



**AMERICA'S ARMY:**

Army Medicine is Army Strong!

Office of the Surgeon General

# Silver Caduceus Association

LTG Scott Dingle  
The Surgeon General and  
Commanding General, USAMEDCOM

1 October 2021

Office of the Surgeon General  
Headquarters Department of the Army



# Purpose and Outline

**Purpose:** To inform members of the Silver Caduceus Association of Army Medicine's strategy and Pivot to Readiness

## Outline:

- The Environment / Army Medicine Strategic Direction
- Pivot to **Readiness**
- Medical **Reform**
- **Reorganization** – Theater Medical Commands



*Injury To Recovery*



## Army Priorities: *People, Readiness, Modernization (ACP2021)*



**General James C. McConville,**  
Army Chief of Staff



**SMA Michael A. Grinston**  
Sergeant Major of the Army

### **People First; Winning Matters!**

"Our Army's people are our greatest strength and our most important weapon system. **Our people are our Soldiers, Family members, Department of the Army Civilians, and Soldiers for Life (retirees and veterans).** We must take care of our people and treat each other with dignity and respect. It is our people who will deliver on our readiness, modernization and reform efforts"

"Our Army serves to defend the Nation. When we send the Army somewhere, we don't go to participate, we don't go to try hard, we go to win. It is our duty to provide the Nation a professional, lethal, and decisive force that will win against any of our adversaries."

### **Soldiers are the center of everything we do!**

"**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."

"**At the center of the 5 Rs of Army Medicine is the Soldier surrounded by Leaders, Teammates and Family.** 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."

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**LTG R. Scott Dingle**  
45<sup>th</sup> Army Surgeon General  
and Commanding General,  
US Army Medical Command



**CSM Diamond D. Hough**  
Command Sergeant Major  
US Army Medical Command



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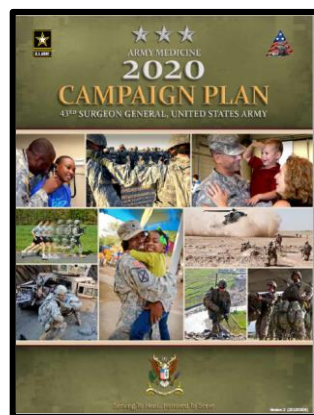
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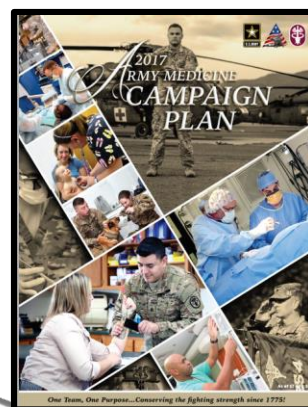
## The Environment

**The Healthcare Benefit**  
Health Measures / Scorecard  
High Reliability Org (HRO)

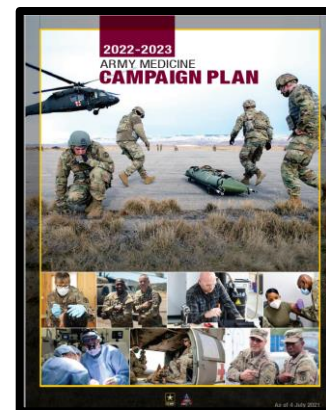
**System of Health**  
**Performance Triad (P3)**  
Bottom Up Review (BUR)



**Expeditionary Medicine**  
Globally Integrated



**NDA & Reform**  
Pivot to Readiness  
People



BRINGING VALUE, INSPIRING TRUST  
SERVING TO HEAL, HONORED TO SERVE

ONE TEAM, ONE PURPOSE

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**Global War on Terrorism**

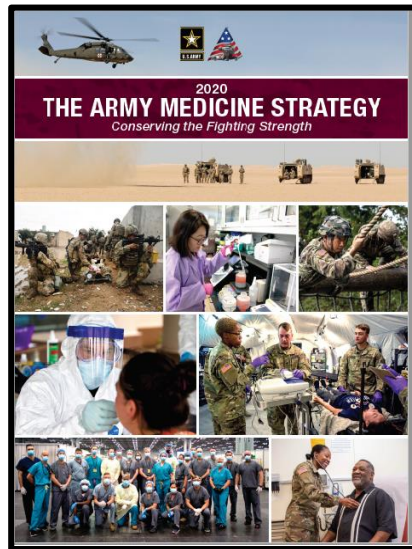
D - MDO / LSCO / Convergence  
O - MDO Task Forces / SFAB / Cyber  
T - Synthetic Training Environment  
M - Modernization Priorities / CFTs  
L/P - Talent Management / CAP / IPPS



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# Army Medicine Strategy & Army Medicine Campaign Plan 2022-2023



## 2020 Army Medicine Strategy

### 2020 Army Medicine Strategy signed August 2020

- Describes how TSG accomplishes statutory responsibilities ISO SA Title 10 in the health and medical aspects of “man, organize, train, equip & lead”.
- Vision for Army Medicine of 2028 – **Ready, Reformed, Reorganized, Responsive** and **Relevant** (5-Rs)

### 2022-2023 Army Medicine Campaign Plan (AMCP) 2022-2023 signed July 2021

- Expresses plan for USAMEDCOM and OTSG to execute the Army mission and vision, and fulfill the Army Medicine Vision through the management and oversight of Campaign Objectives (COs)
- Framework for shifting from counterinsurgency support to near-peer adversary; and efforts ISO *people, readiness, and modernization*.
- Campaign Objectives (COs):

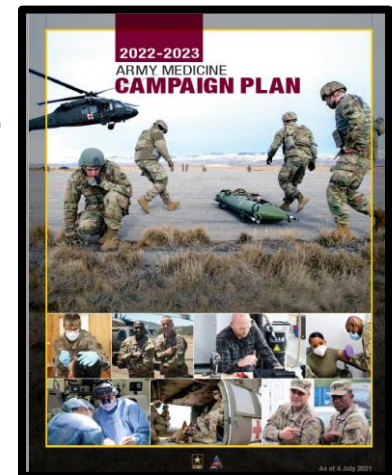
CO1: Synchronize & Integrate the Medical Effort

CO2: Build Readiness

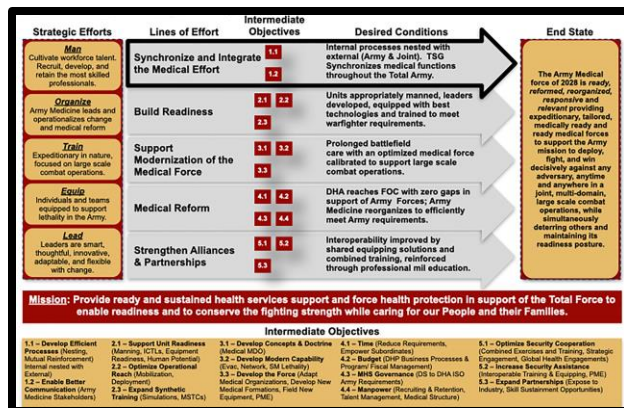
CO3: Support Modernization of the Medical Force

CO4: Medical Reform

CO5: Strengthen Alliances & Partnerships



## 2022-2023 Army Medicine Campaign Plan





## Emphasizes:

- A "single" Medical Operational Force – Ready, Responsive and Relevant!
- Why this is important?
  - Changing Army medical operating environment demands effective and efficient use of all components.
  - Critical that we recruit, retain, organize maintain, train and equip active and reserve components as an integrated operational force.
  - To provide predictable, recurring and sustainable capabilities.

