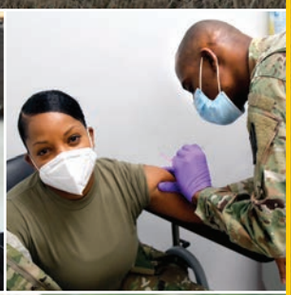
2022-2023

ARMY MEDICINE

CAMPAIGN PLAN



As of 16 August 2021

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"It's an exciting time to be in the Army Medical Department. It's a time of change, it's a time of great progress, and it's a time of unprecedented success."

~ Lt. Gen. R. Scott Dingle, The Surgeon General and Commanding General, U.S. Army Medical Command

Senagalese Army Lt. Col. Boubacar Mbaye, orthopedic surgeon, and U.S. Army Maj. Tuesday Fisher, an orthopedic surgeon from Fort Carson, Colorado, conduct partial hip replacement surgery at Ouakam Military Hospital in Dakar, Senegal during Medical Readiness Exercise 21-4 , July 13, 2021. Medical readiness exercises provide a real-world environment where medical professionals from both militaries can build and strengthen medical treatment capability and capacity by honing their medical skills in alternative conditions while also learning different protocols from their counterparts. (U.S. Army photo by Staff Sgt. Solomon Abanda)

Foreword

The 2022-2023 Army Medicine Campaign Plan (AMCP) is the comprehensive organizational plan for U.S. Army Medical Command (USAMEDCOM) and The Office of The Surgeon General (OTSG). The plan is a blueprint to execute the Army mission and vision. It fulfills the Army Medicine Vision through the management and oversight of regularly updated campaign objectives (COs). The basic tenet of that vision is to have ready medical forces that are medically ready to deploy in support the Army.

Achieving this ready force requires people to have necessary capabilities such as resiliency, critical thinking, comfort with ambiguity, and the ability to accept prudent risk and adjust rapidly – the hallmarks of Army Medicine. Our people provide the advantage to the Army; ensuring our ready medical forces are medically ready. Medical readiness allows us to conserve the fighting strength of the greatest Army of the greatest country in the world.

The process of developing this plan demanded a careful examination of Army Medicine, the needs of the people that comprise it, the needs of those it serves, its stakeholders and the environment. The enclosed operational approach serves three primary purposes:

- Communicate Army Medicine's organizational plan
- Require and guide the measurement of organizational performance
- Inform the development of future plans

Army Medicine must consider multiple timeframes to provide strategic options to achieve its vision. Although published in 2021, leaders must think strategically and fiscally through 2024, and conceptually out to the 2028 waypoint and beyond to the aimpoint of 2035.

Therefore, this plan supersedes previous AMCPs and outlines organizational waypoints (objectives) for near-term (FY 22-23), mid-term (FY 24-28) and long-term (FY 29-35) as Army Medicine ensures ready medical forces that are medically ready to support multi-domain operations (MDO). This AMCP will be reviewed continually through routine, disciplined performance reviews and updated to keep pace with changes to the Army Medicine organization and environment.

Army Medicine is Army Strong!

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

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

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I. Operational Environment Update

Change in the operational environment is inevitable. The AMCP must be revised and refined on a regular basis to account for change. Changes in the conditions, the emergence of unforeseen opportunities, circumstances, and other factors influence and inform the AMCP. Understanding these factors assists in identifying problems and opportunities, anticipating potential outcomes, and assessing the results of actions taken to achieve the desired End State.

Global

Global borderless challenges, to include climate change, pandemics, cyber, and violent extremism continue to be of strategic and operational significance. Climate change requires the Army to prepare to assist with disaster recovery, operate within new environments, and plan for a new global security posture. The COVID-19 outbreak in 2020 demonstrated how a pandemic can challenge Army mission command and awareness by simultaneously activating nationwide and global support activities. Army Medicine provided direction and guidance to safely and expeditiously vaccinate the force and DoD beneficiaries using a phased population prioritization schema to ensure DoD readiness, mission assurance, and population health. In an already complex system, maintaining a global perspective that balances near-term, ongoing, and longer-term future requirements when dealing with issues such as climate change and pandemics is critical.

Strategic

The Army is in the process of modernizing the force on a scale that has not occurred since the Army published the AirLand Battle Doctrine in 1982. The Army Strategy calls for the Army to transform to a multi-domain operations (MDO) capable force with a focus on large-scale combat operations (LSCO) while balancing risk between current readiness and building future readiness. Army and Army Medicine must meet readiness goals while meeting the collective, overlapping demands of competition, crisis, conflict and change; all while managing present day decisions that affect the future, and decisions about the future that affect operations today. The Army's commitment to defending interests in the Arctic will place additional emphasis on Army Medicine's support in extreme cold weather and mountainous environments. Multi-domain operations will not require a change from the principles and fundamentals of health service support. Army Medicine will continue to enable a healthy and fit force, and protect it from health hazards; treat patients when prevention fails; evacuate patients to enable freedom of maneuver; and contribute to the restoration of combat power by returning to duty (RTD) Soldiers as far forward as possible. Nonetheless, MDO will significantly change the techniques and procedures used to deliver health services support.

Transformational

The Military Health System (MHS) as prescribed in the National Defense Authorization Acts (NDAA) of 2017 and 2019 requires Army Medicine to transform and to emphasize its roles as integrator, facilitator, advocate, consultant, advisor, and enabler. Army Medicine's new roles will support the ongoing effort to work with the Defense Health Agency (DHA) to influence, maintain access, and advocate for the best possible health care for Soldiers and their Families. DHA assumed management and administration of all Army, Navy, and Air Force Military Treatment Facilities (MTFs); Army Medicine will continue to ensure limited and shared resources are committed in a manner that enables the Army's success in current and future environments.

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Organizational

Army Medicine has a strong, proud history of support with all Army Commands (ACOMs) and Army Service Component Commands (ASCCs). In recent years, Army Medicine is reorganized and is now more directly nested with Training and Doctrine Command (TRADOC), Army Futures Command (AFC) and Army Materiel Command (AMC) to meet any required challenges head-on. Army Medical Department Center and School Health Readiness Center of Excellence (AMEDDC&S HRCoE) is now the U.S. Army Medical Center of Excellence (MEDCoE) under the TRADOC's Combined Arms Center (CAC). U.S. Army Medical Research and Materiel Command (USAMRMC) is now re-designated as the U.S. Army Medical Research and Development Command (USAMRDC) and transferred its medical research, development, and acquisition elements to AFC and its remaining medical logistics elements to the U.S. Army Medical Logistics Command (AMLC) under AMC.

