



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

MCOP-O

09 FEB 2004

MEMORANDUM FOR COMMANDERS, US ARMY MEDICAL COMMAND MAJOR
SUBORDINATE COMMANDS

SUBJECT: US Army Medical Command FY04 Command Training Guidance

1. References:

- a. MEDCOM Reg 350-4, 12 February 1998
- b. AR 350-1, Army Training and Education, 9 April 2003
- c. FM 25-100, Training the Force, November 1988
- d. FM25-101, Battle Focused Training, September 1990
- e. FM 7-0, Training the Force, 22 October 2002
- f. FM 7-1, Battle Focus Training, 15 September 2003
- g. DoD Instruction 1322.24, Medical Military Readiness Skill Training, 12 July 2002
- h. MRR Circular XXX-X (change 3), 21 December 2001 (DRAFT)
- i. TC 8-800, Semi-Annual Combat Medic Skills Validation Test, 14 June 2002
- j. MEDCOM Pamphlet 525-1, Medical Emergency Planning, 1 October 2003

2. Purpose: This memorandum provides broad training guidance for all Active and Reserve Component Soldiers within the US Army Medical Command (MEDCOM) and serves as the basis for the development of training plans and directives of subordinate commanders.

3. Mission: Provide medical readiness for the US Army by projecting a healthy and protected force, deploying the medical force, and managing the care of Soldiers, their dependents, and beneficiaries.

4. Mission Essential Task List (METL):

- a. Provide trained and ready soldiers to support worldwide contingency operations.
- b. Maintain cost-effective graduate medical/dental education programs to support readiness requirements.
- c. Provide medical, dental, and veterinary healthcare and services at specified operational sites in conjunction with beneficiary healthcare.
- d. Maintain and project the continuum of healthcare resources required providing for the health of the force.
- e. Integrate Army Reserve and National Guard Units, Soldiers, and other augmentees into the command.
- f. Provide logistical, acquisition, facility support, and medical research and development to the force.
- g. Provide education and training to AMEDD personnel worldwide.
- h. Teach concepts, doctrine, and exercise systems that provide health service support to the Army.
- i. Protect and sustain the health and performance of the force through health promotion, prevention, and health care services.
- j. Receive and treat returning casualties.
- k. Promote family support programs.

5. Training Philosophy:

- a. We will continue to be engaged in the Global War on Terrorism (GWOT) for an indefinite period. We must be prepared to support a wide spectrum of missions including combat and contingency operations, worldwide deployments, and homeland defense while providing world-class healthcare to eligible beneficiaries.
- b. Training is the cornerstone of readiness and the key to our continued success. Always train to standard--conduct training to standard and not to events or time. For every training event, include a formal or informal evaluation, and conduct after action reviews. When standards are not met, program retraining until the standards are achieved. We will succeed in our missions and lives will be saved because of our dedication to achieving standards in our day-to-day training.

c. Senior leaders determine the direction and goals of training. Commanders at all levels must provide clearly defined and measurable training objectives and plans that are executable based on all available resources. Commanders must ensure training is relevant, well planned, and rigorously executed. Officers are responsible for collective training and NCOs train individual skills to their Soldiers.

6. Training Guidance:

a. Leader training. Each command will have active Officer and Noncommissioned Officer Development Programs. Leader development programs must also meet the needs of our civilian workforce. Emphasize continuing education and basic core competence for all leaders.

b. Graduate Medical Education. We must continue to grow and develop Army Medical Corps leaders. The quality of medicine we practice in both TDA healthcare facilities and deployed TOE medical units depend on high-quality GME programs. Although supporting the deployed force in combat is our first priority, we must continue to train physicians and find acceptable methods to maintain quality GME programs. We cannot sacrifice the development of future leaders or quality of medical care.

c. Professional Filler System (PROFIS). Identify and train PROFIS personnel. Provide training opportunities that will enhance both tactical and clinical skills. Commanders and PROFIS individuals must maintain appropriate emphasis on deployment readiness to ensure timely and appropriate response to short-notice contingencies.