*"One Army Medicine that is Ready, Responsive, and Relevant to the Army Mission. Able to be cross levelled as required, plugged and played when directed, and able to conserve the fighting strength with no disparity or prejudice with readiness standards.*

*I envision the world's best military medical force that is trained to the highest standards and led by world's best medical leaders."*

~ LTG R. Scott Dingle  
20 July 2021

COMPO 1



COMPO 2



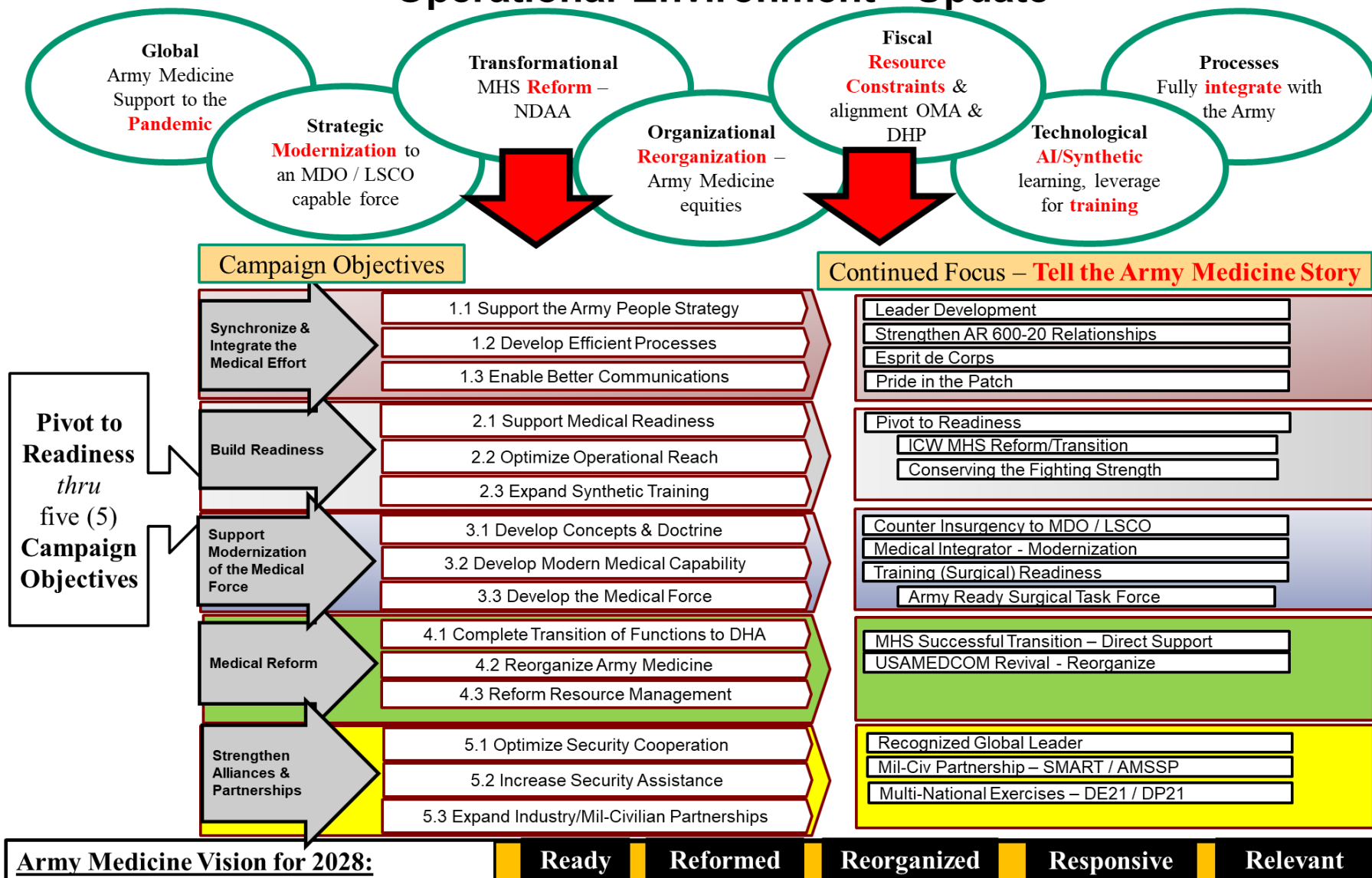
COMPO 3



DA Civilians



## Operational Environment - Update





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AMEDD Vision 2028 – 5 **R**s



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**READY:**  
Individual / Collective

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## BRIDGE TO READINESS



**LINES OF EFFORT (as of 11 Jan 2021)**

### AMEDD Military-Civilian Trauma Team Training (AMCT3)

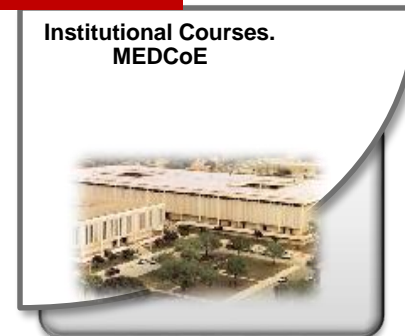
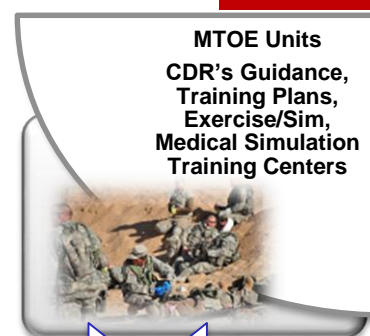
- Forward Resuscitative Surgical Team members are embedded into civilian Level 1 trauma centers for up to 3 years
- Individual ICTLs and Team-Building focused for FRST personnel
- 7 Partnerships: Cooper University Hospital, Camden, NJ, Vanderbilt University, Nashville, TN, University of Chicago, Chicago, IL, Oregon Health and Sciences University, Portland, OR, Harborview Medical Center, Seattle, WA, University of North Carolina

### Strategic Medical Asset Readiness & Training (SMART)

- TRI-SERVICE All Compos, 2-3 week rotation
- Individual ICTs. Focus on enlisted medical workforce individual skills sustainment prioritizing 68W, 68D, 68C.
- 8 Partnerships/12 partner hospitals: Cincinnati Health Consortium (5 hospitals), OH, Hackensack University, NJ, Cooper University Hospital, NJ, Gloucester EMS, NJ, Doctors Hospital, TX, Laredo Medical Center, TX, Centro Medico, Puerto Rico and University of North Carolina, Chapel Hill, N.C.



## READINESS PLATFORMS



**Increased Readiness**

- Knowledge, Skills and Abilities (KSAs)
- Composed of: 1) Administrative Tasks; 2) Critical Medical Skills Sustainment; and, 3) Clinical Experience

## WAY AHEAD

- Sustain/scale and expand MIL-CIV Partnerships
- Continue to improve program design & implementation
- Mature metrics/methods to measure value- performance & effectiveness
- Optimize this generating platform for skills sustainment
- Relationship with MTFs critical!

