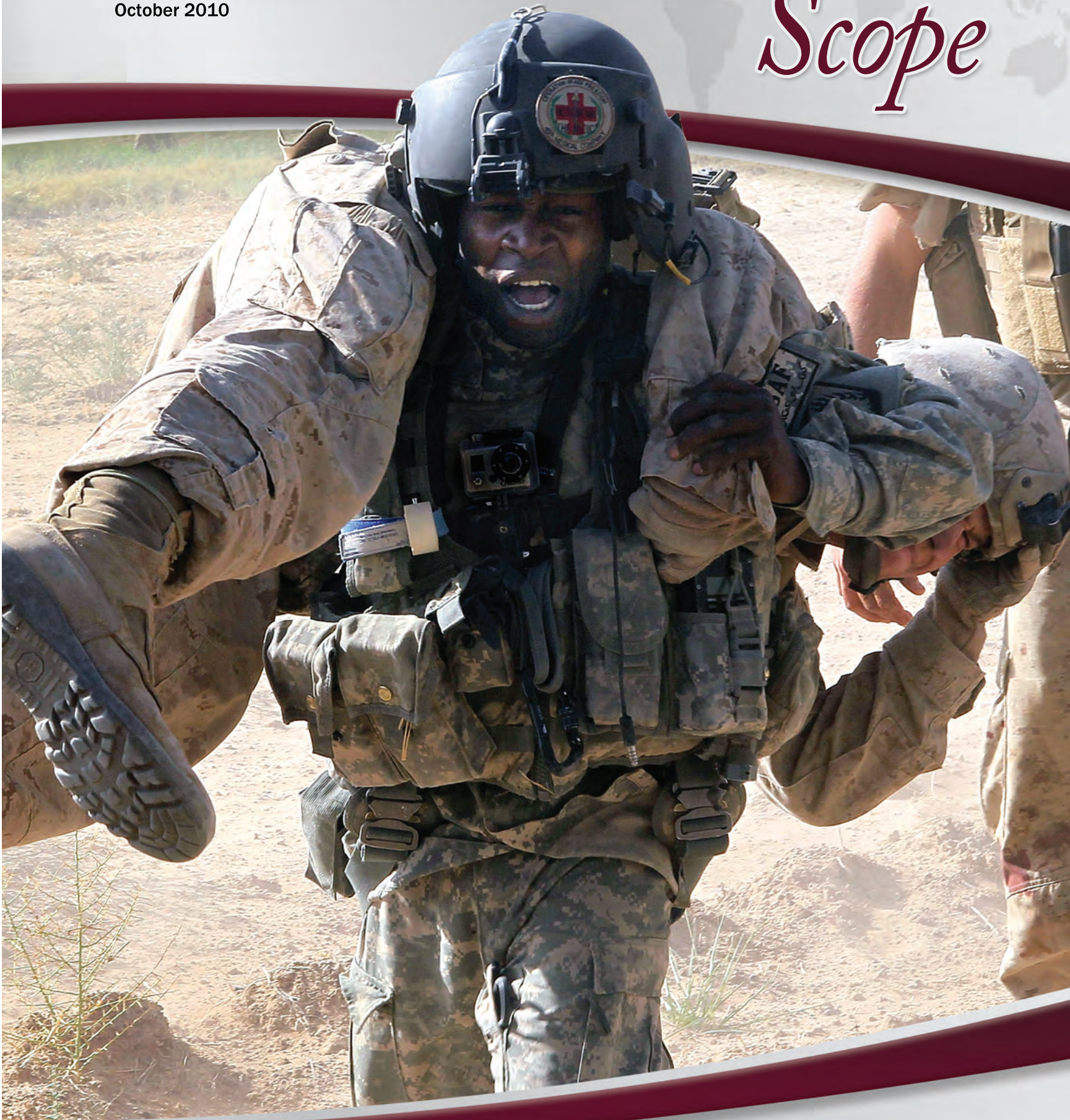


*The*  
**ARMY MEDICINE**

October 2010

*Scope*



**ARMY MEDICINE**

Bringing Value...Inspiring Trust



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[www.armymedicine.army.mil](http://www.armymedicine.army.mil)

From the front: U.S. Army flight medic SGT Tyrone Jordan attached to Dustoff Task Force Shadow of the 101st Combat Aviation Brigade carries Marine LCpl. David Hawkins to a MEDEVAC helicopter after he was wounded by a blast from an IED on September 24, 2010 near Marja, Afghanistan. (Scott Olson/Getty Images)

# A Message From Our Leaders



Throughout the history of the United States, Army Medicine has been on the battlefield providing healthcare to our Soldiers and compassion to the wounded. Our motto “Conserve the Fighting Strength” has been practiced since 1775, before America was a nation. The American people know that Army Medicine will provide the same high standard of care from the foxhole to the medical center. In short, we inspire trust through our record of demonstrating integrity, having world class standards for medical capabilities, producing reliable results and most of all, having the ultimate intention of supporting the Army Family with the highest quality and most effective, efficient and compassionate healthcare. We take seriously our commitment of never leaving a fallen comrade behind, and by bringing value with all we do.



In fact, there is nothing more gratifying than to care for our service members and their Families. In order to better serve you, Army Medicine is shifting from a healthcare system that measures success by the numbers of patients treated and procedures performed to a system of health that prevents patients from needing treatment, and treats them as reliably and effectively as possible, and improves their health status. We have changed our system from a focus on episodes of care to a lifelong commitment to health in partnership with you, the most important member of your healthcare Team. This dramatic change reinforces our commitment to the Army Family, Community and Healthcare Covenants and the Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention and truly generates value for our stakeholders.

## **We are the Army’s Medical Home.**

We are dedicated to saving lives, fostering healthy and resilient people, and inspiring trust.

## **Bringing Value...Inspiring Trust**

Eric B. Schoomaker, M.D., Ph.D.  
Lieutenant General, U.S. Army  
The Surgeon General  
Commanding General, U.S. Army Medical Command

Althea C. Dixon  
CSM, U.S. Army MEDCOM  
Command Sergeant Major

## OUR MISSION

- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes



## OUR VISION

- America's Premier Medical Team Saving Lives, Fostering Healthy and Resilient People, and Inspiring Trust  
Army Medicine...Army Strong!

## OUR STRATEGIC THEMES

- Maximize Value in Health Services
- Provide Global Operational Forces
- Build the Team
- Balance Innovation with Standardization
- Optimize Communication and Knowledge Management

## A Typical Day in Army Medicine\*

**1,214 Patient Beds Occupied**

**41,986 Clinic Visits**

**26,620 Dental Procedures**

**12,494 Radiology Procedures**

**374 Patients Admitted**

**54,048 Pharmacy Prescriptions**

**5,879 Immunizations**

**50,420 Laboratory Procedures**

**64 Births**

**1,961 Veterinary Outpatient Visits**

\* This is an overview of Army Medicine. More information can be found at [www.armymedicine.army.mil](http://www.armymedicine.army.mil)

# The Army's Medical Home

~ A Partnership Built on Trust

During the past 18 months, Army Medicine has been decisively engaged in improving access to and continuity of care for Soldiers and their Family Members. Army Medicine provided funding to 12 Military Treatment Facilities to purchase 26 primary care teams; the additional PCM teams were placed at key locations in our Army and have increased capacity for over 22,000 beneficiaries. Additionally, an Access to Care (ATC) OPORD was issued in March 2009 with 11 specified focus areas: ensuring valid and appropriate MTF enrollment; improving the patient appointing and access process; increasing use of TRICARE Online appointing; standardizing schedule/template management; ensuring timely and appropriate referral management; improving Primary Care Manager(PCM)/Team continuity of care with beneficiaries; improving customer service and beneficiary education; increasing patient satisfaction; optimizing use of TRICARE network when demand exceeds MTF capability; and ensuring command oversight

Army Medicine has also provided financial incentives for MTFs to increase/improve primary care and behavioral health access and bases performance in large part on the patient satisfaction from surveys. This focused effort has paid off with increased patient satisfaction scores indicating that over 90% of our beneficiaries rating their overall satisfaction with Army Medicine as either satisfied or very satisfied. Additionally, over the past 18 months, the Army Medicine patient satisfaction surveys show improvements in overall phone services, making the appointment schedules more convenient to patients, reducing wait times, better coordination of the patient's visits, and being courteous and helpful to all who entrust Army Medicine with their care.

Another improvement to our system of health is the Patient Centered Medical Home, a plan being adopted throughout the Military Health System. The Patient-Centered Medical Home (PCMH)

model, it is a plan which Army Medicine will apply regardless of clinic location (in the community or in the MTF). The PCMH's explicit goal is the attainment of optimal, patient-centered outcomes. The Medical Home philosophy concentrates on what a patient requires to remain healthy or to restore optimal health and when needed, to receive tailored healthcare services. It relies upon building ongoing relationships between a patient and his/her provider--doctor, nurse practitioner, physician assistant and others--and a comprehensive and coordinated approach to care with providers and community services. In other words, the PCMH aims to personalize, prioritize, and integrate care to improve the health of whole people, families, communities, and populations.