Fiscal

Both Operation and Maintenance, Army (OMA), and Defense Health Program (DHP) funding will flatten and purchasing power will in all likelihood decrease over time with greater scrutiny and accountability to find savings within the DoD. Army Medicine will actively participate in the Army's Planning, Programming, Budgeting and Execution (PPBE) process to compete for service funding resources, in order to support medical readiness programs. Army Medicine will also continue to engage with the DHA PPBE process to effectively influence the planning and programming for DHP-funded medical readiness programs.

Technological

Emerging technologies like artificial intelligence (AI), synthetic learning, nanotechnology, and robotics are driving a fundamental change in the character of war. As these technologies mature and their military applications become clearer, the impacts have the potential to revolutionize battlefields unlike anything since the integration of machine guns, tanks, and aviation which began the era of combined arms warfare. Likewise, cybersecurity risks have the potential to compromise any Army function, process, activity, or system. Army Medicine must be future-focused while supporting present challenges in order to leverage technological advances to influence and improve aspects of health service, force health protection, and public health. This future focus should also enable better medical training and enhance productivity to leverage technology to support Army Medicine in MDO and provide seamless, secure transmission of military medical readiness data from garrison locations to the foxhole and back.

Processes

Army Medicine will modify all its processes to fully integrate with established Army processes and ensure that The Surgeon General (TSG), as the principal medical advisor to the Secretary of the Army and the Chief of Staff of the Army, has visibility and input at the appropriate intervals on the health and medical aspects of manning, training, and equipping the Army. Specifically, TSG provides technical advice and assistance to the Secretary and the Army Staff (ARSTAFF) for matters regarding public health, force readiness, warrior transition care, medical force structure and equipping, force development, medical materiel research and development, medical training and education, medical evacuation, and medical military construction.

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Soldiers with the 566th Area Support Medical Company examine simulated burn victims during a training exercise at Hohenfels, Germany on Nov. 02, 2020. (U.S. Army photo by Uriel Ramirez)

II. Challenges and Opportunities

Human Capital

People First. Army Medicine brims with years of experience and exceptional skill. Army Medicine must plainly and logically communicate the second- and third-order effects associated with reorganization or MHS reform by clearly articulating the risks and opportunities of changes to Army Medicine's force structure to Army Senior Leaders to inform their decisions. Army Medicine fully supports the Army People First Task Force as it mitigates and eliminates the effects of corrosive behaviors, improving the Army's culture of trust. Army Medicine recognizes that readiness, modernization, and reform efforts must be supported by a forward-thinking talent management system and essential quality of life enhancements, fundamentally improving the leadership development, management and support of the Army's number one priority and the foundation of Army Medicine – people.

Transformational Reform

Army Medicine's positive momentum pivots fully to readiness in Fiscal Year 2022. NDAA 17 and 19 directs the Defense Health Agency to execute their mission without direct support from Army Medicine. Army Medicine's focus is ready medical force and medical readiness requirements: providing and supporting Soldier medical readiness for full spectrum operations.

Strategic Communication

Army Medicine's unified and consistent narrative enables mission command. Army Medicine's 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, and able to communicate, Army Medicine's priorities, commitment to the mission, and caring for the Total Force and their Families. Especially critical is clear and concise communication with key external stakeholders, ACOMs and Army Senior Leaders to ensure a unified voice toward shared objectives.

Resource Optimization

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

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III. Operational Approach

This campaign plan outlines an operational approach (Figure 1) to guide the development and execution of the Army Medicine actions required to achieve the desired End State conditions. There are five overarching COs identified to enable Army Medicine to achieve the desired End State.

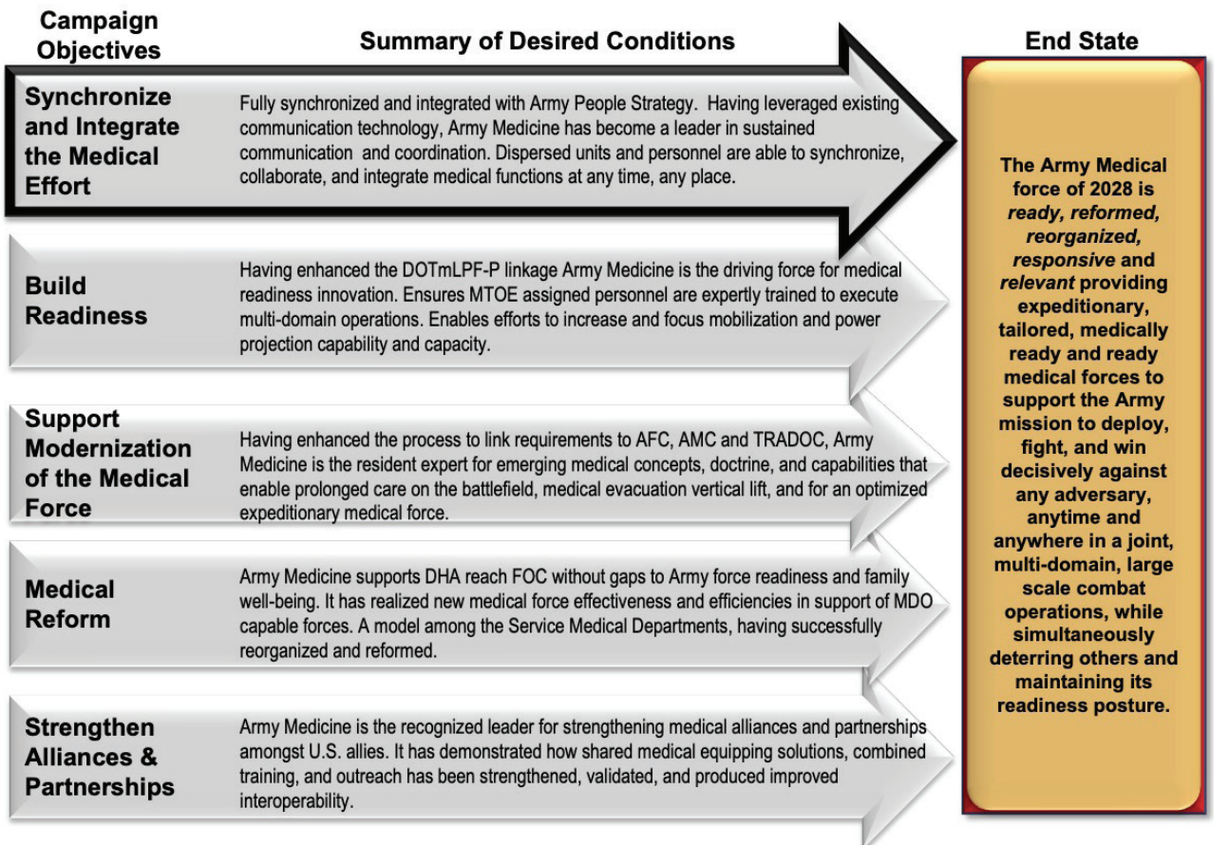

Figure 1. Army Medicine Campaign Plan Operational Approach

Synchronize and Integrate the Medical Effort (Decisive Operation): Army Medicine remains responsive and reliable for teammates and stakeholders. Army Medicine creates a 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.