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# READY Individual Critical Task List – by Corps

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Readiness – ICTL Deep Dive

| AOC  | Title                            | ICTLs Submitted to MEDCoE  |
|------|----------------------------------|--|
| 67E  | Pharmacist                       | 23   |
| 67F  | Optometrist                      | 6  |
| 67G  | Podiatrist                       | 5  |
| 67J  | Aeromedical Evacuation           | 22   |
| 70A  | Health Care Administration       | 5  |
| 70B  | Health Services Administration   | 5  |
| 70C  | Comptroller                      | 9  |
| 70D  | Systems Management               | 5  |
| 70E  | Patient Administration           | 7  |
| 70F  | Human Resources                  | 25   |
| 70H  | Plans, Ops, Intel, Sec & Trng    | 7  |
| 70K  | Health Services Material         | 8  |
| 71A  | Microbiologist                   | 8  |
| 71B  | Biochemist                       | 12   |
| 71E  | Clinical Lab                     | 8  |
| 72A  | Nuclear Medicine                 | 16   |
| 72B  | Entomologist                     | 5  |
| 72C  | Audiologist                      | 9  |
| 72D  | Environmental Science & Engineer | 8  |
| 73A  | Social Worker                    | 10   |
| 73B  | Clinical Psychologist            | 14   |
| 670A | Health Services Maintenance      | 13   |
| 71F  | Research Psychologist            | No Requirement to submit ICTL, AOC doesn't have authorizations on MTOE |

MS

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Readiness – ICTL Deep Dive

| Title                   | POC/SME                                | SS Project Review w/ Consultant | Task Title Review | Current # of Total Tasks | #Tasks with Performance Steps Submitted to MEDCoE (S) | Consultant/ Corps Review | # of Tasks Shared with other AOCs | Shared Task Review | ICTLs Complete (Corps and TRADOC approved) |
|-------------------------|--|---------------------------------|-------------------|--------------------------|---|--------------------------|-----------------------------------|--------------------|--|
| 66B Public Health Nurse | COL Steve Kravay/CDL Retallick Sanford | x                               | x                 | 12                       | 12  | Yes                      | 2                                 | Yes                | 0  |
| 66C Psych Btl Nurse     | LTC Lakisha Wright                     | x                               | x                 | 12                       | 12  | Yes                      | 4                                 | Yes                | 0  |
| 66E Peroperative Nurse  | Christopher Roddy                      | x                               | x                 | 15                       | 15  | Yes                      | 1                                 | Yes                | 0  |
| 66F Nurse Anesthetist   | COL Constance Jenkins                  | x                               | x                 | 10                       | 10  | Yes                      | 10 (w/60N)                        | Yes                | 6  |
| 66G OBGYN Nurse         | LTC Lana Bernat                        | x                               | x                 | 14                       | 14  | Yes                      | 8                                 | Yes                | 0  |
| 66H Med Surgical Nurse  | COL Fumari/UTC Peniculate              | x                               | x                 | 16                       | 16  | Yes                      | 10                                | Yes                | 2  |
| 66P Family NP           | COL Jennifer Meno                      | x                               | x                 | 18                       | 18  | Yes                      | 18 (63B/60N)                      | Yes                | 6  |
| 66R Psych Btl Nurse/NP  | LTC Lakisha Wright                     | x                               | x                 | 13                       | 13  | Yes                      | 5                                 | Yes                | 1  |
| 66S Critical Care Nurse | COL Kimberly Giesch                    | x                               | x                 | 17                       | 17  | Yes                      | 15                                | Yes                | 2  |
| 66T Emergency Nurse     | COL David Thompson                     | x                               | x                 | 21                       | 21  | Yes                      | 17                                | Yes                | 4  |
| 66W Midwife             | LTC Lana Bernat                        | x                               | x                 | 15                       | 15  | Yes                      | 8                                 | Yes                | 5  |

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Readiness – ICTL Deep Dive

|       | Title                 | Number of tasks | Performance Steps   | ICTL Complete in TDC |
|-------|-----------------------|-----------------|---------------------|----------------------|
| 63A/B | Gen/Comp. Dentist     | 33              | x - 33/33 tasks     | 33/33 completed      |
| 63D   | Periodontist          | 3               | x - 3/3 tasks       | 3/3 completed        |
| 63E   | Endodontist           | 3               | x - 3/3 tasks       | 3/3 completed        |
| 63F   | Prosthodontist        | 6               | x - 6/6 tasks       | 6/6 completed        |
| 63H   | Public Health Dent.   | 3               | x - 3/3 tasks       | 3/3 completed        |
| 63K   | Pediatric Dentist     | 3               | x - 3/3 tasks       | 3/3 completed        |
| 63M   | Orthodontist          |                 | No ICTL for the AOC |                      |
| 63N   | Oral & Maxillo. Surg. | 11              | x - 11/11 tasks     |                      |
| 63P   | Oral Pathologist      | 2               | x - 2/2 tasks       | 2/2 completed        |