Army Medicine continues to lean forward to make our services more accessible through the new Community Based Medical Home (CBMH) initiative. These Medical Homes are extensions of our large health clinics, community hospitals and medical centers on Army installations and are being placed in leased space in the civilian communities where our Soldiers and Families live. The CBMH will improve access by increasing overall primary care capacity within Army Medicine by over 128,000 beneficiaries. In addition to the increased capacity, these clinics will provide convenient access to beneficiaries in the off post community where they live. The first clinic will open this October at Fort Sill, OK and the remaining 15 clinics will be opening over the next year in ten different areas:

Fort Bragg, NC- 2 clinics; Fort Campbell, KY- 2 clinics; Fort Hood, TX - 3 clinics; Fort Jackson, SC - 1 clinic; Fort Leonard Wood, MO - 1 clinic; Fort Lewis, WA - 2 clinics; Fort Sam Houston- 1 clinic; Fort Shafter, HI - 1 clinic; Fort Stewart, GA - 1 clinic; Fort Benning, GA - 1 clinic



Our commitment continues in the unprecedented investment in world class healing environments across in the U.S., Italy, and Korea. In the past three years the Army has initiated design and/or construction on five new hospitals or medical centers. New hospital design or construction is underway at Forts Benning, Riley, Belvoir, Hood and Bliss. These projects represent a cumulative construction investment in excess of \$3.5B and will positively impact over 200,000 beneficiaries per year for many years to come. There has also been significant investment in health and dental clinics in the U.S., Germany, and Korea. These new or expanded clinics at 23 installations will accommodate expansion and re-stationing of our Soldiers. The Army is acquiring these new facilities using aggressive contracting methods to maximize value and speed of investment, to include applying Evidence Based Design concepts to optimize patient access and impact on the healing process.

This combination of investments and improvements in programs, services, and facilities further demonstrates our commitment to Soldiers, their Families, and our Retirees bringing value and inspiring trust in Army Medicine.





# Army Medicine Meets Challenges

As fighters risk all to protect the American people- in Afghanistan, Iraq, and around the world—medics provide protection on many levels from disease, environmental hazards, and the effects of wounds and injuries.

At one level, our mission is to “Conserve the Fighting Strength,” i.e., to assure commanders have healthy forces to achieve their missions.

At another level, our mission is a very human one. Army Medicine reassures Warriors and their Families that, if they do get hurt, they will receive the best possible care and will have the best possible chances of recovering full health.

At still another level, Army Medicine reassures deployed Soldiers that their Families back in the U.S. or around the world will also receive the world’s best healthcare. This enables

the fighters to focus on their own missions.

Finally, Army Medicine is a warfighting weapon in its own right. As combat turns to peacemaking and nation building, Army Medicine comes into its own as a commander’s tool for solving health problems in the area of operations and for winning the hearts and minds of the local population.

In every recent war, Army caregivers have saved lives and limbs of many enemy prisoners and civilians. And when the fighting was done, Army medical personnel have been at the forefront of rebuilding and

improving the health systems of the fought-over lands.

They help rebuild facilities, donate equipment and supplies, offer training, vaccinate people and livestock, and even rescue zoo animals, to the credit of our Army and our country.



## Comprehensive Behavioral Health System of Care

This year we initiated the Comprehensive Behavioral Health System of Care Campaign Plan (CBHSOC-CP) to create a fully coordinated, synchronized and—wherever possible—integrated behavioral health service delivery system linking pre-deployment, deployment and redeployment for Soldiers and Families, across all installations and involving all partners in providing these services. This major effort will support the total force through all Army Force Generation (ARFORGEN) phases by providing full spectrum behavioral healthcare. This plan has six lines of effort: standardize behavioral health support requirements, synchronize behavioral health programs, standardize and resource AMEDD behavioral health support, assess the effectiveness of the plan, strategic communication and inspiring trust.

Stress reactions and behavioral support requirements are at an all time high. It is imperative that we help

our Soldiers and Army Civilians and their Family Members with managing the normal stresses of combat and deployments before, during and after; maximize the availability of behavioral health care providers and reduce stigma for Soldiers, Family Members and Army Civilians who seek behavioral health care.

Army Medicine will execute the CBHSOC-CP in three phases:

**Phase I: Capture** – is an ongoing ‘running start’ where current behavioral health efforts continue. It began with the implementation of multiple behavioral health initiatives across Army Medicine. This phase ends with the full integration of these programs into the campaign and a complete understanding of baseline requirements.

**Phase II: Develop** – begins with publication of the plan and continues with focus on developing behavioral health policies, plans and procedures; integrating and synchronizing behavioral health activities across

Army Medicine and through all phase of ARFORGEN. This phase ends with an interim report on the CBHSOC-CP implementation.

**Phase III: Sustain** – begins with the completion of the interim report on implementation by the PHC, by no later than January 15, 2011 and ends when the behavioral health and well-being of Soldiers are sustained; the new standard baseline of services that sustain Soldier physical and emotional well-being is established; and the steady state of operations are integrated and synchronized across Army Medicine in support of Soldiers’ throughout the ARFORGEN cycle.



# Army Family Healthcare



## COMMUNITY BASED MEDICAL HOMES



Community Based Medical Homes will be coming to these locations in the near future.

Fort Benning

Fort Lewis

Fort Bragg

Fort Sam Houston

Fort Campbell

Fort Shafter

Fort Hood

Fort Stewart

Fort Jackson

Fort Leonard Wood

Locations NOT listed by order of opening date.

[www.armymedicine.army.mil/cbmh](http://www.armymedicine.army.mil/cbmh)

Where YOU are the most  
important member of  
OUR HEALTHCARE TEAM



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# Balanced Scorecard: Strategy-Focused

For nearly 10 years, the Army Medicine Balanced Scorecard (BSC) has been the centerpiece in making Army Medicine a strategy-focused organization. The BSC was introduced by Robert S. Kaplan and David P. Norton of the Harvard Business School in the 1990s.

The BSC is a proven innovative strategy management tool that allows organizations to focus and align their entire organization to their strategy. We use the BSC as the principal tool by which we guide and track our performance to improve operational and fiscal effectiveness, and better meet the needs of our patients and stakeholders. Every member of our workforce is vital to the implementation of our strategy, and should be able to tie their individual

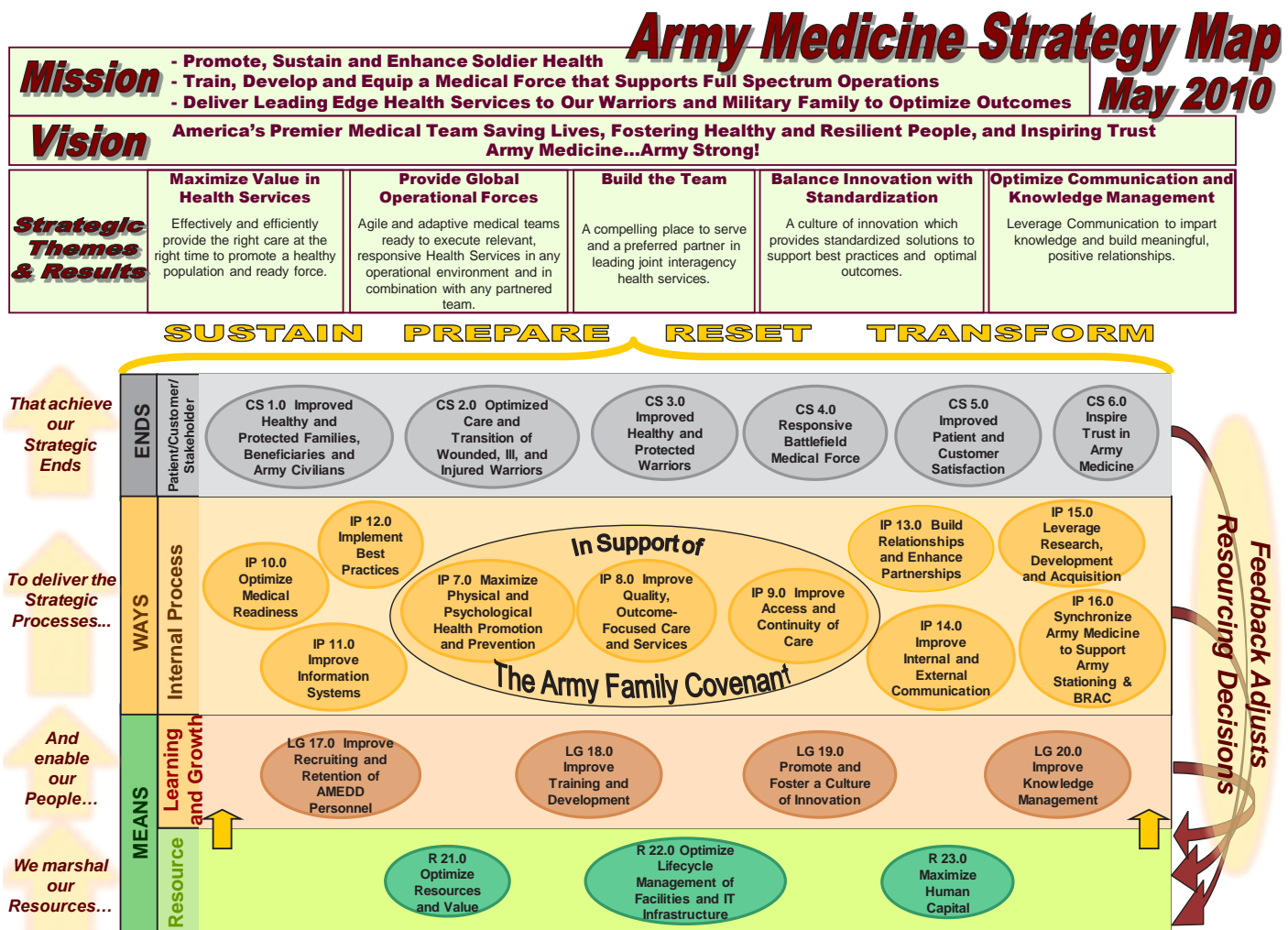
contributions to their own organization, which in turn aligns to the Army Medicine Strategy Map.