Build Readiness (Shaping Operation): Army Medicine's primary mission is supporting the warfighter's readiness and upholding the solemn commitment the Nation's Army has made to Soldiers when sending them in harm's way. Army Medicine must be agile, adaptive, flexible, and responsive to warfighter requirements – remaining ready, relevant and responsive – ensuring ready medical forces that are medically ready. Army Medicine's readiness to deploy healthy individuals and organizations in support of the world's premier combat force must be without question.

Support the Modernization of the Medical Force (Shaping Operation): Modernization includes developing medical concepts in parallel with the Army, leveraging emerging technologies to expand expeditionary medical capabilities, designing the future expeditionary medical force, ensuring interoperability, and investing in synthetic training

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environments. As medical innovators, modernizing Army medical capabilities in parallel with the Army's efforts to build an MDO capable force by 2028.

Medical Reform (Shaping Operation): Fully pivoting to readiness requires reforming Army Medicine organizations to improve business processes and gain efficiencies for the Army to build an MDO capable force by 2028. In FY22, NDAA 17 and 19 medical reform will no longer encompass direct support to DHA, Army Medicine will continue to integrate with key internal and external stakeholders to enhance Army readiness and modernization efforts. As process enhancers, seeing and rapidly acting on opportunities that improve the Army Health System, Army Medicine must empower subordinates and streamline processes for analyzing information and making informed decisions in a timely fashion.

Strengthen Alliances and Partnerships (Shaping Operation): Alliances and partnerships are a force multiplier and enhance Army readiness and are crucial to Army Medicine's strategy. Alliances and partnerships help build relationships between nations, organizations, and militaries from the strategic to the tactical level. Army Medicine must uphold a foundation of mutual respect, responsibility, reliability and accountability. Army Medicine seeks to enhance the professional relationships, training, material, and overall coordination with its allies, partners, and military services.

IV. Objectives (Campaign and Supporting)

Army Medicine will orient on five COs, each of which has several component Supporting Objectives (SO) depicted in Figure 2 and described below. The COs describe the set of conditions that define Army Medicine's ultimate success.

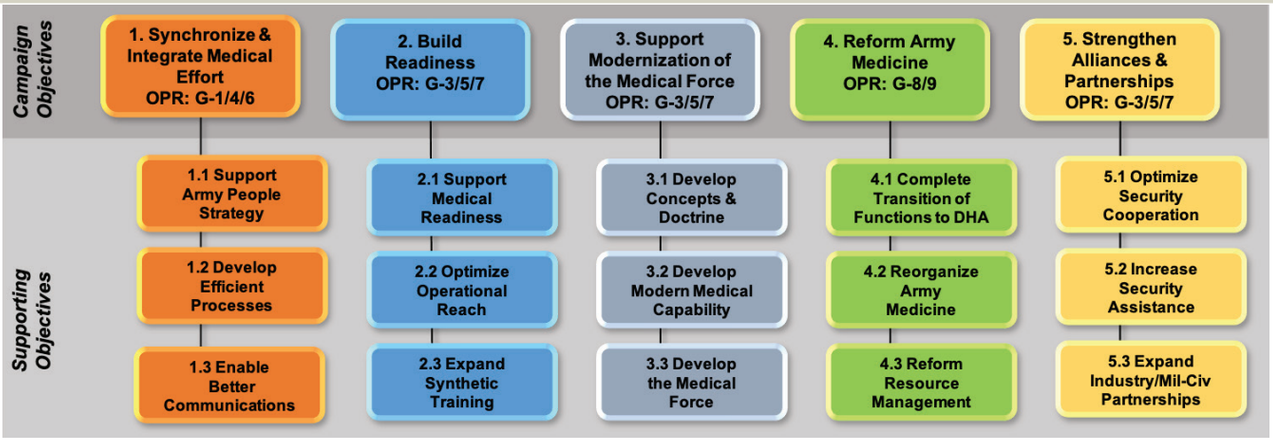

Figure 2. Army Medicine Campaign Objective and Supporting Objectives

Campaign Objective (CO) 1. Synchronize and Integrate the Medical Effort: Synchronizing and integrating with the Army people strategy is foundational to building readiness, supporting modernization, and leading medical reform efforts described in the Army Medicine Strategy. Major efforts include the focus on Army People First Task Force initiatives to improve the Army's culture of trust, Talent Management, Project Inclusion, and Quality-of-Life initiatives. Having leveraged existing communication technology, such as computer-based conferencing, video teleconferences (classified and unclassified), and emerging collaboration tools, Army Medicine has become a leader in sustained communication and coordination within the medical community. Dispersed units and personnel, whether due to deployment, alternate workspaces, telework, or natural disaster are able to synchronize,

