

DEPARTMENT OF DEFENSE MEDICAL READINESS STRATEGIC PLAN (1995-2001), 20 MARCH 1995

Proponent

The proponent for this document is the Department of Defense (Health Affairs).

Web Site Location

This document can be accessed at <http://www.ha.osd.mil/hmfr2.html>.

Definition

Medical readiness - encompasses the ability to mobilize, deploy and sustain field medical services and support for any operation requiring military services; to maintain and project the continuum of healthcare resources required to provide for the health of the force; and to operate in conjunction with beneficiary healthcare.

Medical Readiness Strategic Plan 2001 (MRSP-2001) - a long range plan that supports execution of the full array of strategic planning documents from the National Security Strategy of the United States to the Defense Medical programming Guidance and associated Service medical Program Objective Memorandums.

Synopsis

The purpose of the MRSP-2001 is to provide DoD with an integrated, coordinated, and synchronized plan for attaining and sustaining medical readiness through the year 2001 and beyond. It applies to the total force – all Services and components, and requires the cooperation of the “line” as well as the medical community in implementing the action plans. It is the compass for articulating requirements and resources, and for developing policies and procedures. It is the DoD guidebook by which we will achieve a fully capable military health care system ready to support the continuum of military operations. Medical readiness success will be measured against the objectives outlined in MRSP-2001.

MRSP-2001 is organized in nine major functional areas. Each functional area and associated sub-area is introduced with a concise narrative highlighting the background, current status, and objectives developed by the MRSP-2001 functional area panels. A detailed action plan is provided for each functional area objective. Action plans highlight the objectives, the tasks to be accomplished, and the primary action offices responsible for executing the objectives.

To meet the intent of the plan we must:

- ◆ develop, enhance and sustain coordinated and synchronized policies, doctrine and training that facilitate medical planning, resourcing, and execution of joint and combined operations;
- ◆ employ advanced information technology solutions;
- ◆ enhance the assignment, training and sustainment of health care personnel; and right-size our Service Graduate Medical Education (GME) programs; and
- ◆ continue to recruit and retain qualified health care personnel.

Preventive medicine input was prepared in 1997. This input addresses integrating PM concepts throughout the other chapters to cover all phases of readiness. It addresses the need for increased



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PM focus in planning, implementing these plans, and training of forces. The action plans dictate activities in areas such as health promotion and wellness, PM countermeasures, and surveillance. Incorporation of preventive medicine input into the medical readiness strategic plan will ensure that U.S. Armed Forces personnel can deploy, on short notice, into any environment, regardless of endemic disease and conventional or unconventional weapons scenario, successfully complete their missions across the broad spectrum of operations from humanitarian assistance to combat, and safely return home healthy in body, mind, and spirit.

It is not known when the revised plan will be released.

What Does This Mean for Military Public Health?

The following are themes common to other planning documents on our list:

- ◆ USACHPPM could serve as a center of excellence for the full spectrum of health promotion and preventive medicine services in managing the health of our soldiers and beneficiaries;
- ◆ assist with the development of a Joint service approach in addressing the health promotion and preventive medicine needs of commanders, especially the CINCs;
- ◆ optimize the use of technology to obtain, evaluate, and disseminate preventive medicine information;
- ◆ disseminate this integrated health information to commanders, policy makers and individuals who can act to influence health and prevent diseases and injuries;
- ◆ assist the Army Medical Department (AMEDD) Center and School and other service schools in developing solutions to address lessons learned and doctrine, training, leader development, organization, materiel, and soldiers (DTLOMS) deficiencies;
- ◆ assist in development of service medical specific curricula for health promotion and preventive medicine for required officer and enlisted specialties; and
- ◆ assist in the development of health promotion and preventive medicine curricula for all other service schools, basic officer and enlisted, advanced individual training, and senior service schools. The curricula must stress the connection between health promotion and preventive medicine and commander's Force protection policies.