The BSC process is our disciplined approach for prioritization, decision-making, communication, organizational improvement, accountability, knowledge management, and best practice transfer. The Army Medicine Strategy Map dated May 2010 succinctly tells the story of our strategy. The strategy map is built upon our Mission (why we exist), Vision (where we want to be), and Strategic Themes ("pillars of excellence" around which our strategy focuses). The strategy map then aligns strategic objectives (what we need to do to ensure success) across four interdependent perspectives: Patient/Customer/Stakeholder (Ends), Internal Process (Ways), Learning &

Growth (Means), and Resource (Means). Each strategic objective has supporting measures, targets, and initiatives.

To ensure the successful execution of our strategy, we distributed our BSC to every major subordinate command, their subordinate activities, and every Corps (they in turn have developed supporting BSCs).

For more comprehensive information on the Army Medicine BSC and/or to learn more about the BSC in general, please visit: <https://ke2.army.mil/bsc> (requires AKO password) or [http://www.cs.amedd.army.mil/BSC\\_login.aspx](http://www.cs.amedd.army.mil/BSC_login.aspx) (CAC-enabled login).



This has been a dynamic, living document since 2001

For more information go to: <https://ke2.army.mil/bsc>



# Conserve Fighting Strength: Caring for the Human Dimensions of ARFORGEN

The Army has now embarked on creating predictability and dependability of commanders to field healthy and resilient Soldiers for mission success. The Army Force Generation model (ARFORGEN) spanning across all components is designed to meet the needs and missions facing the Army in the current persistent conflict and beyond. Comprised of distinct periods of Train/Reset, Deploy, Redeploy, multiple functions and elements are directed and/or implied to maintain and sustain our formations.

Realizing the implications of medical ARFORGEN requirements, The Surgeon General, LTG Eric Schoomaker, directed a reorganization of the MEDCOM structure, from four CONUS regions to three, to directly align with the TRICARE regions. Likewise, he instituted a new position and organization within the Regional Medical Commands, that of the Deputy Commanding General for Readiness and the Readiness Division, respectively. His guidance is to develop the ways and means to work within ARFORGEN to meet line commanders' medical expectations for readiness and training, matched to the needs of our Soldiers and their Families. His vision aligns the initiatives of Patient-Centered Medical Home (where multiple health care resources are brought to the patient) and focus on Preventive Medicine approaches (clinical interventions and practices designed to improve health outcomes) for more timely and effective Soldier care. The Surgeon General wants to exploit outcomes based clinical decision making into the process the medical aspects of AFROGEN for consistent and improved training for Soldier medics and clinical practice guidelines for health care delivery.

Medical readiness of our Army is much more than Soldier Readiness Processing. Rather, it is the acceptance that the Army's--and our Nation's--ultimate weapon system is the Soldier. No different than a Mine Resistant Ambush Protected (MRAP) vehicle, aviation system,

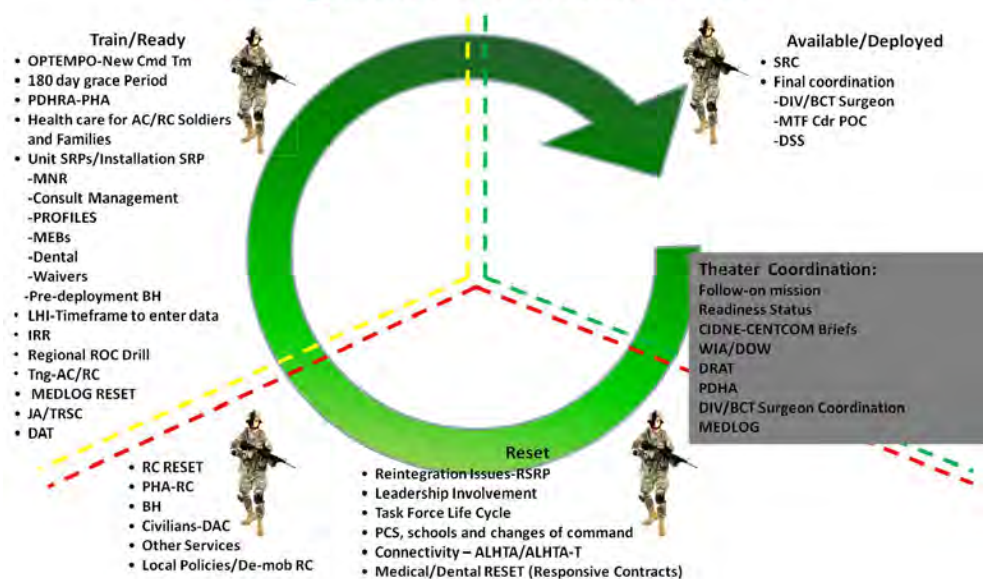
or munitions assembly, our Soldiers' health and resilience must be sustained. Commanders check what needs to be checked and apply resources to remedy situations that impact mission success. The Regional Readiness Divisions are structured to link the commanders at all levels and the medical resources across the ARFOGEN cycle to ensure optimal care delivery. This system incorporates the TDA/garrison medical structures with the TOE medical requirements, matched with the current directives of that utilize frequent screening and early identification of Soldier and unit health needs. Multiple touch points already exist; PHA, PDHA, PDHRA, and SRPs to monitor, observe, and engage Soldier health and mission capability.

As the Readiness Divisions have sequentially stood up across the CONUS MEDCOM footprint, with the lead being the Southern Medical Regional Medical Command (SRMC), several issues have been identified, along with accompanying solutions. Today's high optempo across our deployment/redeployment platforms demand that medical assets across the region or MEDCOM are flexed to meet critical needs in a timely and comprehensive fashion. The two most

recent campaigns; the Comprehensive Behavioral Health System of Care and the Medical Management Centers (focused efforts to reduce the non-deployable/medically not ready Soldiers) are a great examples proactive health care resource application to ensure timely, appropriate, and compassionate care is brought to the Soldier and commander alike.

According to BG W. Bryan Gamble, Commanding General Dwight D. Eisenhower Army Medical Center, understanding the relationship between Soldier and Unit Readiness is critical for success in this age of persistent conflict. Proactive attention to medical needs of our formations throughout the entire ARFORGEN is critical to ensure that Commanders have fit, trained, and ready forces at all times. This approach is a distinct change from the passive attention to care delivery approaches of the past. The Soldier, the backbone of our Army's war-fighting capability, deserves our best efforts for prevention and early intervention of their medical needs. These approaches will allow for early identification, application of resources, and return of a well trained, healthy, resilient, and successful Soldier for whatever mission awaits.

## Management of ARFORGEN Process



# The Army Medicine Team

With overseas wars in the daily headlines, a spotlight justifiably is fixed on the Army's medics, evacuation units, surgical teams and field hospitals.

Army Medicine is also a seamless chain of care stretching back to fixed hospitals in Europe and the U.S. where Soldiers receive state-of-the-art care.

Field medical units are under the command of the combat commanders, because their movements and work must be coordinated with those of fighting forces.

The fixed hospitals, on the other hand, are commanded by MEDCOM.

The challenges for Army Medicine are (1) how to provide medical leadership for field units while respecting combat commanders' "ownership" and (2) how to integrate the work of field and fixed units.

The answer is to "Dual Hat" the top Army physician as both The Surgeon General (TSG) of the Army and commanding general of MEDCOM.

As the TSG, LTG Eric Schoemaker is the medical expert on the Army Staff, advising the Secretary of the Army, Army Chief of Staff and other Army leaders. Schoemaker's position and expertise enable him to provide effective, reliable, and responsive medical policy to field units.

As commander of the MEDCOM, Schoemaker leads fixed hospitals and other Army medical commands and agencies. This dual responsibility unites in Schoemaker's hands the duty to develop policy and budgets (TSG) and the command and control to execute (MEDCOM commander).

Unity is reinforced by the OneStaff concept. This blends the TSG's staff at Falls Church, Va., and the MEDCOM commander's staff at Fort Sam Houston, Texas, into a single staff for both three-star functions. Legally, OTSG and MEDCOM remain separate entities with different duties and powers (e.g., OTSG explains the medical budget to Congress, MEDCOM oversees the execution of that budget). However, staff members are dual-hatted, like their boss, to cut duplication and improve communication. High-tech communications allow the TSG to control Army Medicine from any site and help blend staff function as one.

-- On behalf of Health Affairs, the TSG provides Department of the Defense Executive Agency oversight to eight diverse agencies including: seven Executive Agencies and one Lead Component. The Executive Agencies are Armed Forces Institute of Pathology (AFIP), Military Vaccines (MILVAX),

Armed Forces Health Surveillance (AFHSC), Armed Services Blood Program Office (ASBPO), Blast Injuries (BLAST), DoD Veterinary Service Activity (DoDVSA) and Military Entrance Processing Command – Surgeon's Office (MEPCOM-Med). The Lead Service Agency is Investigational New Drugs-Force Health Protection (IND-FHP). In September 2011, BRAC realignment will disestablish AFIP, but will retain the Armed Forces Medical Examiner's Office and the National Museum of Health and Medicine under the command and control of MEDCOM.

Other features of the Medical Command's structure:

-- Medical research is unified under a single major subordinate command, U.S. Army Medical Research and Materiel Command (USAMRMC), headquartered at Fort Detrick, Md. USAMRMC includes six research laboratories and five other commands that focus on medical materiel advanced development, strategic and operational medical logistics, and medical research and development contracting.