- DC complete on ICTL submission
- Shared tasks reconciled

DC

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Readiness – ICTL Deep Dive

ICTL Board Schedule FY 22

|     |                                |  |
|-----|--------------------------------|--|
| 64A | Operational Support Specialist | 64A/64B/64C/64D/64E/64F/64G/64H/64I/64J/64K/64L/64M/64N/64O/64P/64Q/64R/64S/64T/64U/64V/64W/64X/64Y/64Z/64AA/64AB/64AC/64AD/64AE/64AF/64AG/64AH/64AI/64AJ/64AK/64AL/64AM/64AN/64AO/64AP/64AQ/64AR/64AS/64AT/64AU/64AV/64AW/64AX/64AY/64AZ/64BA/64BB/64BC/64BD/64BE/64BF/64BG/64BH/64BI/64BJ/64BK/64BL/64BM/64BN/64BO/64BP/64BQ/64BR/64BS/64BT/64BU/64BV/64BW/64BX/64BY/64BZ/64CA/64CB/64CC/64CD/64CE/64CF/64CG/64CH/64CI/64CJ/64CK/64CL/64CM/64CN/64CO/64CP/64CQ/64CR/64CS/64CT/64CU/64CV/64CW/64CX/64CY/64CZ/64DA/64DB/64DC/64DD/64DE/64DF/64DG/64DH/64DI/64DJ/64DK/64DL/64DM/64DN/64DO/64DP/64DQ/64DR/64DS/64DT/64DU/64DV/64DW/64DX/64DY/64DZ/64EA/64EB/64EC/64ED/64EE/64EF/64EG/64EH/64EI/64EJ/64EK/64EL/64EM/64EN/64EO/64EP/64EQ/64ER/64ES/64ET/64EU/64EV/64EW/64EX/64EY/64EZ/64FA/64FB/64FC/64FD/64FE/64FF/64FG/64FH/64FI/64FJ/64FK/64FL/64FM/64FN/64FO/64FP/64FQ/64FR/64FS/64FT/64FU/64FV/64FW/64FX/64FY/64FZ/64GA/64GB/64GC/64GD/64GE/64GF/64GG/64GH/64GI/64GJ/64GK/64GL/64GM/64GN/64GO/64GP/64GQ/64GR/64GS/64GT/64GU/64GV/64GW/64GX/64GY/64GZ/64HA/64HB/64HC/64HD/64HE/64HF/64HG/64HH/64HI/64HJ/64HK/64HL/64HM/64HN/64HO/64HP/64HQ/64HR/64HS/64HT/64HU/64HV/64HW/64HX/64HY/64HZ/64IA/64IB/64IC/64ID/64IE/64IF/64IG/64IH/64II/64IJ/64IK/64IL/64IM/64IN/64IO/64IP/64IQ/64IR/64IS/64IT/64IU/64IV/64IW/64IX/64IY/64IZ/64JA/64JB/64JC/64JD/64JE/64JF/64JG/64JH/64JI/64JJ/64JK/64JL/64JM/64JN/64JO/64JP/64JQ/64JR/64JS/64JT/64JU/64JV/64JW/64JX/64JY/64JZ/64KA/64KB/64KC/64KD/64KE/64KF/64KG/64KH/64KI/64KJ/64KK/64KL/64KM/64KN/64KO/64KP/64KQ/64KR/64KS/64KT/64KU/64KV/64KW/64KX/64KY/64KZ/64LA/64LB/64LC/64LD/64LE/64LF/64LG/64LH/64LI/64LJ/64LK/64LL/64LM/64LN/64LO/64LP/64LQ/64LR/64LS/64LT/64LU/64LV/64LW/64LX/64LY/64LZ/64MA/64MB/64MC/64MD/64ME/64MF/64MG/64MH/64MI/64MJ/64MK/64ML/64MM/64MN/64MO/64MP/64MQ/64MR/64MS/64MT/64MU/64MV/64MW/64MX/64MY/64MZ/64NA/64NB/64NC/64ND/64NE/64NF/64NG/64NH/64NI/64NJ/64NK/64NL/64NM/64NN/64NO/64NP/64NQ/64NR/64NS/64NT/64NU/64NV/64NW/64NX/64NY/64NZ/64OA/64OB/64OC/64OD/64OE/64OF/64OG/64OH/64OI/64OJ/64OK/64OL/64OM/64ON/64OO/64OP/64OQ/64OR/64OS/64OT/64OU/64OV/64OW/64OX/64OY/64OZ/64PA/64PB/64PC/64PD/64PE/64PF/64PG/64PH/64PI/64PJ/64PK/64PL/64PM/64PN/64PO/64PP/64PQ/64PR/64PS/64PT/64PU/64PV/64PW/64PX/64PY/64PZ/64QA/64QB/64QC/64QD/64QE/64QF/64QG/64QH/64QI/64QJ/64QK/64QL/64QM/64QN/64QO/64QP/64QQ/64QR/64QS/64QT/64QU/64QV/64QW/64QX/64QY/64QZ/64RA/64RB/64RC/64RD/64RE/64RF/64RG/64RH/64RI/64RJ/64RK/64RL/64RM/64RN/64RO/64RP/64RQ/64RR/64RS/64RT/64RU/64RV/64RW/64RX/64RY/64RZ/64SA/64SB/64SC/64SD/64SE/64SF/64SG/64SH/64SI/64SJ/64SK/64SL/64SM/64SN/64SO/64SP/64SQ/64SR/64SS/64ST/64SU/64SV/64SW/64SX/64SY/64SZ/64TA/64TB/64TC/64TD/64TE/64TF/64TG/64TH/64TI/64TJ/64TK/64TL/64TM/64TN/64TO/64TP/64TQ/64TR/64TS/64TT/64TU/64TV/64TW/64TX/64TY/64TZ/64UA/64UB/64UC/64UD/64UE/64UF/64UG/64UH/64UI/64UJ/64UK/64UL/64UM/64UN/64UO/64UP/64UQ/64UR/64US/64UT/64UU/64UV/64UW/64UX/64UY/64UZ/64VA/64VB/64VC/64VD/64VE/64VF/64VG/64VH/64VI/64VJ/64VK/64VL/64VM/64VN/64VO/64VP/64VQ/64VR/64VS/64VT/64VU/64VV/64VW/64VX/64VY/64VZ/64WA/64WB/64WC/64WD/64WE/64WF/64WG/64WH/64WI/64WJ/64WK/64WL/64WM/64WN/64WO/64WP/64WQ/64WR/64WS/64WT/64WU/64WV/64WW/64WX/64WY/64WZ/64XA/64XB/64XC/64XD/64XE/64XF/64XG/64XH/64XI/64XJ/64XK/64XL/64XM/64XN/64XO/64XP/64XQ/64XR/64XS/64XT/64XU/64XV/64XW/64XX/64XY/64XZ/64YA/64YB/64YC/64YD/64YE/64YF/64YG/64YH/64YI/64YJ/64YK/64YL/64YM/64YN/64YO/64YP/64YQ/64YR/64YS/64YT/64YU/64YV/64YW/64YX/64YY/64YZ/64ZA/64ZB/64ZC/64ZD/64ZE/64ZF/64ZG/64ZH/64ZI/64ZJ/64ZK/64ZL/64ZM/64ZN/64ZO/64ZP/64ZQ/64ZR/64ZS/64ZT/64ZU/64ZV/64ZW/64ZX/64ZY/64ZZ/65A/65B/65C/65D/65E/65F/65G/65H/65I/65J/65K/65L/65M/65N/65O/65P/65Q/65R/65S/65T/65U/65V/65W/65X/65Y/65Z/66A/66B/66C/66D/66E/66F/66G/66H/66I/66J/66K/66L/66M/66N/66O/66P/66Q/66R/66S/66T/66U/66V/66W/66X/66Y/66Z/67A/67B/67C/67D/67E/67F/67G/67H/67I/67J/67K/67L/67M/67N/67O/67P/67Q/67R/67S/67T/67U/67V/67W/67X/67Y/67Z/68A/68B/68C/68D/68E/68F/68G/68H/68I/68J/68K/68L/68M/68N/68O/68P/68Q/68R/68S/68T/68U/68V/68W/68X/68Y/68Z/69A/69B/69C/69D/69E/69F/69G/69H/69I/69J/69K/69L/69M/69N/69O/69P/69Q/69R/69S/69T/69U/69V/69W/69X/69Y/69Z/70A/70B/70C/70D/70E/70F/70G/70H/70I/70J/70K/70L/70M/70N/70O/70P/70Q/70R/70S/70T/70U/70V/70W/70X/70Y/70Z/71A/71B/71C/71D/71E/71F/71G/71H/71I/71J/71K/71L/71M/71N/71O/71P/71Q/71R/71S/71T/71U/71V/71W/71X/71Y/71Z/72A/72B/72C/72D/72E/72F/72G/72H/72I/72J/72K/72L/72M/72N/72O/72P/72Q/72R/72S/72T/72U/72V/72W/72X/72Y/72Z/73A/73B/73C/73D/73E/73F/73G/73H/73I/73J/73K/73L/73M/73N/73O/73P/73Q/73R/73S/73T/73U/73V/73W/73X/73Y/73Z/74A/74B/74C/74D/74E/74F/74G/74H/74I/74J/74K/74L/74M/74N/74O/74P/74Q/74R/74S/74T/74U/74V/74W/74X/74Y/74Z/75A/75B/75C/75D/75E/75F/75G/75H/75I/75J/75K/75L/75M/75N/75O/75P/75Q/75R/75S/75T/75U/75V/75W/75X/75Y/75Z/76A/76B/76C/76D/76E/76F/76G/76H/76I/76J/76K/76L/76M/76N/76O/76P/76Q/76R/76S/76T/76U/76V/76W/76X/76Y/76Z/77A/77B/77C/77D/77E/77F/77G/77H/77I/77J/77K/77L/77M/77N/77O/77P/77Q/77R/77S/77T/77U/77V/77W/77X/77Y/77Z/78A/78B/78C/78D/78E/78F/78G/78H/78I/78J/78K/78L/78M/78N/78O/78P/78Q/78R/78S/78T/78U/78V/78W/78X/78Y/78Z/79A/79B/79C/79D/79E/79F/79G/79H/79I/79J/79K/79L/79M/79N/79O/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|
|-----|--------------------------------|--|

Enlisted Corps

## AMERICA'S ARMY: Army Medicine is Army Strong! Office of the Surgeon General

Readiness – ICTL Update

Overall: Medical Corps is 82% complete (14/17) as of 6 JUL.

