Key stakeholders in The Army Medicine Strategy

(1) **Manning.** We recruit, develop, and retain skilled medical professionals. For example, we utilize targeted talent management to get the best Soldier into key and strategic billets. We also recruit and retain the next generation of professional medical Soldier to generate and sustain human capital in operational, institutional, and garrison platforms.

(2) **Organizing.** We structure medical formations to accommodate the challenges of multi-domain, joint, large scale combat operations while maintaining the flexibility to conduct lower-intensity, humanitarian operations. For example, we deliberately and fully execute medical reform and remain nested with Army strategies and campaign plans.

(3) **Training.** We are expeditionary in nature, focused on high intensity conflict. For example, we leverage military treatment facilities as training platforms but supplement with medical simulation, joint exercises, and partnerships with civilian trauma centers to enhance and maintain wartime medical skills.

(4) **Equipping.** We will deliver next generation capabilities to close lifesaving and evacuation gaps in large scale combat operations, multi-domain, and garrison environments. For example, we align our processes in support of Army Futures Command, Army and DOD processes and systems.

(5) **Leading.** We lead change from the top while empowering subordinate leaders. We generate leaders who are smart, thoughtful, innovative, adaptable and flexible with change. Army Medicine thrives with leaders who can collaborate, create synergy and drive collective effort to create and maintain trust with those we support.

IV. CONCLUSION

a. The 2020 Army Medicine Strategy lays the foundation for the next decade of evolving concepts, tactics, and requirements. We achieve relevance by supporting and adapting to the evolving needs of Commanders in all settings. History proves that we have always been responsive, and we carry that legacy forward as we tackle the challenges of large scale combat operations and multi-domain operations. A reformed Military Health System and reorganized Army Medicine team ensures we remain nested with the Army, keeps us relevant, and strengthens our teamwork with key stakeholders.

b. Our contributions to the MHS' success ensures combatant commanders receive a medically ready force, and our mutually-supporting roles with FORSCOM, TRADOC, AMC and AFC guarantees a ready medical force. Our strength is our People – it is every Soldier and Civilian past, present and future. As the Army modernizes, as the Military Health System transitions and as other changes occur, the Army's medical team remains ready to meet the needs of the Army.

When we are called upon to ensure the strength of our warfighters is conserved,

When we are called upon to ensure that life, limb, and eyesight are saved,

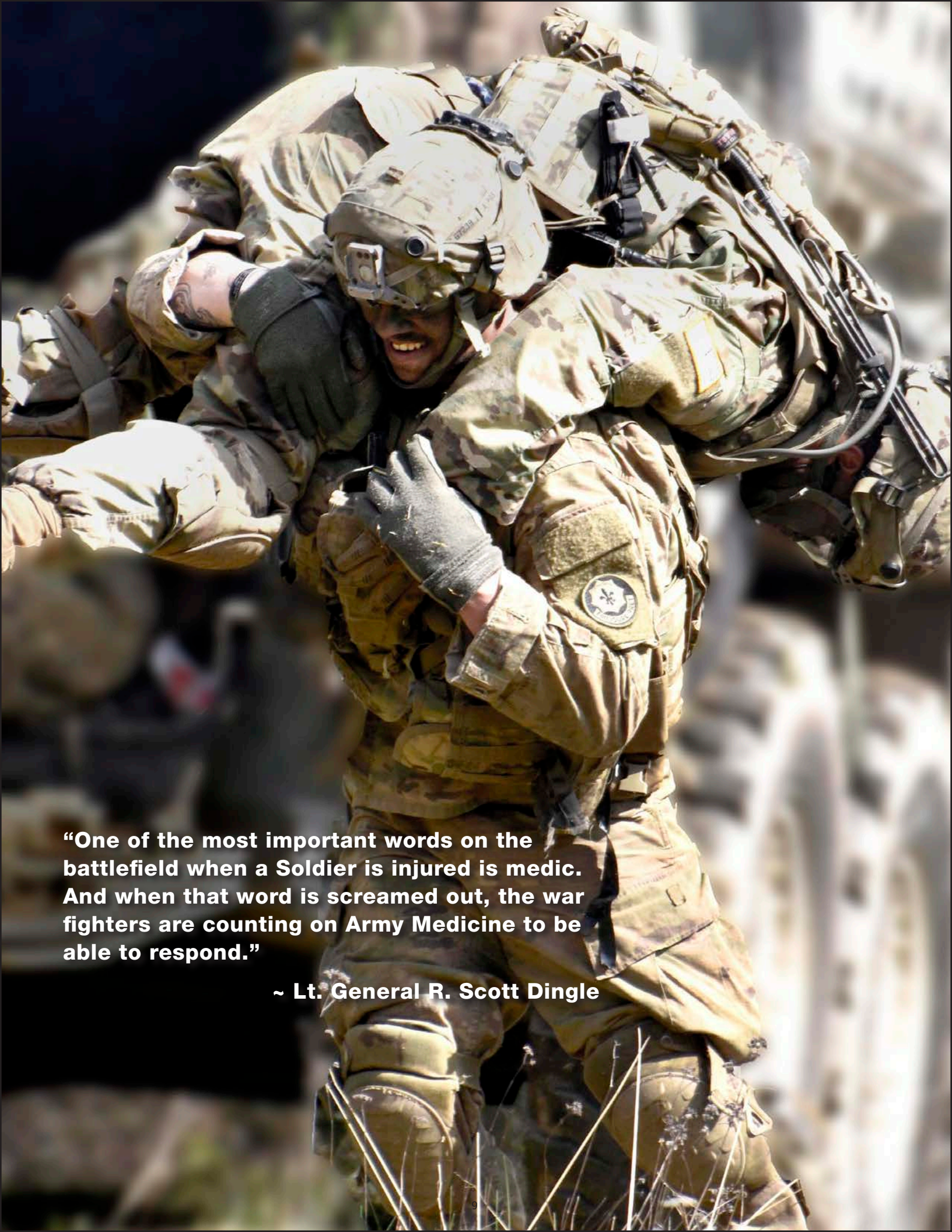
When we are called upon to respond to the cry for 'medic' as it is shouted out in combat,

From the foxhole to the fixed facility-Army Medicine will be ready, reformed, reorganized, responsive and relevant.

Army Medicine, Army Strong!

Diamond D. Hough
Command Sergeant Major, U.S. Army
U.S. Army Medical Command

R. Scott Dingle
Lieutenant General, U.S. Army
The Surgeon General and
Commanding General,
U.S. Army Medical Command



“One of the most important words on the battlefield when a Soldier is injured is medic. And when that word is screamed out, the war fighters are counting on Army Medicine to be able to respond.”

~ Lt. General R. Scott Dingle

Conserving the Fighting Strength