Regional Medical Commands (RMC) (see centerfold map) are the centerpiece of Army Medicine. Their mission is to "provide command and control of medical treatment facilities (MTFs), promote, sustain, and enhance beneficiary health with an emphasis on Soldier readiness, Warriors in Transition, our Military Family, and support units as they transition to war by providing flexible and tailored Health Service Support (HSS) throughout all phases of the Army Force Generation (ARFORGEN) process."

Each new RMC will have a Readiness Division structured to provide responsive and integrated medical support for the ARFORGEN process. RMCs also coordinate training of medical units, Active and Reserve, so that the entire Army Medicine community is ready to support the Army as an integrated team. -- Nine MEDCENs, 27 MEDDACs and numerous clinics in the U.S., Europe,





Japan and Korea are grouped under geographical regional medical commands or RMCs (see center map).

-- Dental facilities are grouped under the U.S. Army Dental Command (DENCOM), a major subordinate command of MEDCOM. DENCOM, headquartered at Fort Sam Houston, Texas, has regional subordinate units called Regional Dental Commands (RDC).

-- The Army Medical Department Center and School, located at Fort Sam Houston, Texas, is where the Army trains medical personnel, and also serves a “think tank,” with a mission to envision, design and train a premier military medical force for full-spectrum operations in support of the nation.

-- The Warrior Transition Command (WTC) serves as the central comprehensive source for Warrior care support policy across the Army. The WTC’s mission is to develop, coordinate and integrate the Army’s Warrior Care and Transition Program (WCTP) for wounded, ill and injured Soldiers, veterans and their Families or caregivers in order to promote future success in the force or civilian life. MTF commanders are responsible for command and control of Warrior Transition Units.

-- The U.S. Army Public Health Command is organized to be accountable and responsible for the improvement and sustainment of the health of the Army, including Soldiers and military retirees, their Families, and Army Civilian employees. It is responsible for executing effective veterinary services across the DoD.

-- The Health Care Acquisition Activity provides worldwide medical contracting support for Army Medicine, through contracting centers located at four MEDCENs and at Fort Sam Houston.

-- The U.S. Army Medical Information Technology Center (USAMITC), at Fort Sam Houston, centralizes life-cycle management of Army Medicine information systems. It is Army Medicine’s “one-stop shopping center” for computer and information management expertise and services.

Army Medicine: Bringing Value... Inspiring Trust



# Army Medicine Healthcare Covenant

## ARMY MEDICINE

Bringing Value...Inspiring Trust



### Army Medicine Healthcare Covenant

*We are grateful for the contributions of Warriors and their Families.*

#### We are committed to deliver...

- Maximized physical and behavioral health promotion.
- Improved quality outcome-focused care and services.
- Improved access and continuity of care.

#### We are committed to...

- Providing the highest quality care.
- Providing support during the healing process.
- Providing assistance in returning to duty or transitioning to civilian life.
- Providing a healing environment that focuses on Mind, Body, & Spirit.

Eric B. Schoomaker, M.D., Ph.D.  
Lieutenant General, U.S. Army  
The Surgeon General  
Commanding General, U.S. Army Medical Command

Althea C. Dixon  
CSM, U.S. Army MEDCOM  
Command Sergeant Major

**ARMY MEDICINE...ARMY STRONG**



# Warrior Transition Command

The U.S. Army Warrior Transition Command (WTC) serves a vital role in managing the care and recovery of Soldiers: evacuated from theater, preparing to deploy, as well as Soldiers returning from combat, and those requiring coordinated and complex care management. It is intended to help them cope with and overcome the cumulative effects of war and multiple deployments. In a real sense, WTC supports Army Force Generation by ensuring everything necessary is done to retain and return Soldiers to duty. This is particularly critical as an Army at war finds itself developing and utilizing an operational reserve force of Army Reserve and National Guard Soldiers in order to successfully take the war to the enemy. Here WTC plays an important role in ensuring Reserve Component Soldiers receive the care they require prior to and after deployment in order to be mission ready and an effective part of the total Army force.

WTC, under the direction of the Assistant Surgeon General for Warrior Care, provides strategic direction, develops, integrates, synchronizes, and assesses plans, policy, capabilities, and resources for Warrior care initiatives and programs dedicated to the support, care, and healing of wounded, ill and injured Soldiers, their Families and caregivers



in order to develop a balanced Warrior Transition Unit (WTU) structure and capabilities that are enduring, affordable, expandable, collapsible and responsive.

The establishment of the WTC marks a major milestone in how the Army delivers outpatient care and services. It provides focused leadership for Soldiers and comprehensive program management across the Army and beyond.

This transformation began with the establishment of the Army Wounded Warrior Program (AW2) in April 2004 and continued in June 2007 with the creation of more than 30 WTUs at major Army installations worldwide, as well as Community-Based Warrior Transition Units (CBWTUs) located regionally around the U.S.

Each Soldier's recovery is guided by the development of a Comprehensive Transition Plan (CTP) that serves as a personal roadmap, with specific milestones for recovery and transition.

WTC is also teaming with U.S. government agencies and universities around the country to establish programs for employment, education and internships that help make the transition as smooth as possible.

An integral part of the WTC is the AW2 program. This is the official Army program that serves and supports the most severely wounded Soldiers from Overseas Contingency Operations since 9-11 who have received either a 30% or greater disability rating in one category or a combined rating of 50% or more for conditions that are the result of combat or are combat related. These Soldiers are assigned an advocate who provides personalized local support and assistance to Soldiers and Veterans wherever they live – “For as long as it takes.”

<http://wtc.armylive.dodlive.mil/>



# U.S. Army Medical Information Technology Center

The U.S. Army Medical Information Technology Center (USAMITC) provides a prime customer service that empowers the joint and Army Medical Department (AMEDD) communities with superior technical solutions, support and products for network operations, audiovisual services and systems architectures to achieve a pre-eminent health care infrastructure. The Center has a Core Technology Division which provides systems engineering, technology research, integration solutions, testing facilitation and test laboratory services for systems and platforms that integrates into the medical enterprise. Some of these are systems engineering which deploys

and maintains system designs and platforms in accordance with all levels of government and industry standards and requirements, researching and integration of technology.

USAMITC also provides post deployment software support for US Army Medical Department (AMEDD) enterprise systems. This includes technical and operational support, upgrades, systems training, configuration/change management and customer support including all deployment activities related to AMEDD's electronic medical record deployment and clinical use worldwide. The Center directly engages in enhancing military health care through implementation and integration of the DoD Electronic Health Record - AHLTA as well as other automated information systems in support of improving MEDCOM and AMEDD effectiveness. Our Information Assurance office ensures that Army medical information systems are protected and



defended from adversaries thereby allowing the ability to share awareness, create knowledge, enhance command control and support collaboration. USAMITC is always envisioning ways to improve network operations and it stands firm in providing Warfighters and their families with first-class service and support.

USAMITC works 24/7; 365 days a year supporting the Defense of Department by providing optimum joint healthcare Enterprise service to our Warfighters, customers and Soldiers worldwide.



## Health Care Acquisition Activity

The U.S. Army Medical Command Health Care Acquisition Activity (HCAA) primarily contracts for healthcare services in support of the Army Medical Department (AMEDD). HCAA awards and administers contracts for a variety of services, to include nurses, transcription services, reference laboratory services, imaging maintenance services, physicians, dentists, pharmacists, ancillary services, and a variety of medical-specific technicians. HCAA also contracts for other healthcare related services in support of the Army healthcare mission, such as hospital housekeeping, laundry and linen distribution, regulated medical waste and contract advisory/assistance services. Additionally, HCAA serves as a secondary contracting source to the AMEDD for a variety of medical equipment and medical supplies.

The Mission: to provide sound business advice and quality contracting support that is responsive to today's health care requirements as we prepare for changes in contracting demands to support the health care environment of the future.

The Vision: To be the premier, cost effective Health Care Contracting organization providing high quality and responsive

contracting support to the Military Health Care System.

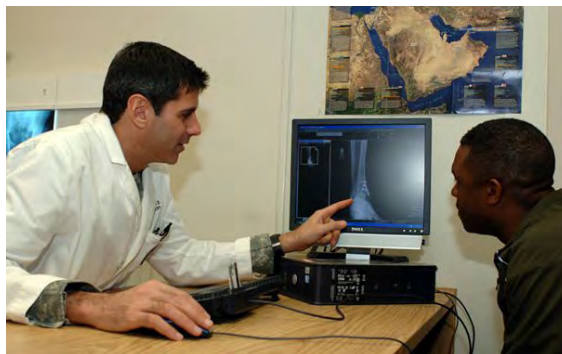
"Multiplying the Health Care Force Structure through Quality and Responsive Contracts."