- Way Ahead:**
- Of the three outstanding, two are on track to be completed in the next few days.
  - Corps leadership is helping the remaining AOC (Diagnostic Radiology) refine and complete task.

Assistance Required: None.

**Overall Feedback:**  
The MEDCoE team has been extremely helpful in ensuring standardization, since some SMEs / AOCs have had a hard time putting clinical tasks succinctly into the ICTL format.

## AMERICA'S ARMY: Army Medicine is Army Strong! Office of the Surgeon General

Readiness – ICTL Deep Dive

Update as of 7 June 2021:

- All SP Corps non-shared AOC tasks are complete.
- DoTD Team at MEDCoE are putting these tasks into the TRADOC's system of record (TDC) and once this is complete the updated ICTLs will be listed in the Central Army Registry (CAR)/will replace what is currently listed in the CAR currently.
- Per Mr. Bean, discussions about the remaining shared tasks (65A with 65B/73A/73B/66C/60W/66R will occur at a later time).
- 65D shared tasks (25 total) with 66P and 62B have been submitted and are pending approval.

SP

MC



### Office of the Surgeon General

## Since 2018, we built partnerships with civilian level 1 trauma centers for individual skills sustainment for critical wartime medical specialties

### Army Military-Civilian Trauma Team Training Program (AMCT3)

- Partnered with 7 Level 1 Trauma Centers (Cooper University Hospital, Camden, NJ; Vanderbilt University Medical Center, Nashville, TN; Harborview Medical Center, Seattle, WA; University of NC Medical Center, Chappel Hill, NC; University of Chicago Medical Center, Chicago, IL; Oregon Health & Science University, Portland, OR; and Medical College of Wisconsin, Milwaukee, WI)
- COMPO 1- Forward Resuscitative Surgical Teams
- Implemented through a combination of embedded and rotational assignments for up to 3 years
- 24 currently embedded at trauma centers
- 14 surgeons embedded at 7 sites by Summer 21

### Strategic Medical Asset Readiness Training Program (SMART)

- Partnered with 17 Civilian hospitals ( includes 7 AMCT3 sites)
- Enlisted Medical Workforce Training
- All COMPO, TriService
- COMPO 1 Priority: 68W, 68D, 68C
- COMPO 2/3 Priority: Low density MOSs
- 2-3 week rotations- experiential learning with a preceptor; highly designed hands-on clinical care with simulation training

#### Goal is to launch 7 new partnerships in FY22:

Baylor Scott & White, TX; University Medical Center, El Paso, TX; University of TX-Houston, University of Colorado – UC Health; Grady Memorial Hospital, GA; Yale, CT; and Providence Sacred Heart Medical Center, WA.





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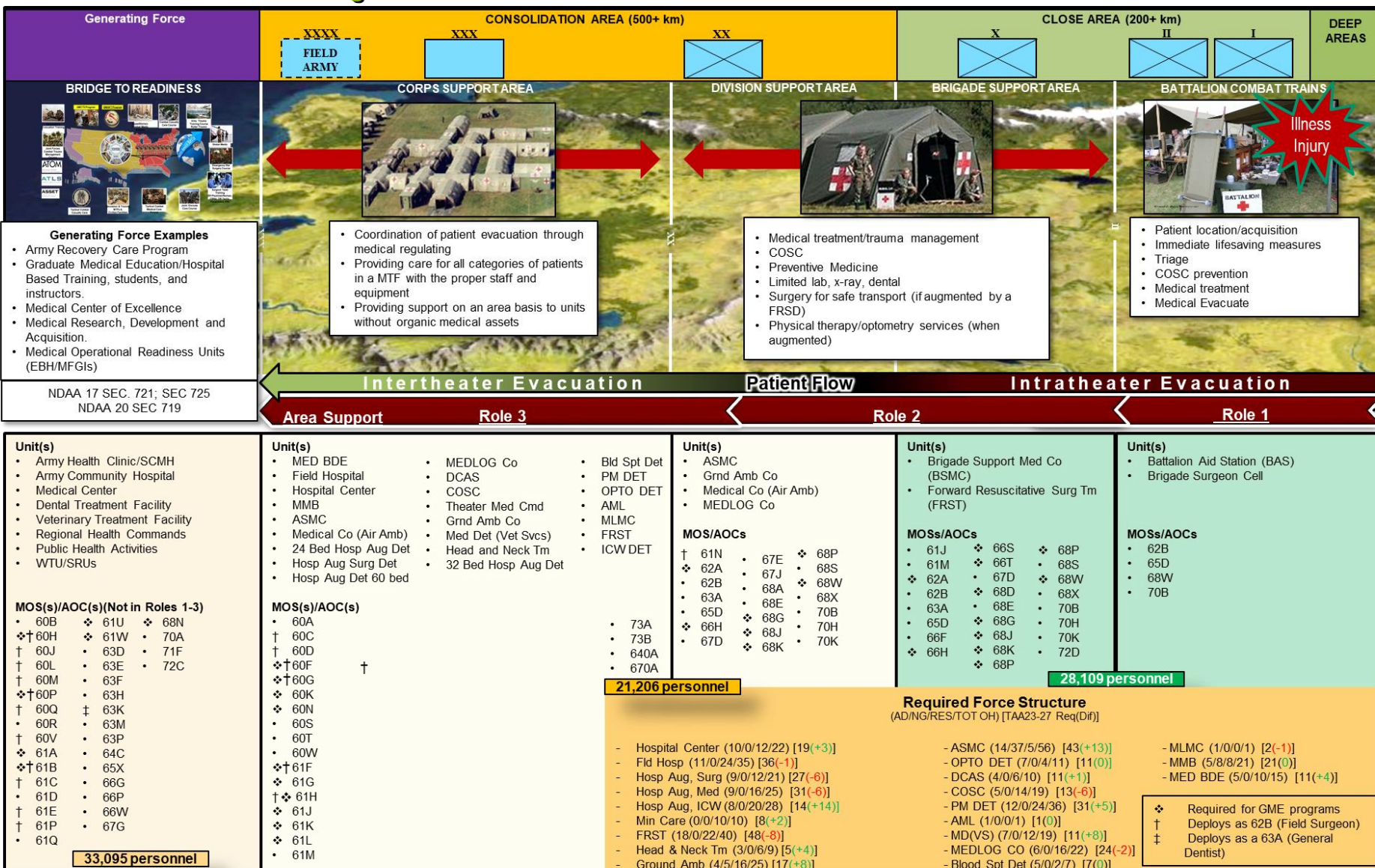
## Office of the Surgeon General