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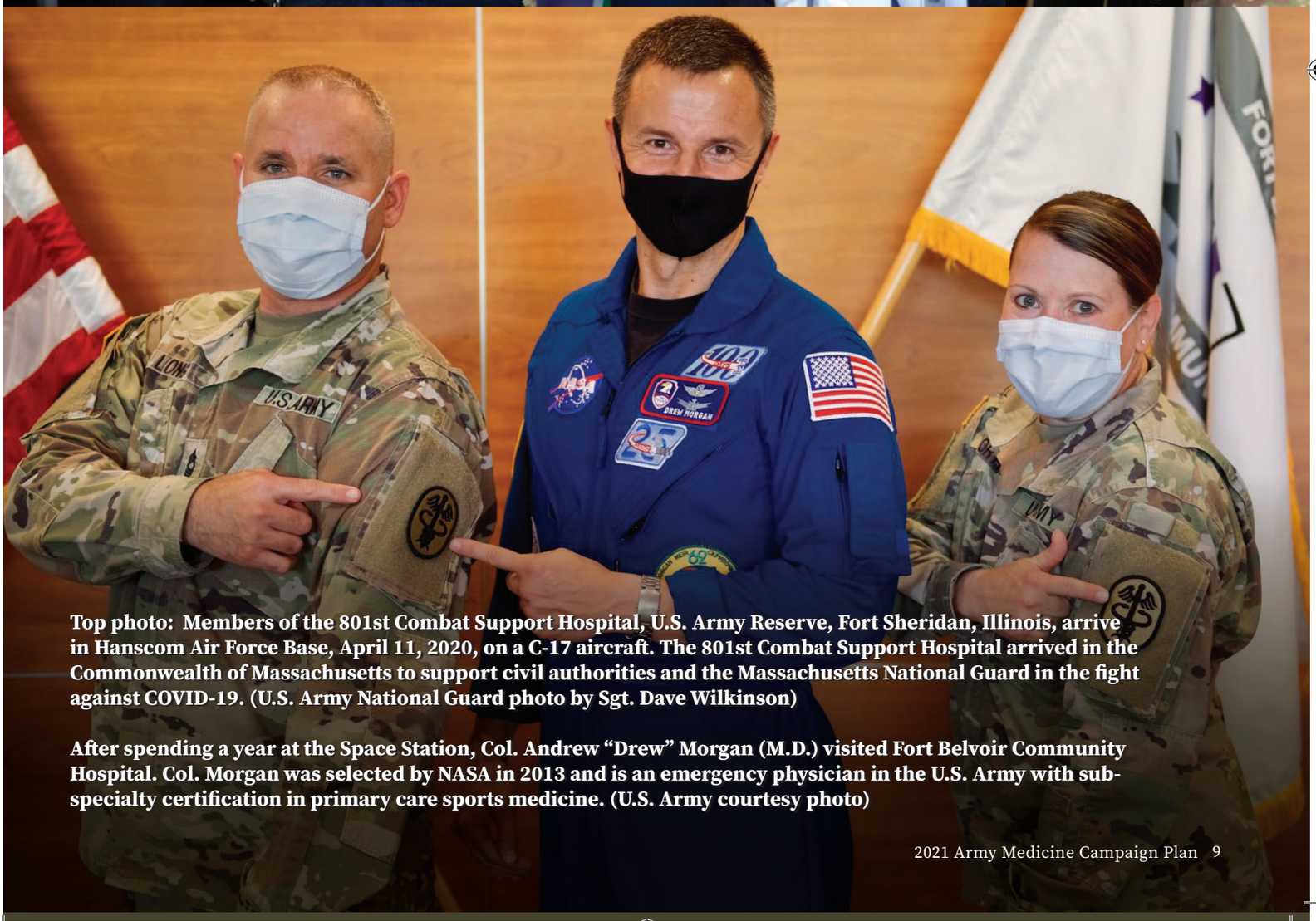
"The time is now to transform how we take care of our people, our doctrine, our organizations, our training, our equipment, and how we compete around the world."

~ Gen. James C. McConville, U.S. Army Chief of Staff



Top photo: Members of the 801st Combat Support Hospital, U.S. Army Reserve, Fort Sheridan, Illinois, arrive in Hanscom Air Force Base, April 11, 2020, on a C-17 aircraft. The 801st Combat Support Hospital arrived in the Commonwealth of Massachusetts to support civil authorities and the Massachusetts National Guard in the fight against COVID-19. (U.S. Army National Guard photo by Sgt. Dave Wilkinson)

After spending a year at the Space Station, Col. Andrew "Drew" Morgan (M.D.) visited Fort Belvoir Community Hospital. Col. Morgan was selected by NASA in 2013 and is an emergency physician in the U.S. Army with sub-specialty certification in primary care sports medicine. (U.S. Army courtesy photo)

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collaborate, and integrate medical functions across Army Commands, Joint Staff, and DHA with Army Medicine leadership and supporting organizations at any time, any place. The USAMEDCOM DCS G-1/4/6 is the OPR for this CO.

- **SO 1.1: Support Army People Strategy.** Talent Management actions integrate all people practices, generating a positive effect on organizational outcomes and leveraging each individual's knowledge, skills, behaviors, and preferences (KSB-Ps) for the mutual benefit of Army Medicine and the individual. Fully integrate Army People First Task Force initiatives to mitigate or eliminate the effects corrosive behaviors including sexual assault and harassment, extremism, and racism have on Army Medicine and to improve the Army's culture of trust; Army Project Inclusion initiatives to promote equitable and inclusive culture by listening to the experiences and recommendations of their Soldiers and Civilians. Overall, these efforts are to be synchronized and integrated with the Army Quality of Life Task Force (QoL TF) to ensure Soldiers, Civilians, and their Families have predictable, flexible, adaptable, tailorable and well-executed quality of life programs.
- **SO 1.2: Develop Efficient Processes.** Army Medicine's efforts produce efficient, well defined processes (nesting, mutual reinforcement, internal nested with external) are developed, tested, and fielded.
- **SO 1.3: Enable Better Communications.** Army Medicine's efforts produce clear, effective formalized internal and external communication, synchronization, and integration processes with Army Medicine Stakeholders that are emphasized, fostered, established, and continually improved upon.

CO 2. Build Readiness: Army Medicine is the driving force for innovations to ensure medical units are appropriately manned, and that leader development programs are on par with the rest of the Army. Leadership development requires agile, adaptive, flexible thinking to prepare ready medical forces to rapidly deploy to meet Army requirements. Army Medicine integrates with DHA to ensure training performed by MTFs meets personnel readiness requirements. Furthermore, it ensures Individual Critical Task List (ICTL) and Warrior Tasks and Battle Drills (WTBD) are supported with modern tools, equipment, and technology. Having enhanced the process to link doctrine, organization, training, leadership and education, personnel, facilities, and policy (non materiel) (DOTmLPF-P) requirements from far-forward medical units through to AFC, AMC, FORSCOM and TRADOC, Army Medicine enables efforts to increase and focus mobilization and power projection capability and capacity to support the National Defense Strategy, producing ready medical forces that are medically ready. The USAMEDCOM DCS G-3/5/7 is the OPR for this CO.