ARMY MEDICINE

# INSPIRING TRUST

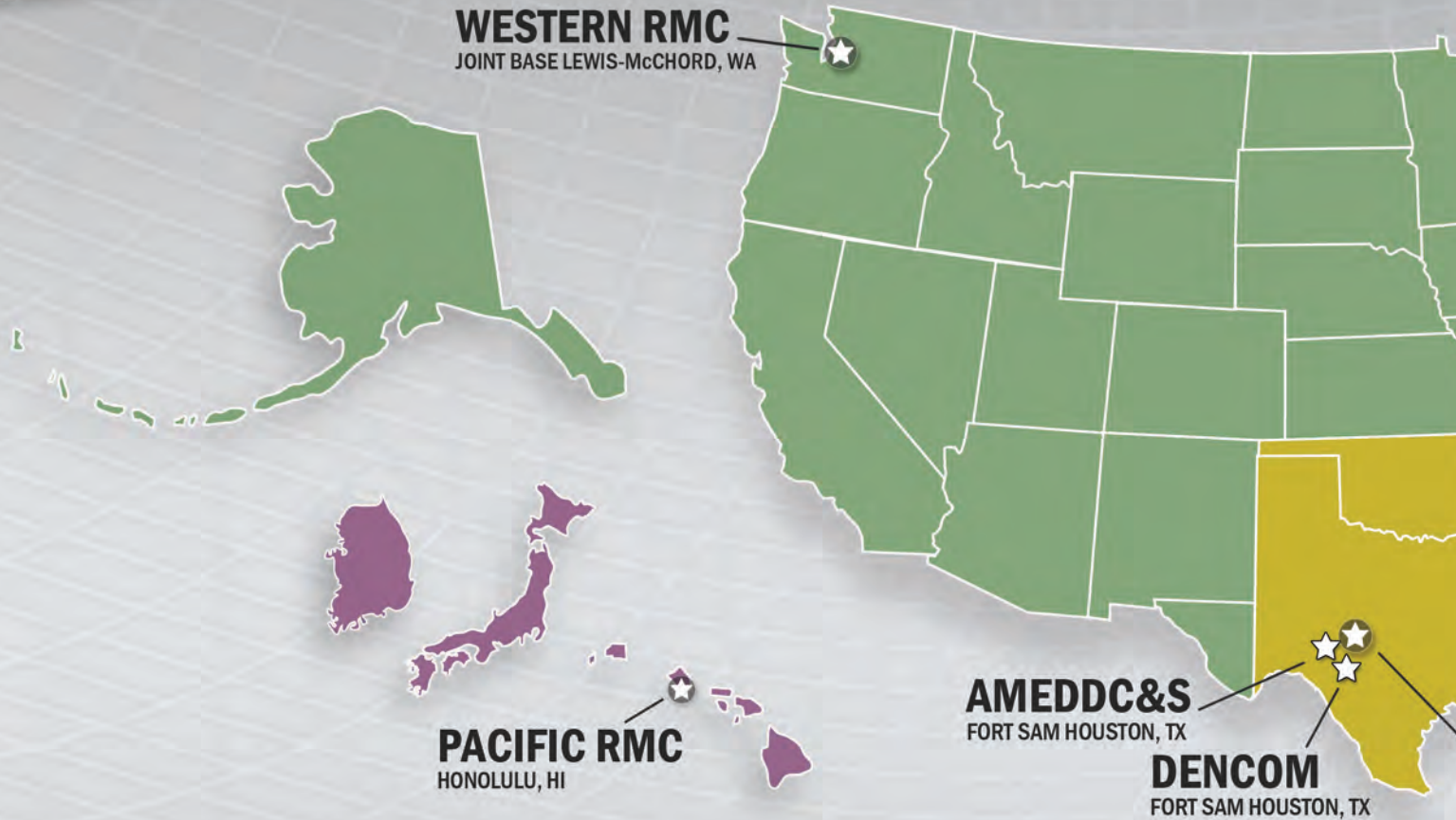






# ARMY MEDICAL DEPARTMENT

Bringing Value.



**MEDCOM HEADQUARTERS**  
Fort Sam Houston, TX

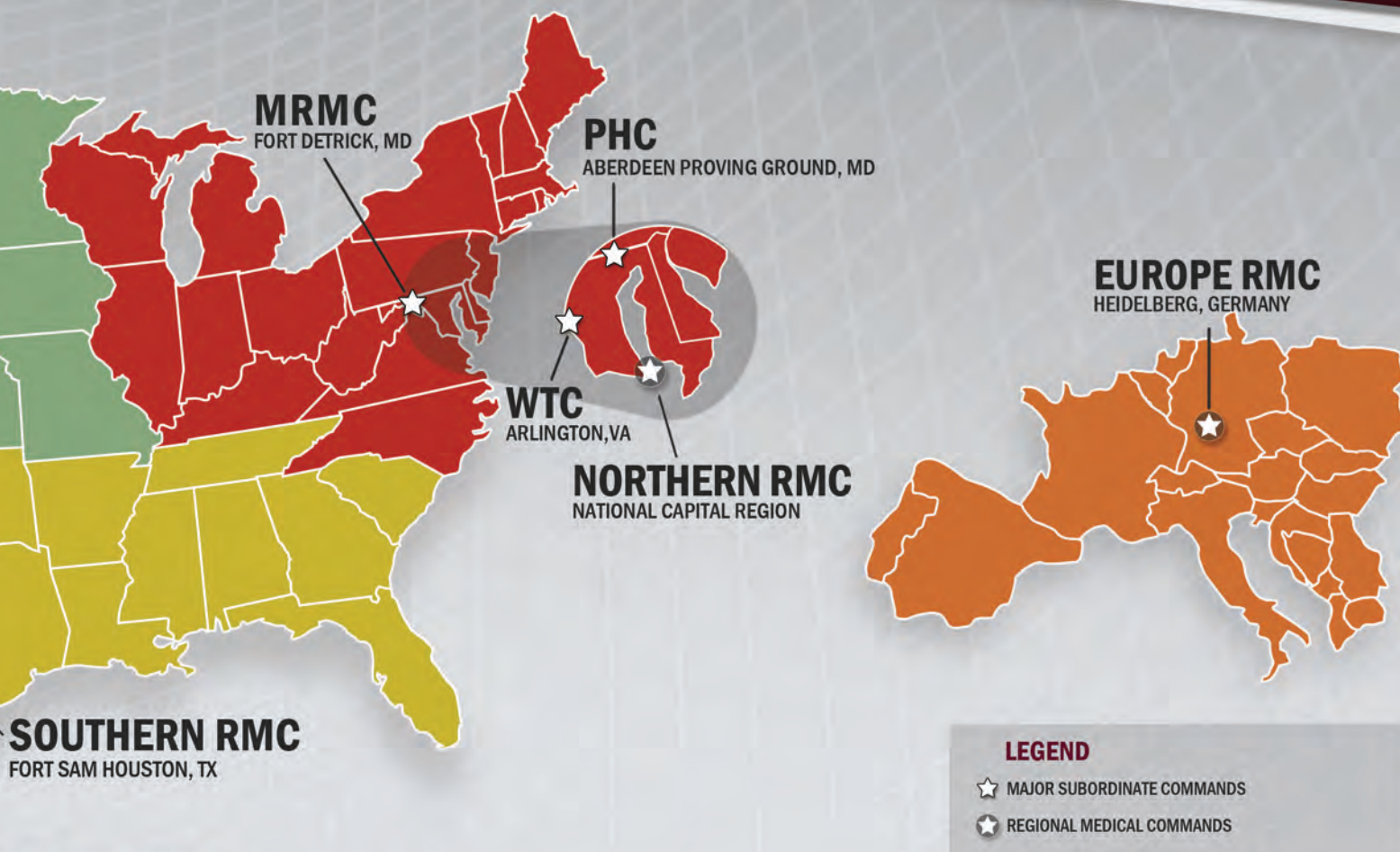
## MAJOR SUBORDINATE COMMANDS

- ★ **U.S. ARMY MEDICAL DEPARTMENT CENTER & SCHOOL - AMEDDC&S**  
FORT SAM HOUSTON, TX
- ★ **U.S. ARMY DENTAL COMMAND - DENCOM**  
FORT SAM HOUSTON, TX
- ★ **U.S. ARMY PUBLIC HEALTH COMMAND - PHC**  
ABERDEEN PROVING GROUND, MD
- ★ **WARRIOR TRANSITION COMMAND - WTC**  
ARLINGTON, VA
- ★ **U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND - MPMC**  
FORT DETRICK, MD



# MEDICINE

...Inspiring Trust



**LEGEND**

- ★ MAJOR SUBORDINATE COMMANDS
- REGIONAL MEDICAL COMMANDS

## HEADQUARTERS

Houston, TX

## REGIONAL MEDICAL COMMANDS

-  ★ **WESTERN REGIONAL MEDICAL COMMAND - WRMC**  
JOINT BASE LEWIS-McCHORD, WA
-  ★ **SOUTHERN REGIONAL MEDICAL COMMAND - SRMC**  
FORT SAM HOUSTON, TX
-  ★ **NORTHERN REGIONAL MEDICAL COMMAND - NRMC**  
NATIONAL CAPITAL REGION
-  ★ **EUROPE REGIONAL MEDICAL COMMAND - ERMIC**  
HEIDELBERG, GERMANY
-  ★ **PACIFIC REGIONAL MEDICAL COMMAND - PRMC**  
HONOLULU, HI



# Europe Regional Medical Command

The Europe Regional Medical Command supports Warriors and their Families throughout the U.S. Army Europe. Care of our Wounded Warriors is a priority, as well as providing Warfighters in USAREUR and U.S. European, Central and Africa Commands with theater-level medical services as they carry out operations in Southwest Asia, Eastern Europe and the African continent.

Landstuhl Regional Medical Center - the largest military hospital outside of the U.S., continues to serve USAREUR and U.S. European Command beneficiaries. It is also the evacuation center for U.S. Central Command and U.S. Africa Command. More than 60,000 service members, civilians and Coalition Forces supporting Operations Enduring Freedom and Iraqi Freedom have been treated at LPMC.