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READY

Saving Lives - COMPO1-3





# AMERICA'S ARMY:

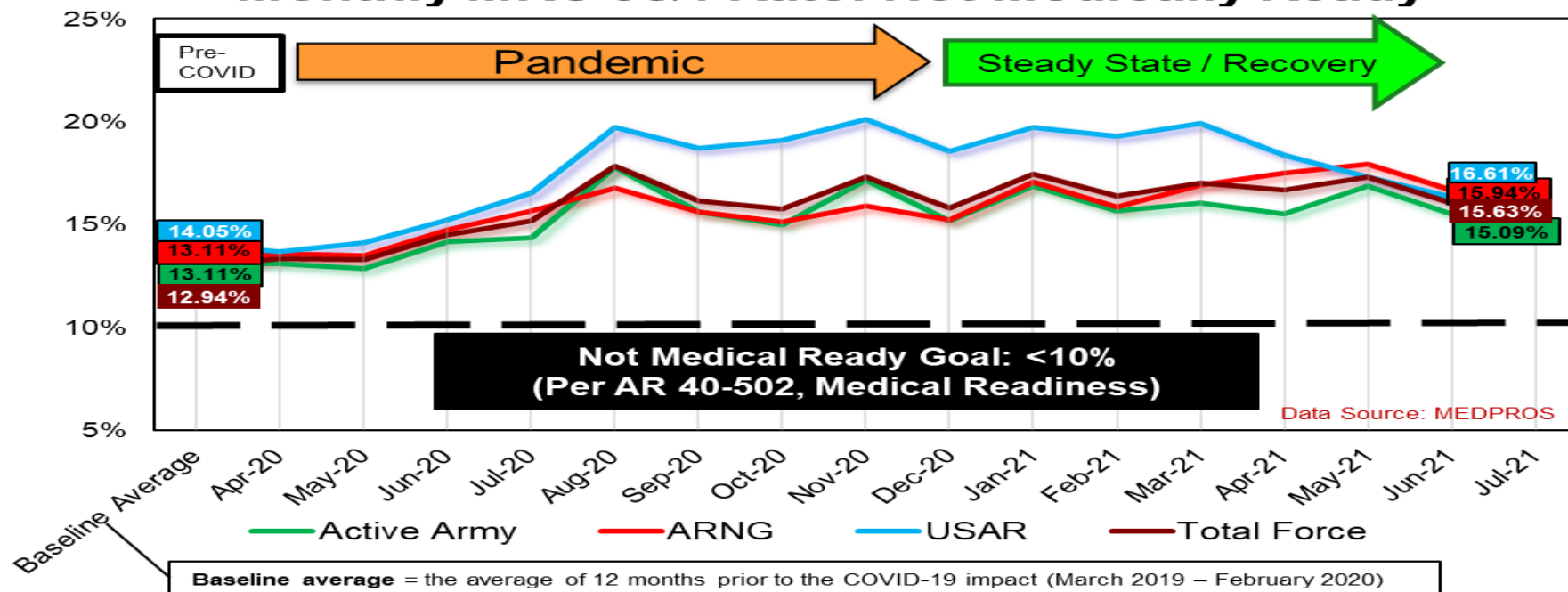
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READY

Individual Medical Readiness Challenge

## Monthly MRC 3&4 Rate: Not Medically Ready



- **Army Medical Readiness 84.78% (DoD Standard is 90%)**

- **75K** Soldiers MRC3 (DL3 Deployment Limiting Condition)
- **54K** Soldiers MRC4 (PHA or Dental Screening)
- **43K** Soldiers (4.3%) of Total Army Force are Medically non-deployable

Total Force Medical Readiness Data, Sep 21

| Compo         | Total Adjusted Strength | MRC 1&2 Compliance % | MRC 3         | MRC 4         |
|---------------|-------------------------|----------------------|---------------|---------------|
| Active        | 425,585                 | 84.65%               | 39,152        | 26,180        |
| ARNG          | 274,293                 | 85.09%               | 22,670        | 18,223        |
| USAR          | 151,640                 | 84.57%               | 13,267        | 10,137        |
| <b>Totals</b> | <b>851,518</b>          | <b>84.78%</b>        | <b>75,089</b> | <b>54,540</b> |

**Way To Individual MED Readiness:** Cdr Profile Review/portal/commo, Sr LDR review, IDES appointment compliance, eliminate appointment no-shows, MEDPROC planning tools.



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# MEDICAL REFORM: NDAA-Directed MHS Transition

**2017**

Scope inside the walls of MTFs

## Section 702:

- Reform of the DHA and MTFs
- Director, DHA responsible for administration of MTFs, 01OCT18
- Transfer all MTFs to DHA NLT 30SEP21

## Section 703:

- Right-sizing Military MTFs
- Potential changes in MTF capability/capacity

## Section 721:

Med/Dental Military to Civilian Conversion

drove

## Army Reform

Army identifies 6935 Military medical authorizations not required for operating force

## Section 725:

Adjustment of medical services, personnel authorized strengths, and infrastructure in MHS to maintain readiness and core competencies of providers

**2019**

Expanded Scope outside the walls of MTFs

## Section 711:

- Improvement of administration of the DHA and military medical treatment facilities
- Directs MRMC and APHC to DHA in 2022

drove

## Army reform

- Aligns MRMC to AMC for MEDLOG
- Further realigns R&D portion to AFC (MRDC)
- Aligns AMEDDC&S → HRCoE to TRADOC

## Section 712:

Organizational framework of the MHS to support medical requirements of the COCOMS

drove

## Army reform

Army identifies structure, functions, manning for enduring medical readiness organizations

**2020**

Relook at policy

## Section 737:

- SECDEF maintains MRMC resourcing; transfer of funds to DHP on 01OCT22
- Continue CoE past 30SEP22

Follow on

## Section 711:

SECDEF can reassign personnel

## Section 719:

Prohibits realignment or reduction of military end strength authorizations until full analysis of the affects of realignment and reduction of medical personnel

Follow on

## Section 1109:

Provides direct hire authorities for medical or health professional positions within DoD

**2021**

Preserve and Enhance Readiness

## Section 717:

- Modification to Limitation on the Realignment or Reduction of Military Medical Manning End Strength

## Section 718:

- Modification to Implementation Plan for Restructure or Realignment of MTFs

## Section 757:

- Study on Force Mix Options and Service Models to Enhance Readiness of Medical Force

linked

## Where We're Headed

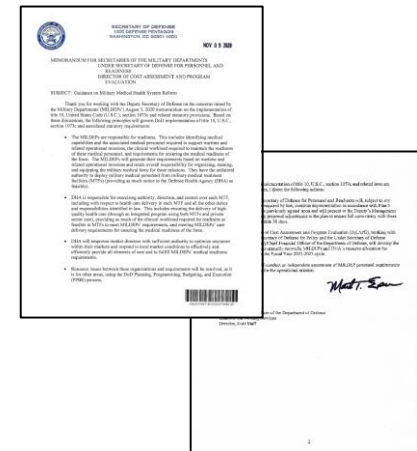
*"Army Medicine of 2028 is ready, reformed, reorganized, responsive, and relevant, providing expeditionary, tailored, medically ready and ready medical forces to support the Army mission to deploy, fight and win decisively against any adversary, anytime and anywhere in a joint, multi-domain, high-intensity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



## S. 702 Transition of MTFs to Defense Health Agency (DHA)

- Resume Transition IAW Plan 3v6
- The **Service Surgeons General** are responsible for **readiness** including
  - identifying medical capabilities & personnel for operational missions
  - identifying clinical workload to maintain Ready Medical Force and ensuring medically ready force
  - organizing, training, and equipping military medical force
  - unilateral authority to deploy from MTFs
- The **Defense Health Agency (DHA)** will exercise ADC over MTFs and responsible for **healthcare delivery**
  - ensuring high quality health care (MTFs/private sector care)
  - maximizing clinical workload in MTFs for RMF and medical readiness
  - Empowering Markets to optimize resources to respond to local conditions

