



# Army Medicine STRATEGIC VISION

To achieve our Vision, Army Medicine must meet the following objectives in the coming years:

- **MAN** – Army Medicine must cultivate workforce talent and continue to recruit, develop and retain the most skilled medical professionals. We need to identify shortages and gaps, develop interim solutions, and present these challenges with proposed solutions to our leaders.
- **ORGANIZE** – Army Medicine must lead and operationalize change and medical reform. Through AMEDD transformation we must communicate the vision, maintain transparency, empower leaders, celebrate short term wins and successes, build relationships and institutionalize new approaches. TOE units continue to undergo transformation to include Medical Command (Deployment Support) mission command headquarters, Hospital Centers, Field Hospitals, and Forward Resuscitative Surgical Teams. We must maintain our ability to provide the expeditionary and tailored healthcare to the warfighter, against any adversary, anytime and anywhere.
- **TRAIN** – Training must continue to be expeditionary in nature, focused on high-intensity conflict with emphasis on operations in dense urban terrain, electronically degraded environments and under constant surveillance. Training must be tough, realistic, iterative and dynamic. We must maintain the ability to employ the most skilled medical professional as far forward on the battlefield as possible, trained to the best of their abilities to provide healthcare in resource reduced environments. Commanders must integrate and incorporate MTOE Assigned Personnel (MAP) into unit training, while respecting this mission of the Medical Treatment Facility (MTF). MTFs and MTOE units are inextricably linked,

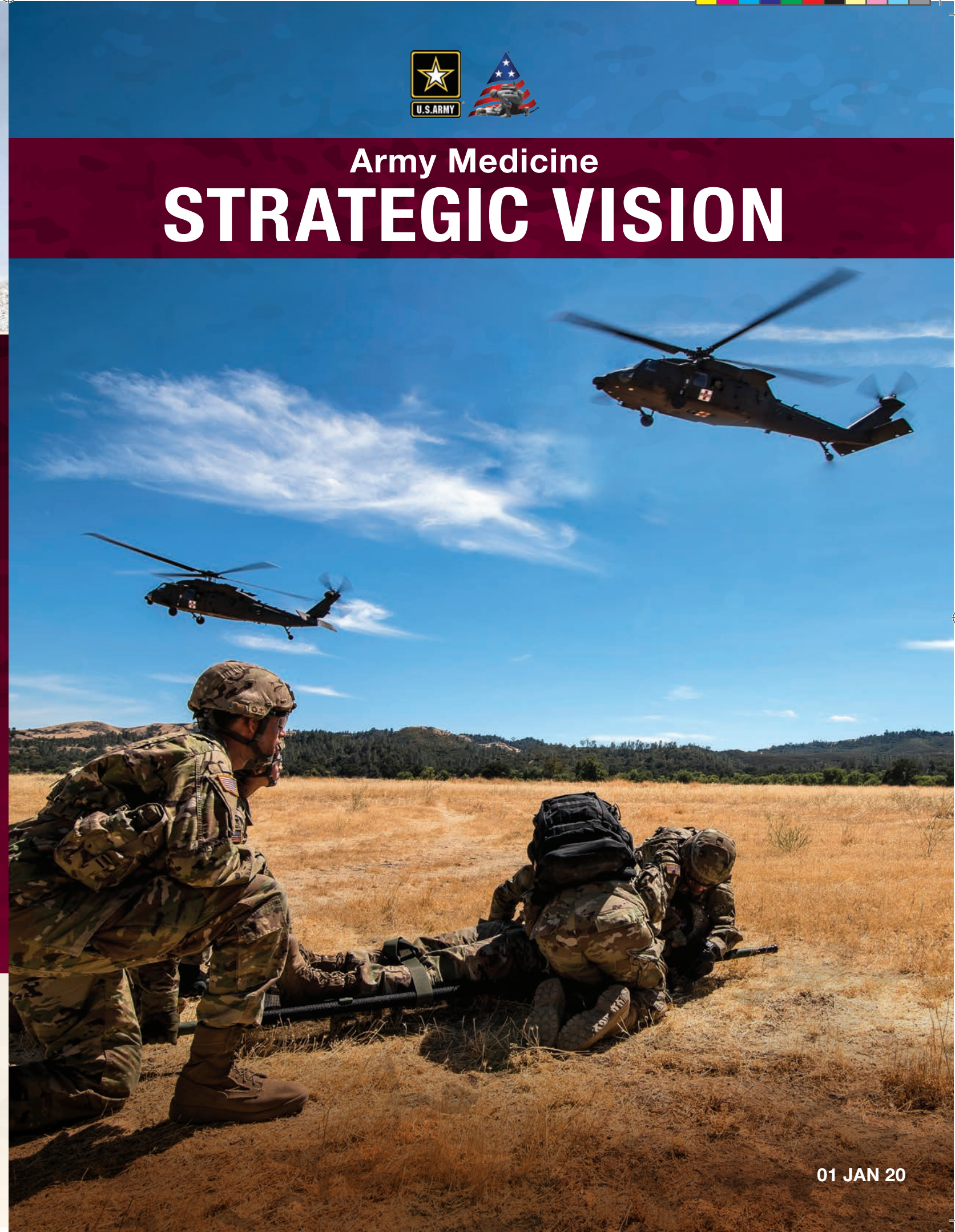
as the MTFs are the readiness training platforms for Individual Collective Task Lists (ICTLs) and Knowledge, Skills and Abilities (KSAs). Commanders must maintain relationships to create the environment conducive to a partnership in readiness while maintaining the balance with health care delivery as functions are transferred to Defense Health Agency (DHA). For mission command, we must align training with the Army and the sustainment community as we are brought in to the ADRP/ADP 4-0 environment. We need to understand the concept of theater enabling commands and maximize the use of garrison Medical Skills Training Centers.