In addition to supporting the Warfighter, the ERMC staff carries out its mission to positively impact Soldier and Family health and provide a trained, ready and capable medical force against a backdrop of continuing transformation in U.S. Army Europe.

Between 2005 and 2009, 30 health, dental and veterinary clinics closed in non-enduring communities. ERMC has responded to demographic shifts by tailoring medical services to meet community needs at 17 Army health clinics across Germany, Italy and

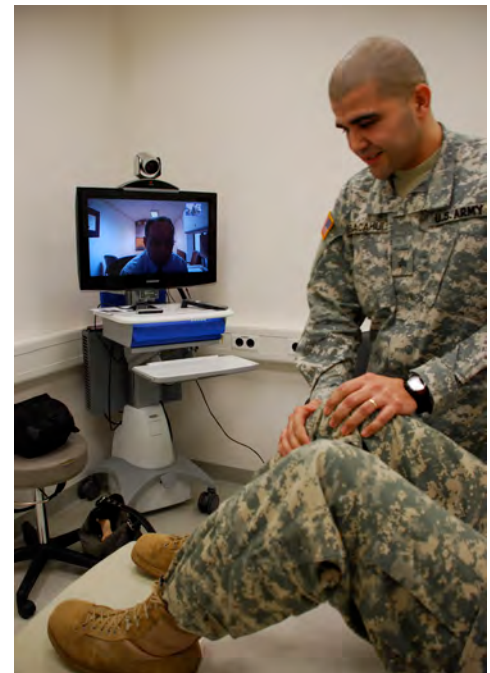
Belgium. Serving an authorized active duty beneficiary population of 104,000 and a broader population of more than 200,000 that includes military retirees, DoD civilians, authorized contractors and their Family Members, ERMC shapes healthcare delivery to match capacity, demand and expectations.

To meet Army Medicine's goal to have the right provider providing care at the right time using the right venue, ERMC leverages secondary and tertiary care from 37 host nation medical facilities and a robust TRICARE Preferred Provider Network.

ERMC's vision to be the Army's premier medical team, save lives and foster healthy, resilient people enhances its mission of supporting Soldier and medical personnel who deploy to and redeploy from combat areas to home bases in Europe. Care of our Wounded Warriors is a priority of the Warrior Transition Battalion-Europe and its four Warrior Transition Units.

To support Army Medicine's Balanced Scorecard and improve access and continuity of care, ERMC formed a Medical Strategic Initiatives Group that conducts a weekly video teleconference with MTF and clinic commanders to synchronize initiatives across the footprint.

ERMC has also developed key programs and services to help fulfill promises of the Army Family Covenant,



the Warrior Care Covenant and the Army Medicine Healthcare Covenant.

Among those programs and initiatives are:

- Access to Care - Centralized telephone appointing across Europe by establishing an ERMC Care Call Center. Audio Care appointment reminders improve "No-Show" rates. - Added TRICARE Online appointment links to clinic Web pages. - Published a "Guide to Host Nation Healthcare" for each of 17 clinics to help beneficiaries understand and become more comfortable with local healthcare facilities and providers.
- Warriors in Transition Care - Established a Warrior Transition Battalion and four Warrior Transition Units - Streamlined the Medical Evaluation Board process.
- Behavioral Health - Added 64 behavioral health providers and 83 mTBI contractors.
  - Established school-based behavioral health pilot programs in two communities.
  - Established neuropsychology and behavioral health tele-medicine program.
  - Established inpatient PTSD treatment program at LPMC and the Warrior Reset program.

<http://ermc.amedd.army.mil/>





# Northern Regional Medical Command



On October 1, 2009, the North Atlantic Regional Medical Command became the Northern Regional Medical Command (NRMC) as part of the Army Medicine's reorganization of its regional medical commands to align with the TRICARE regions.

At this time, the NRMC is a change in name only and will consist of the same organizations and still include the following military hospitals and clinics:

- Walter Reed Army Medical Center
- Womack Army Medical Center
- Guthrie Army Health Clinic
- Keller Army Community Hospital
- Patterson Army Health Clinic
- Ireland Army Community Hospital
- McDonald Army Health Clinic
- Kenner Army Health Clinic
- Kimbrough Army Health Clinic
- DeWitt Army Community Hospital
- Dunham Army Health Clinic
- Kirk Army Health Clinic
- DiLorenzo TRICARE Health Clinic

Although the name is changing, all of our current policies, procedures, systems, and structures remain the same, as is the commitment to providing quality, accessible healthcare. The process should be completely transparent to all the beneficiaries and the staff.

As a result of the Base Realignment and Closure law of 2005, Walter Reed Army Medical Center will merge with the National Naval Medical Center to

form the Walter Reed National Military Medical Center Bethesda by September 15, 2011. By the same date, DeWitt Army Community Hospital will also be replaced by a new, joint service, significantly expanded Fort Belvoir Community Hospital. Both new joint hospitals will be commanded by a joint medical command.

NRMC will no longer have operational control of the two new joint hospitals, but the NRMC commanding general will serve as the Army component commander for Army personnel assigned to the joint medical command and the two joint hospitals.

NRMC is America's leading regional healthcare system focused on Soldier readiness and academic excellence while providing well-coordinated care for Soldiers, retirees and their Families. We are committed to building healthcare teams and medical leaders of competence and character for a lifetime of service to the nation.

<http://www.narmc.amedd.army.mil/Pages/default.aspx>





# Southern Regional Medical Command

The Southern Regional Medical Command (SRMC) is headquartered in San Antonio, Texas and excels as an integrated regional system promoting health and delivering trustworthy, efficient, and effective healthcare to its satisfied beneficiary population. SRMC provides its subordinate Military Treatment Facilities (MTFs) and units a region-wide educational, training and research platform that prepares medical personnel for the full spectrum of military medical operations to support America's Army in conflicts and other missions across the globe.

SRMC is composed of approximately 20,000 dedicated military and civilian staff at 11 main MTFs and other clinics in 10 continental states plus the Commonwealth of Puerto Rico. One of five Army Medicine RMCs worldwide, SRMC provide's healthcare for over 465,000 beneficiaries, a third of the MEDCOM's enrolled beneficiary population. SRMC led the MEDCOM and established the first RMC Readiness Division at Fort Gordon, GA which is focused on improving the medical readiness for both Active Duty and Reserve units located or deploying within the region.

SRMC's Community Based Warrior Transition Task Force provides command and control of approximately 800

Warriors in Transition (WTs) at units located in Arkansas, Alabama, Florida, and Puerto Rico. These units are primarily composed of Reserve and National Guard Soldiers and they coordinate the WT healthcare through both civilian and military facilities which allows the Soldier to be stationed at home with Family.

SRMC has established several Best Practices in technology, innovation, and WT care. The world renowned Center for the Intrepid at Ft. Sam Houston provides world class physical and occupational therapy for service members with severe extremity injuries, burns, or amputations. SRMC is proud to host the MRMC Institute for Surgical Research which is located on the Ft. Sam Houston campus and serves as the military's only Burn Center. SRMC has also developed and fielded several region-wide automated systems for staff training and patient accountability such as the AMEDD Personnel Education and Quality System and the Patient TRAQ.

For more information, please visit the website, <http://www.srmc.amedd.army.mil>.



## The 11 primary SRMC MTFs are:

- Brooke Army Medical Center, Fort Sam Houston, TX
- Carl R. Darnall Army Medical Center, Fort Hood, TX
- Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA
- Bayne-Jones Army Community Hospital, Fort Polk, LA
- Blanchfield Army Community Hospital, Fort Campbell, KY
- Martin Army Community Hospital, Fort Benning, GA
- Moncrief Army Community Hospital, Fort Jackson, SC
- Reynolds Army Community Hospital, Fort Sill, OK
- Winn Army Community Hospital, Fort Stewart, GA
- Fox Army Health Center, Redstone Arsenal, AL
- US Army Aeromedical Center/Lyster Army Health Center, Fort Rucker, AL

<http://www.srmc.amedd.army.mil>





# Western Regional Medical Command

The Western Regional Medical Command's (WRMC) mission is to provide synchronized command and control, resource allocation and oversight of the region's Military Treatment Facilities (MTF) to ensure a healthy military community and ready adaptive force.

The WRMC was transformed to support the growth of 14 additional states and nine MTFs. This transformation occurred in October 2009. Prior to that, the region had been embedded within Madigan Army Medical Center, where key staff members performed functions for both the medical center and the region.

The WRMC Headquarters has a dedicated staff of nearly 200 military and civilian personnel. The beneficiary population within the 20-state region includes hundreds of thousands of Active, National Guard and Reserve Component Soldiers, their Families and retirees and their Family Members.