## S.702: Transition of MTFs to DHA



## S. 703 Right Sizing of MTFs

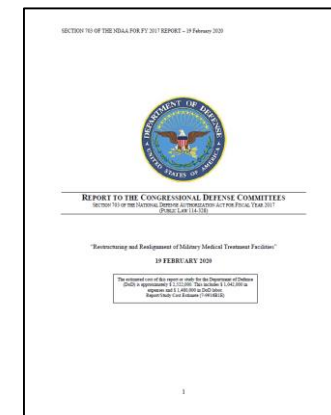
- Implementation plan proposes to restructure 50 MTFs (19 Army):
- DHA proposed to implement MTF restructure in 3 phases:

**Phase 1** Revalidate assumptions & data in coordination with the Services

**Phase 2** Reprioritize MTFs for transition; Update enterprise and Market plans.

**Phase 3** Execute in phases, downsizing first where reduction is smallest and civilian networks are most robust

## S.703: Right Sizing of MTFs Report to Congress





IAW DoD Policy Memo – Construct for Implementation of Section 702 (22 May 2018) & 10 USCS 1073 (28 April 2020): Military Treatment Facility (MTF) CDRs will be **dual hatted** as MTF Director and Service CDR.

### Service Commander:

- Is under the authority, direction & control of the Military Department (MILDEP) concerned.
- Applies and Upholds the standards of AR 600-20
- On behalf of the MILDEP, ensures the **readiness** of the members of the armed forces at MTF.
- Military Departments will have unrestricted access to its military personnel for all validated war fighting and operational requirements.

### MTF Director:

- Is under authority, direction & control of Director, the Defense Health Agency (DHA).
- On behalf of DHA, furnishes healthcare and medical treatment at MTF.
- Determines the MTF capacity to support both operational readiness and quality, access, and continuity in healthcare delivery for beneficiaries.



“The drive for operational readiness & support of war fighting and operational missions take primacy over the healthcare delivery and the execution of business operations in an MTF.”



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# MEDICAL REFORM:

Readiness vs Healthcare Delivery (1 of 2)

**PURPOSE:** Shared understanding of Army Medicine functions in support of Readiness and DHA functions of Healthcare Delivery in support of Readiness amidst DoD implementation of NDAA Sections 702/703.

Army Medicine

READINESS

MEDICAL READINESS

Defense Health Agency

HEALTHCARE DELIVERY

**Inextricably Linked**  
**MTFs execute & support**

Direct Care (MTF) & Purchased Care (Network) oversight, maximizing clinical workload ISO Readiness

Surgical Services

Primary Care Service Line

Pharmacy

Laboratory

Radiology

Dental

Behavioral Health Service Line

Quality & Safety Management

Healthcare Policy

Health Facility Planning

TRAINING

Deployment Health / Individual Med Readiness / SRP

Behavioral Health (incl. Embedded Behavioral Health)

Integrated Disability Evaluation System (IDES)

Holistic Health & Fitness (H2F)

Individual Training (Soldier & Medical Skills proficiency)  
MSRP, ICTLs, TCCC, ECMC, MSTC/SIM, JECC, C4

Collective Training (Unit / Team)  
AMCT3, SMART, Global Med, ATTC, CTC Rotations

Graduate Medical & Dental Education / Phase II Training

DEPLOYMENT / FORCE GEN - FUNCTIONS

MEDLOG (Installation Medical Support Activity(IMS))

Deploy from MTFs / MTOE Assigned Personnel (MAP)

TRADOC unique medical support functions ISO OST/IET

COMMAND RESPONSIBILITIES

Caring for Soldiers - All aspects of AR 600-20 & Title 10

**Pivot to Readiness!** TSG/MEDCOM CG Guidance:

- MTF CDRs are not abdicating AR600-20 authorities
- We remain responsible for Readiness support
- Our direct support to assist DHA with Transition (DS MOA) ends 30SEP21
- DHA is in support of Services with ensuring Readiness
- MTF CDR to RHC CDR to MEDCOM CDR is critical to fulfill readiness



### Pivot to Readiness

So What Does this Look Like?

**EXAMPLE:** Medical Readiness: Deployment Health / Individual Medical Readiness  
Objective: Soldier sustains MRC 1

Readiness

Inextricably Linked

Healthcare Delivery

Installation Health Services Support

Soldier Readiness Processing (SRP)



MEDCOM  
RHC  
MTF **Commander**

Direct Care System

Medical

PHA (PC/BH)

Laboratory

Optometry

Audiology

Immunizations

Flight Medicine

Dental

Exam

Systems

CHCS/AHLTA/MEDPROS

Referral Management

MHS Genesis

Military Treatment Facility



DHA  
Market/SSO/DHR  
MTF **Director**



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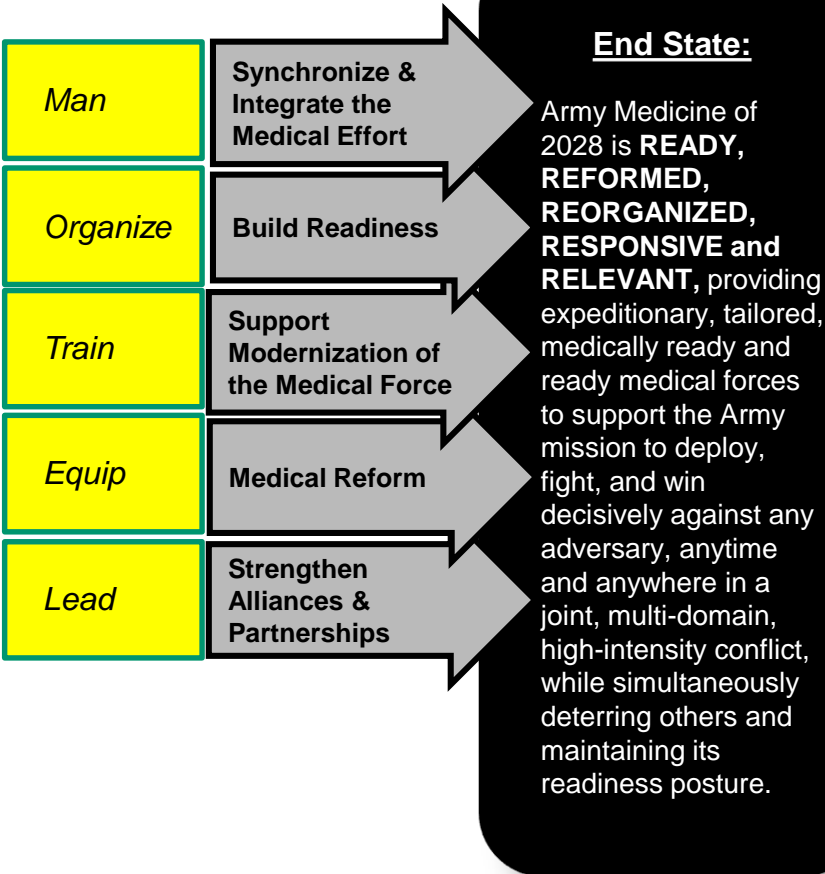


# REORGANIZED:

Continued Focus on Readiness

## Operational Approach:

### 2022-23 Army Medicine Campaign Objs:



Military Conditions / Modernization Strategy

How We Fight?  
(DOTMLPF)

What We Fight With?

Long Range Precision Fires

Next Generation Combat Vehicle

Future Vertical Lift

Synthetic Training Environment

Army Network

Air and Missile Defense

Soldier Lethality

Who We Are?