- **EQUIP** – Skilled professionals and proficient teams far forward on the battlefield must be equipped appropriately to support lethality of the Army. Large Scale Combat Operations will increase evacuation distances, so medical equipment and capability forward on the battle field must extend lifesaving capability, operational reach and evacuation capability. Modernization is a continuous and collective process requiring collaboration across Army Medicine.
- **LEAD** – Army Medicine will lead change from the top while empowering subordinate leaders. Army Medicine leaders will be smart, thoughtful, innovative, adaptable and flexible with change. Leaders who can collaborate, create synergy and drive collective effort are needed to create and maintain trust with those we support. We will emphasize intellectual leadership and professionalism in leader development programs designed for both military and civilians. We will have operational and clinical tracks and incentives that motivate good leaders to STAY ARMY MEDICINE.

In order to meet the Army Medicine vision, while transforming, Army Medicine will build readiness and health of the force; modernize doctrine, equipment and formations; reform Army Medicine to maximize time, money and manpower; and strengthen alliances and partnerships. Army Medicine synchronization across all Army Commands will create the synergistic energy and teamwork required to support the Army.

In all these efforts, Army Medicine will ensure Soldiers, Civilians and Families enjoy the professional opportunities and quality of life deserved. Remaining steadfast and committed to the Army Values and Warrior Ethos will guide Army Medicine through the challenges and opportunities ahead. Army Medicine's diversity and depth allow rapid response to the Nation's most demanding expeditionary missions. Army Medicine, now more than ever, must maintain the health readiness of the force with proactive and responsive medical capabilities.

To remain ready to accomplish our Mission, Army Medicine must fulfill the Army Medicine Vision outlined herein. We are confident that with the right leadership, the proper focus, sufficient resources and unified effort, Army Medicine will achieve its Vision, support the world's premier fighting force, and serve the Nation well for decades to come. ARMY MEDICINE, ARMY STRONG!