d. 91W Transition and Sustainment. Recent combat operations have validated the importance of transforming the combat medic to 91W. The additional skills and training increased our ability to save Soldiers' lives. Support for this transformation is a consistent positive theme across a broad spectrum of commands. We will continue to conduct 91W transition and sustainment training to maximize available resources among all COMPOs. All MEDCOM Regional Medical Commands and Major Subordinate Commands have exceeded 91W transition targets for FY04. Continue to exercise aggressive programs to ensure units and Soldiers meet and/or exceed all established targets to accelerate the Army's 91W transformation, conduct sustainment training and execute the Semi-Annual Skills Validation Test to standard. I expect your leadership and influence to positively affect 91W conversions and skill sustainment across the installations you support to include all AMEDD Soldiers. Document all training in the 91W Tracking Module within MODS.

e. I recognize GWOT deployments have curtailed planned military schooling. Make every effort to create the opportunity for your Soldiers to get the military schooling that will develop them in their careers.

f. Noncommissioned Officer Education System (NCOES) trains Non-commissioned Officers (NCOs) to lead and train Soldiers and is an integral part of NCO professional and leader development. Despite competing priorities, leaders must utilize targets of opportunity to afford NCOs this valuable Professional Military Education ((PME). Leaders must also ensure that Soldiers scheduled for training are prepared to successfully meet course requirements such as APFT, height/weight standards; and for BNCOC, EMT certification. Proper documentation of 91W transition into MODS is essential to ensure Soldiers are scheduled for the appropriate training and to prevent waste of valuable training resources.

g. Medical Operational Data System (MODS)/Medical Protection System (MEDPROS). MODS offers a suite of tools designed to enhance training and daily operations. Leaders and Soldiers must familiarize themselves and utilize this capability. Moreover, I have directed the use of MEDPROS as the medical database of record for documenting and tracking Individual Medical Readiness (IMR), including immunizations, for all Soldiers and DA civilians. Commanders at all levels are responsible for the implementation and use of MEDPROS in its entirety. Successful implementation will include achieving 100% of MEDCOM personnel with current IMR data in the system. I expect every organization to train and maintain qualified personnel to ensure accurate data capture and for leaders at all levels to emphasize use of this important tool. ERMCM successfully implemented MEDPROS in USAREUR and provides an excellent example of the process and benefits of its employment.

h. Special Medical Augmentation Teams (SMART) made significant contributions to successful operations in GWOT. They also play a key role in potential homeland defense scenarios. Commanders will continue to identify, train, and prepare these teams for short-notice deployment(s). These teams will be ready at all times.

i. Force Protection. Assess and emphasize effective antiterrorism/force protection training and validate it accordingly; include chemical, biological, radiological, nuclear, and explosive (CBRNE) training. SAEDA and other intelligence/information protection training will be trained and exercised in our daily activities.

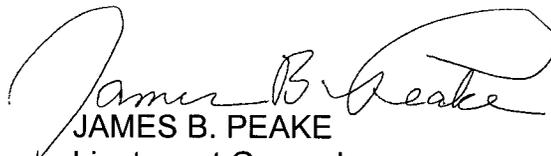
j. Mandatory Training. Commanders are responsible for ensuring compliance with all mandatory training as defined in reference a above. Additionally, it is imperative that commanders require Soldiers to take required licensing examinations to remain MOSQ (e.g., 91WM6).

k. Equal Opportunity and Prevention of Sexual Harassment. Every Soldier and employee has the right to work and live in an environment that is free of prejudice, intimidation, hostility, sexual harassment, or other offensive behavior. Continue to emphasize equal opportunity training and prevention of sexual harassment training.

l. Army National Guard and US Army Reserve Components are an integral part of the AMEDD. Continue to coordinate and synchronize plans, operations and training with the Reserve Component to ensure real-world medical missions are seamless and well executed. A professional attitude and a genuine desire to integrate all Components into One Army establish the environment for effective training and mission success.

m. Finally, we must train to standard while continuing to emphasize safety. Leaders at all levels must never neglect the importance of risk assessments prior to any training event. Safety of our most valuable resources, our personnel, is paramount.

7. Our ultimate goal is to provide our Soldiers with world-class healthcare, wherever needed, while continuing to provide quality healthcare to our beneficiary population. Properly resourced and executed, our training program will enhance mission accomplishment, maintain the professional competence of our Soldiers and civilians, and allow us to maximize our support to an Army at war—Relevant and Ready.



JAMES B. PEAKE
Lieutenant General
Commanding