Leader Development

Talent Management

Medical Reform



Medical Research & Development (MRDC)

Logistics:  
AMC



Research:  
AFC



Medical Center of Excellence (MEDCoE) to TRADOC



MTOE Assigned Personnel (MAP)



MEDCOM Reorganization



Warrior Care & Transition Restructure



Medical Command (DS) Realignment to Theater Medical Command



**Army Medicine: Ready, Reformed, Reorganized, Responsive, and Relevant**

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## MSC GOs

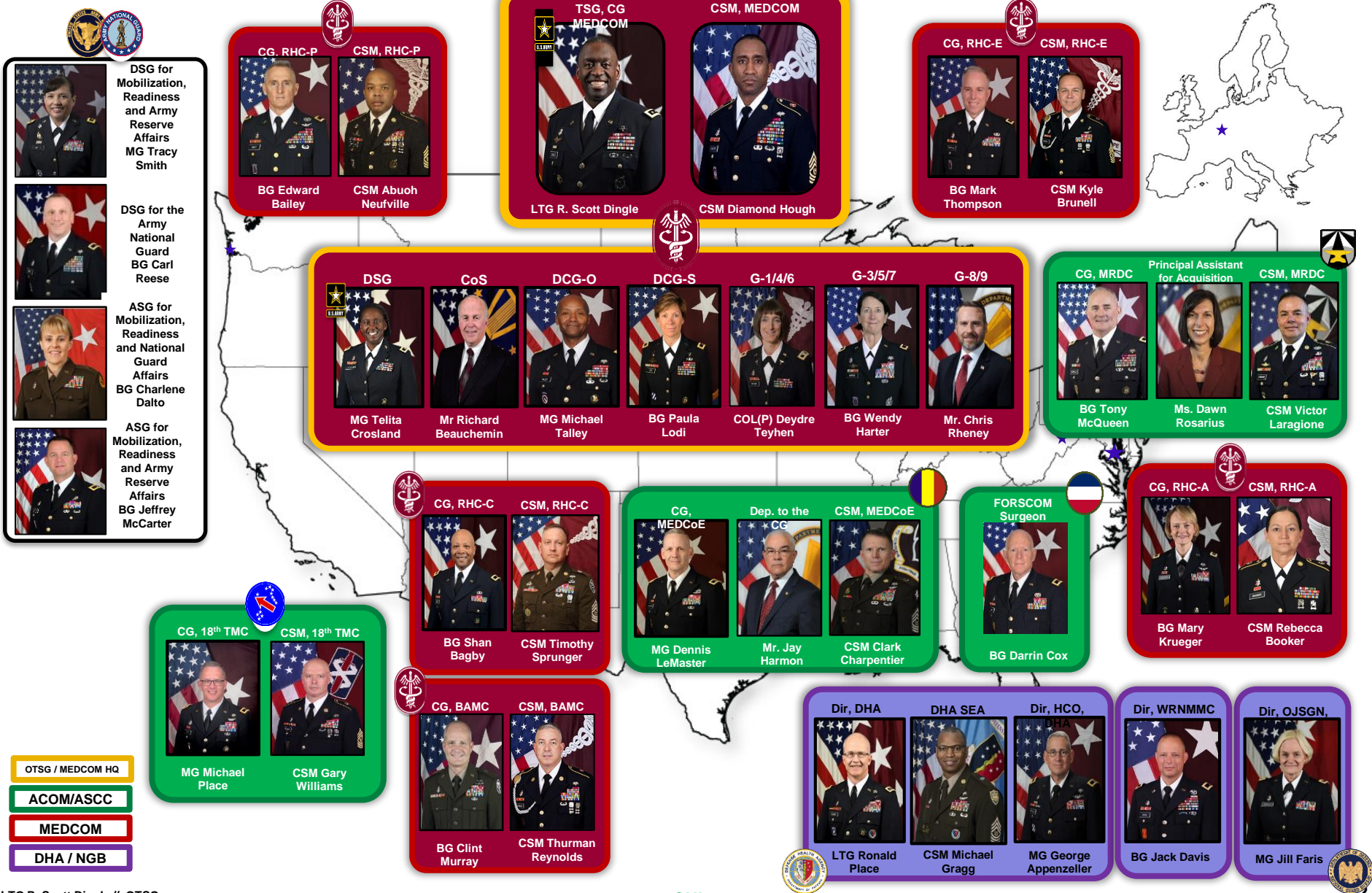


1 ★ ★ ★ ★  
5 ★ ★  
6 ★  
Total 12



## Office of the Surgeon General

As of: 23SEP21





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COMPO 2/3

## AMEDD GENERAL OFFICERS & CSMs

### Office of the Surgeon General

Effective: 01 AUG 21

OTSG, Falls Church, VA



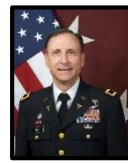
DSG for Mobilization,  
Readiness and Army  
Reserve Affairs  
MG Tracy Smith

DSG for the  
Army National  
Guard  
BG Carl Reese

\* ASG for Mobilization,  
Readiness and Army  
Reserve Affairs  
BG Jeffrey McCarter

ASG for Mobilization,  
Readiness and National  
Guard Affairs  
BG Charlene Dalto

Pending Retirement - 01AUG



DCAR, DCG  
USARC  
MG Michael  
O'Guinn

Joint Force Land  
Component Command,  
Command Surgeon MG  
Daniel Dire

Fort Douglas, Salt Lake City, UT



CG, 807<sup>th</sup> TMC  
MG Joseph Heck

CSM, 807<sup>th</sup> TMC  
CSM Eric Bethurem

Forest Park, GA



CG, 3<sup>rd</sup> TMC  
MG Joe D.  
Robinson

CSM, 3<sup>rd</sup> TMC  
Robert Priest

National Guard Bureau  
Washington, DC



Director, Office of the  
Joint Surgeon General  
MG Jill Faris

Joint Staff  
Washington, DC



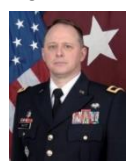
Deputy Surgeon/Director,  
Joint Reserve Medical  
Readiness Operations  
and Affairs  
BG Larry Fletcher

DHA, Falls Church,  
VA



Director, Research and  
Development  
BG Katherine Simonson

Fort Douglas, Salt Lake City, UT



DCG-O  
BG Peder Swanson

DCG-S  
BG Stephen Sauter

DCG for Professional  
Services  
BG Michael Yost

Forest Park, GA



DCG-O  
BG Beth  
Salisbury

DCG-S  
BG Michael Pyle

DCG for Professional  
Services  
BG Nelson Rosen

ARMEDCOM, Pinellas Park, FL



CG, ARMEDCOM  
MG Jonathan  
Woodson

CSM, ARMEDCOM  
CSM Robert  
Boudnik

ARNORTH, Joint  
Base San Antonio,



JFLCC Surgeon  
BG Robert Suter

MRTC, Joint Base San Antonio, TX



CG, MRTC  
BG Joseph  
Marsiglia

CSM, MRTC  
CSM Robert  
Gessler



\* DCG, ARMEDCOM  
BG Jeffrey  
McCarter

OTSG

USARC

NGB

Joint Staff

DHA / HHS

ASCC

\* Dual Slotted

LTG R. Scott Dingle // OTSG

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## Discussion

# ***ARMY MEDICINE IS ARMY STRONG!***

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*Army Medicine is the Nation's premier, expeditionary and globally integrated medical force ready to meet the ever-changing challenges of today and tomorrow.*