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The Army Medicine Strategic Vision document articulates the vision of The 45th Surgeon General, while positioning Army Medicine to achieve the objectives, priorities and lines of effort set forward by the Army. The Army Medicine Strategic Vision's primary inputs are the National Security Strategy, National Defense Strategy, National Military Strategy, Army Vision, CSA 40 Priorities, HQDA EXORD 025-19 and HQDA EXORD 067-19 with associated documents.



The United States Army is the most lethal and capable ground combat force in history. It has proven this in multiple conflicts, across a broad spectrum of operations, in various locations around the world, defending the Nation and serving the American people well for over 240 years. Army Medicine conserves the fighting strength of the Army by optimizing Soldier performance as well as treating the wounded, ill and injured entrusted to our care. Throughout the Army's campaigns, from the biting cold at Valley Forge to the scorching heat of Iraq, Army Medicine serves alongside Soldiers, providing comfort and care to those in need. Army Medicine's history demonstrates an ethos of selfless service and innovation in expeditionary healthcare. Army Medicine must embody this ethos to remain first among peers in expeditionary medicine.

**THE ARMY MEDICINE MISSION** – our purpose – is: 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.

Revisionist powers, rogue regimes and non-state actors will increasingly challenge the United States and Allies, competing across all dimensions of power and contesting every domain. Our adversaries' goals, the pace of technological advancements and the changing character of war will create challenges and opportunities for the Army to maintain battlefield superiority.

Army Medicine must take advantage of this complex and volatile environment, seize the initiative and reinforce trust, confidence and faith in Army Medicine. There can be no complacency. The Army Medicine's role in supporting a superior Army and its lethality is vital to the Nation. We must sustain the Army to ensure it is capable of defeating enemy ground forces and indefinitely seizing and controlling the things an adversary prizes most – its land, its resources and its population.



To achieve this mission, given the challenges and opportunities ahead, Army Medicine must have a clear and coherent vision of where we want to be in the coming years and remain capable of accomplishing our Mission in the future.

**THE ARMY MEDICINE VISION** – our future end state – is: **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.

We will improve medical organization, structure systems and develop processes that align with the Army's vision and objectives. We will lead change from the top to establish irreversible, positive momentum. To build the more effective medical force outlined in the Army Medicine vision, it is important to understand the key elements: ready, reformed, reorganized, responsive, and relevant.

- **READY** – Taking care of people, our Soldiers and our Families is at the core of our readiness. Army Medicine will maintain individual, unit and equipment readiness. Units will conduct high-intensity, mission-focused training, maintain capable and reliable equipment and develop competent leaders of character. We cannot sacrifice readiness today for readiness tomorrow; prioritize preparedness for war. Army Medicine readiness directly enables a more lethal force.
- **REFORMED** – Army Medicine reforms as mandated from Congress through NDAA FY17 and beyond as part of the larger Military Health System Transition. Additionally, Army Medicine will reform to shift from the Industrial Age to the Information Age.
- **REORGANIZED** – Army Medicine effectively and efficiently reorganizes, in accordance with the reform requirements and Army Senior Leader Directives, in order to remain nested with Army mandates and transformation.
- **RESPONSIVE** – Army Medicine becomes more tailored and expeditionary through reorganization, able to support multi-domain operations with Army Health Systems synchronized across the battlefield.
- **RELEVANT** – Army Medicine must change at the speed of relevance. Relevance involves modernization of key capabilities, innovation of operational concepts, advancement of technology, and integration with interagency. Expanded alliances and partnerships with deepened interoperability are also necessary to meet the shared challenges of our time.

At the center of the 5 Rs of Army Medicine illustrated below is the Soldier surrounded by Leaders, Teammates and Family. This signifies how Soldiers are the center of everything we do. Taking care of Soldiers involves a cohesive team of engaged leaders, supportive teammates and involved Families. It is imperative we take care of each other and treat everyone with dignity and respect.