- **SO 2.1: Support Medical Readiness.** This produces the ready medical force. Army Medicine's efforts produce positive change in Unit Readiness (manning, ICTLs/WTBDs, equipment readiness, and human potential) that is supported and led by competently developed leaders, equipped with modern capabilities to provide expeditionary life-limb-eyesight saving support to an MDO capable force by 2028. This ready medical force will support the full range of Army requirements, to include the extreme cold weather and mountainous environments of the Arctic as well as climate change driven disaster recovery support environments.
- **SO 2.2: Optimize Operational Reach.** This produces the medically ready force. Army Medicine's efforts produce positive change in operational reach (mobilization, deployment), that is optimized to reduce medical non-deployable rates for the Total Army Force.

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- **SO 2.3: Expand Synthetic Training.** Army Medicine's efforts produce positive change in Synthetic Training [Simulations, Medical Simulation Training Centers (MSTCs)] that is expanded to enhance and sustain far-forward medical care delivery skills among surgeons, trauma teams, and combat medics.

CO 3. Support the Modernization of the Medical Force: Having enhanced the process to link requirements to AFC, AMC and TRADOC, Army Medicine is sought out as the resident expert for determining emerging medical concepts, doctrine, and capabilities that enable prolonged care on the battlefield, medical evacuation vertical lift, and for an optimized expeditionary medical force. The USAMEDCOM DCS G-3/5/7 is the OPR for this CO with the integration of AFC, AMC, and TRADOC stakeholders.

- **SO 3.1: Develop Concepts and Doctrine.** Army Medicine's efforts produce positive change in Concepts and Doctrine (medical MDO), ensuring that they are developed, tested, and fielded to modernize medical capabilities to provide expeditionary life- and limb-saving to a multi-domain operations capable force.
- **SO 3.2: Develop Modern Capability.** Army Medicine's efforts produce positive change in modern capability (evacuation, network, lethality) development to address managing large numbers of casualties, intra- and inter-theater evacuation and en route care, and the effects of a shorter or longer evacuation policy and its impact on warfighting operations in a MDO environment. Emerging technologies and artificial intelligence based medical devices are embraced while communicating cybersecurity risks that could compromise Army mission accomplishment.
- **SO 3.3: Develop the Force.** Army Medicine's efforts produce positive change in MDO- capable medical forces (adapt medical organizations, develop new medical formations, field new equipment, and professional medical education), ensuring that they are designed, tested and fielded in parallel with Army efforts, expeditionary medical capabilities that leverage emerging technologies, designing the future medical force, ensuring interoperability, and the rapid expansion and distribution of synthetic training capabilities to meet Army expectations and requirements on future battlefields.

CO 4. Medical Reform: Army Medicine fully embraces the role of integrator, facilitator, advocate, consultant, advisor, and enabler as it supports the DHA to reach full operational capability with zero gaps in readiness support to Army forces and Family well-being. Army Medicine has successfully reorganized to better integrate with ACOMs and ASCCs to meet Army requirements and realize new medical force effectiveness and efficiencies in support of MDO-capable forces. Army Medicine has become a model among the Service Medical Departments, having developed the strategies to both successfully reorganize (Army) and reform (DHA) and collaborating with key stakeholders to prevent medical function degradation. The USAMEDCOM DCS G-8/9 is the OPR for this CO.

- **SO 4.1: Complete Transition of Functions to DHA.** Medical reform actions executed in accordance with Army direction and guidance to effect the transition of health care functions, to include public health, to DHA within prescribed timelines. Transition with DHA is executed and continually assessed to mitigate risk to the Army Medicine's ability to provide operational medical capabilities to support Army requirements in execution of the National Defense Strategy (NDS).

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Medics from 2-3 Infantry Battalion, 1-2 Stryker Brigade Combat Team demonstrate life-saving techniques with soldiers of the Indian Army's 11th Jammu And Kashmir (JAK) Rifles Battalion, Feb. 13, 2021 at Mahajan Field Firing Range in Rajasthan, India. (U.S. Army photo by Staff Sgt. Joseph Tolliver)

- **SO 4.2: Complete Reorganization of Army Medicine.** Army Medicine implements reorganization to enable the readiness and health of the Army and integrate with DHA for the provision of healthcare delivery to Army Soldiers, Families and beneficiaries. Reorganization activities are mitigated to have minimal impact on mission critical and essential functions. Governance forums established to ensure Army, ACOMs, and ASCCs medical readiness requirements are met.
- **SO 4.3: Reform Resource Management with Army and DHA.** Improve resource management processes and procedures with Army (OMA) and DHA (DHP) to enable support to medical readiness goals and increase medical force readiness by freeing resources (money and manpower) through empowering subordinate commanders to make more efficient, timely, and effective decisions.

CO 5. Strengthen Alliances and Partnerships: Army Medicine is the recognized leader among the Service Medical Departments for strengthening alliances and partnerships with medical personnel amongst U.S. allies and partners. Army Medicine is able to demonstrate the benefit to overall Army readiness through shared equipping solutions and combined training and exercises with U.S. allies, and how outreach has been strengthened through professional military education, produced improved interoperability, and validated during strategic engagements. The USAMEDCOM DCS G-3/5/7 is the OPR for this CO.

- **SO 5.1: Optimize Security Cooperation.** Army Medicine's efforts produce positive momentum for security cooperation outreach opportunities (combined exercises and training, strategic engagement, global health engagements) that build upon experience working within multinational staff hospitals in Iraq, Afghanistan, and United Arab Emirates (UAE) leverage current experiences in U.S. Army European Command, (EUCOM) with North Atlantic Treaty Organization (NATO) allies and seek additional opportunities in other Geographic Combatant Commands.

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- **SO 5.2: Increase Security Assistance Program.** Army Medicine's efforts produce positive change to increase Security Assistance Program outreach (interoperable training and equipping, professional military medical education) with partner nations and invite allies to participate in formal professional military education venues and activities.
- **SO 5.3: Expand Partnerships.** Army Medicine's efforts produce positive change to expand Partnerships (expose to industry, medical skill sustainment operations, military-civilian opportunities) with U.S. Government agencies and other organizations dedicated to emergency operations and disaster relief that is applicable to expeditionary and other complex operational environments. In order to increase the skills of critical wartime specialties, leverage civilian partnerships to gain access to trauma and hands-on training opportunities at premier trauma centers hospitals throughout the U.S.

V. Campaign Plan Implementation

COs and associated SOs are the mechanism by which OTSG/MEDCOM will work internally, with stakeholders and mission partners, to identify and execute key initiatives that enable the achievement of the desired End State. Figure 3 depicts Army Medicine initiatives grouped by COs on an implementation timeline, which includes two critical periods: the near-term (the current year of execution and the President's Budget) and the mid-term [Program Objective Memorandum (POM) years].