The following states currently comprise the Western Region: Washington State; Alaska; Arizona; California; Colorado; Idaho; Iowa; Kansas; Minnesota; Missouri; Montana;

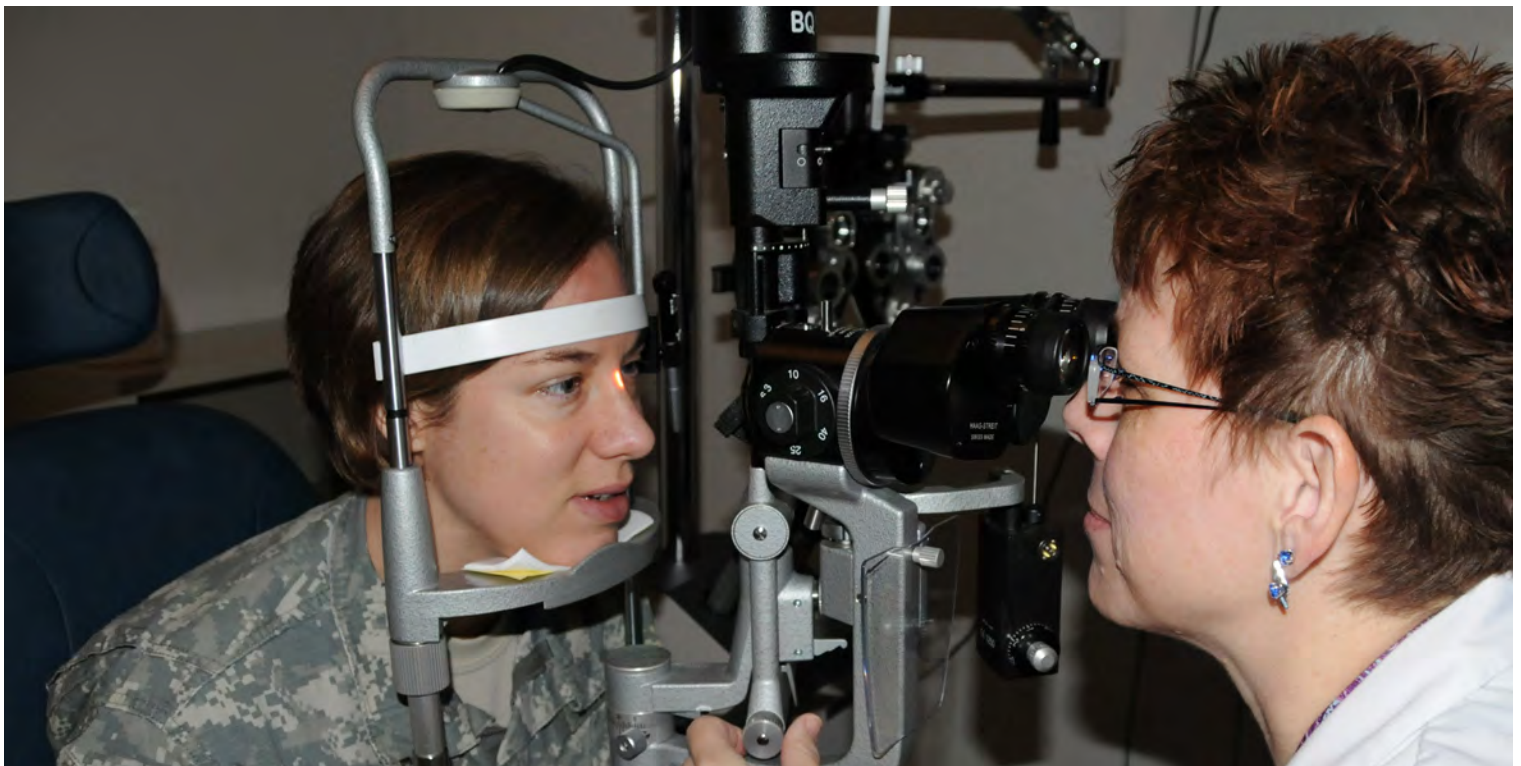


Nebraska; Nevada; New Mexico; North Dakota; Oregon; South Dakota; Texas (West Texas only); Utah, and Wyoming.

Our region also includes a Readiness Command, located at Fort Bliss, with the mission to plan, oversee, and

standardize the execution of pre-and-post deployment medical and dental functions throughout the WRMC.

<http://www.wrmc.amedd.army.mil/>





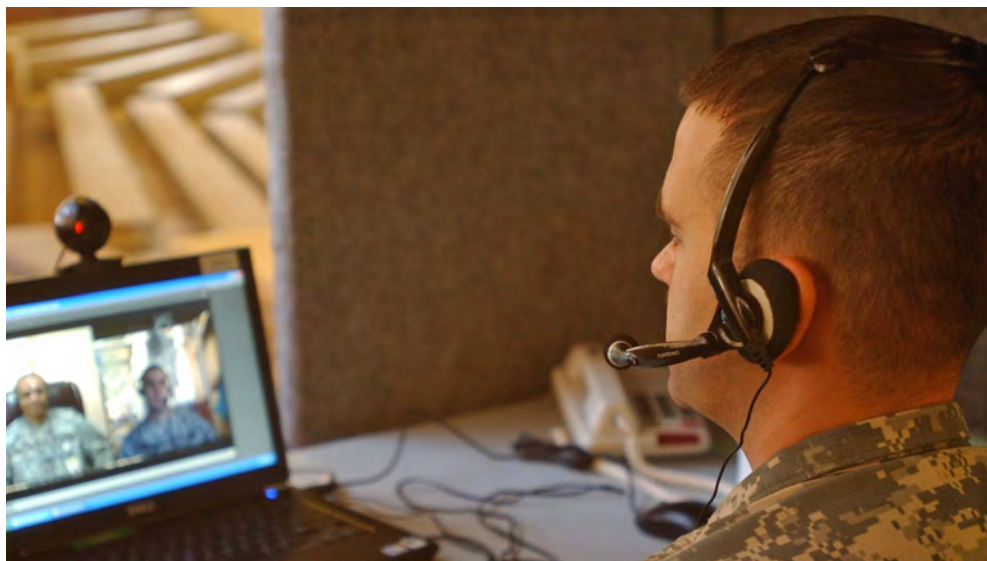
# Pacific Regional Medical Command

The Pacific Regional Medical Command (PRMC), headquartered at Tripler Army Medical Center (TAMC), Honolulu, supports the medical readiness of U.S. troops in the Pacific.

PRMC medical units deliver leading edge health services to the Warriors, Family Members and veterans while promoting, sustaining and enhancing service members' health.

Major subordinate commands within PRMC include Tripler Army Medical Center, Schofield Barracks Health Clinic, MEDDAC-Japan and MEDDAC-Korea, and for administrative support, the 18th Medical Command (Deployment Support). More than 3,600 Soldiers are assigned within these commands, with an average of 100 deployed at any given time.

PRMC's medical treatment facilities have a number of ongoing initiatives within the behavioral health arena, including the Confidential Alcohol Treatment and Education Project, the Virtual Behavioral Health Program, Soldier Evaluation for Life Fitness, Behavioral Health Nurse Case Management and Fusion Cell capabilities. The individual programs complement one another and provide a full spectrum of behavioral healthcare for Soldiers and their Families in Hawaii. They are considered models for the Army's best healthcare practices and are being reviewed for possible Army-wide implementation.



Among other recent initiatives, PRMC's Access to Care Campaign has increased available appointments through an expanded phone system, hiring of additional appointments clerks and providers and the installation of a new toll-free telephone line. Extended clinic hours and upgrades to TRICARE Online have also improved access to care.

PRMC and Tripler staffs focus on telehealth, clinical informatics research and emerging technology to solve the challenges of providing healthcare to military personnel and Families spread over half of the world's surface.

About 10 percent of the Army's graduate medical education programs reside at PRMC and are located at

Tripler. See <http://www.tamc.amedd.army.mil> and click "Medical Education" for more information.

With the establishment of MEDDAC-Korea in 2009, PRMC assumed command and control of the Brian Allgood Army Community Hospital, Korea, and its outlying clinics.

The Pacific Regional Dental Command (PRDC) and Pacific Regional Veterinary Command (PRVC) receive administrative and logistics support from PRMC. Consolidation efforts are currently underway, bringing a joint Public Health and Veterinary Command to the Pacific. PRVC supports all U.S. forces in the Pacific, operating in over 20 countries. The Joint Medical Attendant Transport Team (JMATT) serves to MEDEVAC the sickest patients to TAMC from locations throughout the Pacific.

The Pacific Telehealth and Technology Hui partners with Tripler and the Veterans Administration's (VA) Pacific Island Health Care System, Spark M. Matsunaga VA Medical Center and the Veteran's Affairs Regional Office-Honolulu. Department of Defense and VA agencies participate in a joint telehealth/telemedicine research, development, prototype, evaluation and technology transfer program.

<http://www.tamc.amedd.army.mil/>





# Army Medical Department Center & School

The mission of the Army Medical Department Center & School (AMEDDC&S), located at Fort Sam Houston, TX, is to envision, design and train a premier military medical force for full spectrum operations in support of our Nation. The AMEDDC&S vision is to be the foundation on which Army Medicine is built, sustained and transformed. The strategies for accomplishing this vision include excellence in products and services, realizing employee potential, embracing change management and operational excellence.

In addition to its schoolhouse role, the AMEDDC&S has highly varied functions in doctrine development and applied research. Through ongoing and extensive research, AMEDDC&S determines medical requirements throughout the combat mission, from the battlefield to the medical treatment facilities, as well as test their capabilities, safety, and long-term viability. AMEDDC&S enhances virtual military healthcare environments in order to improve casualty reporting capabilities, enable the sharing of invaluable lessons learned and subject matter expertise, and prepare our healthcare graduates to care for Soldiers of the future. The distributed learning programs and expansive textbook publications deliver training and education wherever and whenever it is needed.



By striving to expand levels of responsibility and capability for leaders in training and place them in the most realistic and challenging environments possible, AMEDDC&S prepares them to make the critical decisions that will determine the outcome of their missions. Through state-of-the-art, hands-on, scenario-based training based on lessons learned from today's battlefields and clinical environments, AMEDDC&S creates an environment in which students can develop the educational and training capabilities they will need in order to provide the best casualty and patient care possible.