The follow-on AMCP operations order (OPORD) assigns an office of primary responsibility (OPR) and offices of coordinating responsibility (OCRs) to each CO and SO. The OPRs and OCRs will be responsible for developing implementation plans and assessing performance toward achieving the desired End State.

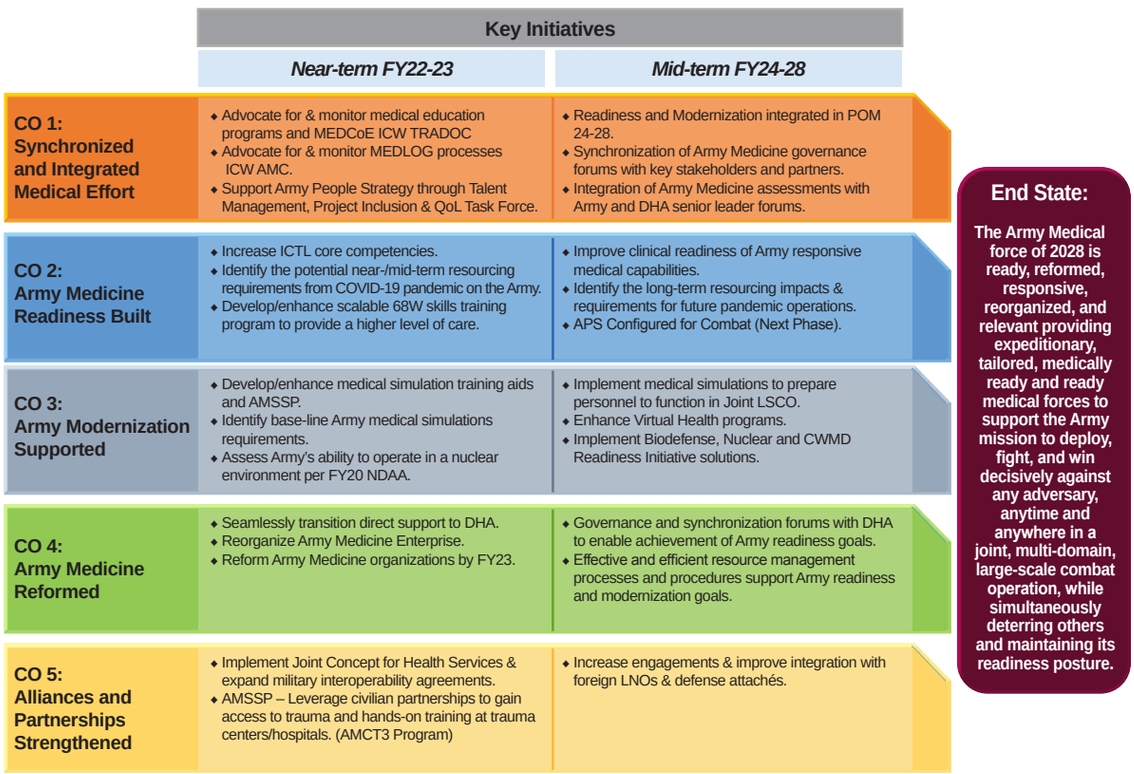

Figure 3. Near-Term and Mid Term key Army Medicine Initiatives

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Implementation Plans

Designated OPRs will develop implementation plans (Figure 4) to chart the course for their assigned CO and associated SOs. An implementation plan explains what will be done, what the milestones are along the way, how OTSG/MEDCOM must organize to accomplish success, what decisions TSG and OTSG/MEDCOM senior leaders will need to make, and how OTSG/MEDCOM will assess progress.

Campaign Objective Implementation Plan - Example

Campaign Objective: **Synchronized and Integrated Medical Effort**

Desired Conditions: **Army Medicine remains responsive and reliable for our teammates and stakeholders. Army Medicine creates a 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.**

Key Performance Indicator:

- **Number of OPTS/WGs/Collaboration meetings OTSG/MEDCOM supports with newest stakeholders. i.e., AFC, TRADOC, AMC, DHA at the beginning of 2021, middle and end of 2021**

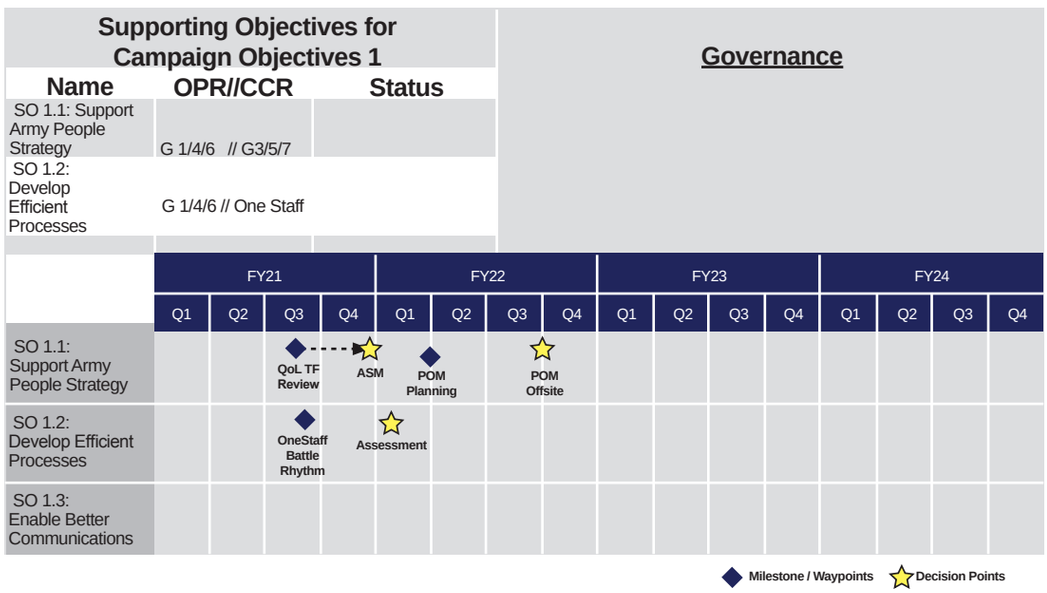

Figure 4. Campaign Objective Implementation Plan Template

Assessment

The purpose of an assessment is to gather relevant information about a topic, performance or progress, or to determine an outcome. The data collected from this assessment is used to inform OTSG/MEDCOM decision makers on the progress of COs and SOs within the AMCP. This enables OTSG/MEDCOM senior leaders to identify risk, understand trade space, and make informed and timely decisions. Full implementation of the AMCP requires continuous effort to develop measures and strategic initiatives that address performance gaps. The development and execution of strategic initiatives, projects and programs are vetted and reviewed on a periodic basis to mature the sub-objectives, tasks and assessment metrics and ensure they support the AMCP's efforts.