AMEDDC&S multi-service training includes pre-deployment medicine, preventive health services, medical science, veterinary science, health services administration, leadership, clinical support services, nursing science, dental science, combat medic training, and pastoral ministry training. Five master's degree programs and seven doctoral programs are offered. Through

affiliations with Baylor University, University of Nebraska, Northeastern University, Fayetteville State University, and the Erskine Theological Seminary, students can earn master's degrees in health and business administration, nutrition, anesthesia nursing, physician assistant studies, and social work; and doctoral degrees in physical therapy, occupational therapy, pastoral care, physician assistant in emergency medicine or clinical orthopaedics, sports medicine-physical therapy, and orthopaedic and manual physical therapy.

The AMEDDC&S also has the responsibility of determining what personnel Army Medicine needs and designing career patterns to support it. AMEDDC&S's dedication to professional staff development and career life-cycle management assures that students will continue to receive the benefits of the best education and training opportunities available from some of the world's most capable and innovative instructors, training developers, and staff members.

<http://www.cs.amedd.army.mil/>



# U.S. Army Medical Research and Materiel Command

The U.S. Army Medical Research and Materiel Command (USAMRMC) is the Army's medical materiel developer, with responsibility for medical research, development, and acquisition and medical logistics management. The USAMRMC's expertise in these critical areas helps establish and maintain the capabilities the Army needs to fight and win on the battlefield.

Ensuring our armed forces remain in optimal health and are equipped to protect themselves from disease and injury, particularly on the battlefield, is the job of USAMRMC. The Command is headquartered at Fort Detrick, MD, with 11 subordinate commands located throughout the world.

Six medical research laboratory commands (Silver Spring, Md.; Aberdeen Proving Ground, Md.; Natick, Mass.; Fort Rucker, Ala.; Fort Sam Houston, Texas; and Pirmasens, Germany) execute the science and



technology program to investigate medical solutions for the battlefield with a focus on various areas of biomedical research, including military infectious diseases, combat casualty care, military operational medicine, medical chemical and biological defense, and clinical and rehabilitative medicine.

The in-house science and technology capabilities are enhanced by a large contract research program and cooperative agreements with leading civilian organizations. The Command manages a large extramural research program with numerous contracts, grants, and cooperative research and development agreements to provide additional science and technology capabilities from leading academic, private industry, and other government organizations.

Five additional commands focus on medical materiel advanced development, strategic and operational medical logistics, and

medical research and development contracting, to complete the full life cycle of medical materiel acquisition.

Overall, about 6,500 military, civilian, and contractor personnel are assigned to support the Headquarters and subordinate units. Officers, enlisted Soldiers, and civilians—many of whom are among the most respected and knowledgeable specialists in their fields—provide subject matter expertise in medical, scientific, and technical areas throughout the Command.

Medical information and products developed by the USAMRMC protect and sustain the health and safety of the force through deployment and combat. The USAMRMC motto, "Protect, Project, Sustain," emphasizes the Command's priorities in support of the warfighter.

<https://mrmc.amedd.army.mil/>





# U.S. Army Public Health Command

The U.S. Army Public Health Command (USAPHC) is being formed from select missions of the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) and the U.S. Army Veterinary Command (VETCOM), which will be integrated to form the core of the Public Health Command. This integration will occur in phases over a two-year period beginning with USACHPPM's conversion as the U.S. Army Public Health Command and ending when the USAPHC reaches full operational capability, targeted for Oct. 1, 2011.

The mission of this new organization is to promote health and prevent disease, injury and disability of Soldiers and military retirees, their Families, and Army civilian employees; and to ensure effective execution of full-spectrum veterinary services throughout the Department of Defense.

As one of its first acts, the newly forming organization began development of a Balanced Scorecard that would demonstrate tangibly the purposes or "ends" the USAPHC is formed to achieve. Key ends are minimized diseases and injuries of military significance and optimized health and well-being in the populations (Soldiers and military retirees, their Families, Army civilian employees and government-owned animals) the USAPHC serves.

The USAPHC brings both breadth

and depth of knowledge to its Army and DoD customers. Its people are experts in approximately 70 scientific and technical disciplines. They include preventive and occupational medicine physicians, public health and occupational health nurses, epidemiologists, industrial hygienists, veterinary clinical specialists, veterinary public health specialists, food safety and quality assurance experts, animal technicians, entomologists, physicists, chemists, toxicologists, engineers, environmental scientists, biologists, ergonomists, nuclear medicine experts, health physicists, physical therapists, audiologists, health educators, behavioral health professionals, geologists, meteorologists and more.

USAPHC will provide improved services to customers through standardization of policies, procedures and best practices, and through the synergy that the combined USACHPPM and VETCOM capabilities and knowledge will create. Services will include disease prevention and control, field preventive medicine, environmental health, health surveillance and epidemiology, laboratory services, health risk assessment, zoonotic disease surveillance and control, and food safety and food defense quality assurance programs.

The USAPHC's reach is global and its focus is local—its personnel serve on the ground in support of Army, Navy, Air Force



and Marine Corps installations; in medical treatment facilities and laboratories; and in deployed locations around the world. Currently headquartered at Aberdeen Proving Ground, Md., the USAPHC will, when fully structured, be staffed at regional and district levels, providing increasing levels of public health expertise to the communities it serves.

The health of DoD military and civilian personnel and government-owned animals is essential for readiness, and prevention is the best way to health. Preventing conditions that threaten Soldier, civilian, Family Member and animal health is operationally sound, cost effective and certainly better for individual well-being than providing medical treatment for sick or injured patients. Prevention—the early identification and mitigation of health risks through surveillance, education, training, and standardization and implementation of best public health practices—is at least as crucial to the military's success as preventive maintenance is for equipment. With its breadth and depth of expertise, the USAPHC is able to respond locally and project globally, providing an efficient mechanism of force health protection for Army and DoD assets around the world.

<http://phc.amedd.army.mil/home/>





# U.S. Army Dental Command

The U.S. Army Dental Command (DENCOM) is a major subordinate command of the U.S. Army Medical Command (MEDCOM) and is headquartered at Fort Sam Houston, Texas.

DENCOM provides centralized command and control of Army dental facilities worldwide maintaining Soldiers' dental readiness.

DENCOM serves as the proponent for meeting dental healthcare needs of Soldiers by continuously finding ways to increase accessibility to quality dental healthcare services.

DENCOM's vision is to be the premier oral healthcare system providing unparalleled and valued oral healthcare to America's Warriors – staffed by skilled, compassionate, and innovative team members.

DENCOM achieves its vision by accomplishing its mission, which is to provide valued oral healthcare to America's Warriors and eligible beneficiaries; ensure Soldiers are dentally ready to defend our country; ensure Soldiers are provided the opportunity to attain optimal dental health; and finally, to develop military and civilian healthcare professionals who are prepared to lead and support the Army.

DENCOM's mission enhances Soldier preparedness which enables Soldiers to better perform and support the Army's mission.

DENCOM oversees the world's largest comprehensive dental system, providing care to over 535,000 active-duty Soldiers worldwide and eligible Family Members overseas.

The DENCOM consists of five Regional Dental Commands, 30 Dental Activities, 15 Dental Clinic Commands and 147 clinics. In addition to the clinics, there is one Army Dental Laboratory (ADL) at Fort Gordon, GA. The ADL fabricates tens of thousands of prostheses annually, filling orders from Army dentists worldwide.

Worldwide DENCOM staffing includes 736 officers, 1,112 enlisted Soldiers, and 2,763 Civilian employees.

Dental care is critical to Soldiers' readiness. A badly decayed tooth can make a Soldier non-deployable as easily as a medical condition can. Much of DENCOM's work involves developing new procedures to ensure such problems are diagnosed and treated before a deployment is ordered.

Army dentists also have alternate wartime roles helping to treat combat casualties. The oral and maxillofacial surgeon, a dentist, is an integral part of the staff of the combat support hospital.

To help meet the mission and other challenges Army Dental faces today, DENCOM utilizes the



Balanced Scorecard and Strategy Map as management tools. DENCOM utilizes the Balanced Scorecard as its communication tool, measurement system, and strategic management system for accomplishing strategic objectives.

DENCOM's Balanced Scorecard and Strategy Map both serve as the frame work to translate the DENCOM's vision and mission into action. DENCOM's Balance Scorecard aligns itself in part with higher levels of authority which communicate the Army's Chief of Staff imperatives, the Surgeon General's strategic vision and goals and finally the Army Dental Command's strategy to its staff.

DENCOM is proud to serve War Fighters and provide them with the quality of dental care that is commensurate to the quality of service they provide our country. DENCOM is committed to providing world class dental care to our Soldiers throughout the world whether it is performed back home in garrison or in areas of global conflict like Iraq and Afghanistan. Global Care!

<https://www.dencom.army.mil/>







**ARMY MEDICINE**

Bringing Value...Inspiring Trust

**GLOBAL OPERATIONS**



**ARMY MEDICINE...ARMY STRONG**





## OUR MISSION

- Promote, Sustain and Enhance Soldier Health
- Train, Develop and Equip a Medical Force that Supports Full Spectrum Operations
- Deliver Leading Edge Health Services to Our Warriors and Military Family to Optimize Outcomes

## OUR VISION

America's Premier Medical Team Saving Lives, Fostering Healthy and Resilient People, and Inspiring Trust

## ARMY MEDICINE...ARMY STRONG!

- Maximize Value in Health Services
- Provide Global Operational Forces
- Build The Team
- Balance Innovation With Standardization
- Optimize Communication With Knowledge Management

**[www.armymedicine.army.mil](http://www.armymedicine.army.mil)**