Governance

The purpose of AMCP governance is to build the framework that OTSG/MEDCOM will employ to review and assess progress of initiatives supporting the AMCP COs; seek and

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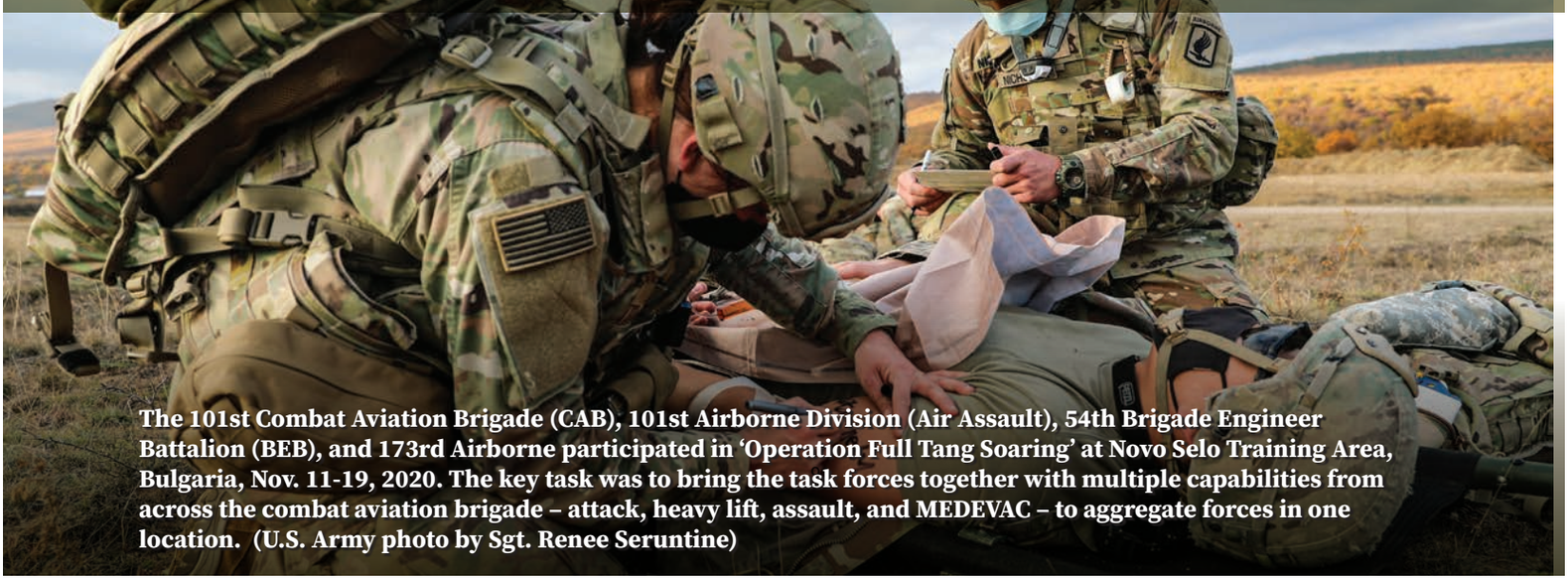
"I am humbled to be part of a dedicated team of committed professionals. Army Medicine's foundational strength lies in its people. Every day, we answer the nation's call and deliver, regardless of the sacrifice. It is in you, and us, that our strength resides."

~ Command Sgt. Maj. Diamond D. Hough, U.S. Army Medical Command



The 101st Combat Aviation Brigade (CAB), 101st Airborne Division (Air Assault), 54th Brigade Engineer Battalion (BEB), and 173rd Airborne participated in 'Operation Full Tang Soaring' at Novo Selo Training Area, Bulgaria, Nov. 11-19, 2020. The key task was to bring the task forces together with multiple capabilities from across the combat aviation brigade – attack, heavy lift, assault, and MEDEVAC – to aggregate forces in one location. (U.S. Army photo by Sgt. Renee Seruntine)

encourage performance improvement; and monitor implementation plans to ensure actions are aligned with and in support of the AMCP End State. AMCP governance is nested in the ACP processes. It is focused at the CO/SO level with a tiered review and analysis framework designed to integrate and synchronize OTSG/MEDCOM actions. The AMCP governance framework uses periodic (battle rhythm) reviews, defined metrics, and solicits commander's feedback to guide and focus efforts towards the five COs and the supporting SOs. The AMCP governance tiers begin with the OPR and OCR proponents; a governance working group at the Deputy Chief of Staff/Council of Colonels-level; a governance steering committee at the DCG/CoS-level and an assessment and planning board by the TSG and DSG.

VI. Summary

The AMCP provides direction for OTSG/MEDCOM and subordinate commands. It is based on mission analysis of guidance from national leaders, HQDA and informed by the Joint Concept for Health Services. This direction informs the development of other plans within OTSG/MEDCOM. Fully implementing this organizational plan will require some additional efforts.

- Determining how to achieve the objectives outlined in this document requires continuous effort to develop measures and strategic initiatives, projects and programs that address performance gaps. The Army's Strategic Management System (SMS) web-based tool will function as an AMCP assessment tool to capture these measures.
- The development and execution of strategic initiatives, projects and programs will be vetted and reviewed on a periodic basis to fully develop the sub-objectives, tasks and assessment metrics and ensure they support AMCP's efforts.
- Monitoring, implementation and evaluation of the plan is essential to achieve progress towards the enduring objectives and fulfill the vision and desired End State. A systematic performance assessment through a disciplined battle rhythm of accountability ensures command understanding and provides opportunities to adjust efforts as required.

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Glossary of Terms

Army Health System (AHS)
A component of the Military Health System that is responsible for operational management of the health service support and force health protection missions for training, pre-deployment, deployment and post-deployment operations. Army Health System includes all mission support services performed, provided, or arranged by the Army Medical Department to support health service support and force health protection mission requirements for the Army and as directed, for joint, intergovernmental agencies, coalition and multinational forces. (FM 4-02)

AMEDD Medical Skills Sustainment Program (AMSSP)
Military-civilian partnership program that provides opportunities for Army medical personnel to work in Level 1 trauma centers alongside civilian counterparts to care for patients who have suffered severe trauma or are critically ill in order to build medical sustainment capabilities in Army medical personnel.

Campaign
A series of related major operations aimed at achieving strategic and operational objectives within a given time and space. (JP 5-0)

Campaign Plan
A joint operation plan for a series of related major operations aimed at achieving strategic or operational objectives within a given time and space. (JP 5-0)

Decisive Operation
The operation that directly accomplishes the mission. (ADRP 3-0)

End State
The set of required conditions that defines achievement of the commander's objectives. (JP 3-0, See FM 3-07, FM 3-24)

Multi-Domain Operations (MDO)
Operations conducted across multiple domains and contested spaces to overcome an adversary's (or enemy's) strengths by presenting them with several operational and/or tactical dilemmas through the combined application of calibrated force posture; employment of multi-domain formations; and convergence of capabilities across domains, environments, and functions in time and spaces to achieve operational and tactical objectives. (TRADOC Pamphlet 525-3-1)

Large Scale Combat Operations (LSCO)
Shift in military strategy and doctrine with a focus on large-scale ground combat operations against near-peer threats, where belligerents possess technology and capabilities similar to the U.S. military. (FM 3-0 c1, Operations, 6 December 2017)

Objective
The clearly defined, decisive, and attainable goal toward which an operation is directed. The specific goal of the action taken which is essential to the Commander's plan. (JP 5-0)

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Maj. Matthew Moore, Joe Renn, Lt. Col. Charlene Wilson, Lt. Col. Norberto Rodriguez, Jennifer Rodriguez, Lt. Col. Wendy Gray, Sgt. Maj. Edmund Burnsed, Dawn Burnsed, and Cpt. Gary Piontek, from Raymond W. Bliss Army Health Center, Ft Huachuca, finished the 100 miles in 10 days challenge. Rodriguez finished the 100 miles the quickest, in only seven days. (U.S. Army photo)

Office of Coordinating Responsibility (OCR)
Accepts tasks, provides inputs to the OPR for task completion. (TMT Guide v.4.6.9, 18 September 2020)

Office of Primary Responsibility (OPR)
Ultimately responsible for task completion. (TMT Guide v.4.6.9, 18 September 2020)

Operational Planning Team (OPT)
One of several types of planning forums typically established to direct planning efforts across the command, including implementation of plans and orders. (JP-5.0)

Planning, Programming, Budgeting, and Execution (PPBE)
Within Army Medicine, the PPBE process ties strategy, program, and budget all together. It helps build a comprehensive plan in which budgets flow from programs, programs from requirements, requirements from missions, and missions from national security objectives. (MEDCOM POM Exec Presentation, Resourcing Framework session, 10 July 2017)

Shaping Operation
An operation that establishes conditions for the decisive operation through effects on the enemy, other actors and the terrain. (ADRP 3-0)

Strategic Management System (SMS)
The Army's web-based assessment tool.

Sustaining Operation
An operation at any echelon that enables the decisive operation or shaping operations by generating and maintaining combat power. (ADRP 3-0)

Total Army (Total Force)
Army's Active Component (AC) and Reserve Component (RC). [Army Directive 2012-08 (Army Total Force Policy)]

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1. As a Blackhawk begins to touch down, Soldiers from the Idaho Army National Guard Charlie Company, 2-116 Combined Arms Battalion (CAB) of the 116th Cavalry Brigade Combat Team joined up with soldiers from the 183rd Helicopter Assault Battalion on Gowen Field for weekend training exercises. (U.S. Army photo by Thomas Alvarez)

2. Lt. Col. Rebecca Mione, a recalled nurse, tests Fort Irwin soldier for COVID-19. (U.S. Army photo by Casey Slusser)

3. Lt. Gen. R. Scott Dingle, Army Surgeon General, visited with Brig. Gen. Bradley A. Swanson and U.S. Army Reserve Soldiers participating in exercise Global Medic at Fort Hunter Liggett June 14, 2021. (U.S. Army photo)

4. Brent Tutor, additive manufacturing machinist at Rock Island Arsenal – Joint Manufacturing and Technology Center, Center of Excellence for Advanced and Additive Manufacturing assembles ventilator housing parts, April 9, 2020 at Rock Island Arsenal. (U.S. Army photo by Debralee Best)

5. Maj. Latonya Hicks, Commander of the Marietta-based 248th Medical Company, receives her COVID-19 vaccine injection at Clay National Guard Center in Marietta, Georgia, Jan. 9, 2021. (U.S. Army National Guard Photo by Sgt. Jeron Walker)

6. Megan Baird (left), Physician Assistant at Evans Army Community Hospital observes as Lt. Col. Owen Johnson, a plastic and reconstructive surgeon, begins migraine surgery on a patient Oct. 14, 2020. (U.S. Army photo by Emily Klinkenborg)

7. Military Working Dog (MWD) Beta gets comfortable on board a medical evacuation modified Blackhawk helicopter while Senior Airman Charles Gaines, a MWD handler with the 407th Expeditionary Security Forces Squadron, looks on at Al Jaber Airbase, Kuwait, November 16th, 2020. Regular familiarization training such as this increases safety while decreasing injuries for MWD teams when boarding and exiting an aircraft. (U.S. Army photo by Staff Sgt. Luke Wilson)

8. Sgt. Michael Metcalf, a radiology specialist at Grafenwoehr Army Health Clinic, scored a perfect 600/600 score on his Army Combat Fitness Test. Metcalf showed his Pride in the Patch with Command Sgt. Major Diamond D. Hough during a visit from the Army Medicine leadership team. (U.S. Army photo)

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A nurse at Walter Reed Hospital attended to a patient with the "Spanish Flu" in November 1918. Patient beds were separated by hung sheets and nurses wore cloth masks to prevent transmission. (Photo credit: Harris & Ewing/Library of Congress)

Capt. Arfan Malik, a critical-care nurse at the Intensive Care Unit, Landstuhl Regional Medical Center, April 2020, trains Holly Bryant, a registered nurse with the Labor and Delivery Unit at LRMC. Healthcare professionals throughout LRMC are undergoing critical care training as part of larger efforts to increase staff readiness and development in support of COVID-19 operations. (U.S. Army photo by Marcy Sanchez)

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