As the Commander of Health Services Command during much of Operation Desert Shield and all of Desert Storm, I was able to see first-hand the extraordinary efforts devoted to this major deployment. Our soldiers have never had such massive and rapidly deployed medical support for any comparable military operation in our country's history.

I will not elaborate again on the details of the AMEDD's response in Desert Shield/Storm. My predecessor as Surgeon General, LTG Frank Ledford, contributed an article on general medical support for the January/February 1992 issue of The Journal that explained the story of our many successes (and some problems). Others have written at length on specific topics of the deployment for these valuable special issues of The Journal devoted to Desert Shield/Storm. This collection of information on the AMEDD efforts is prized for many reasons, not the least of which is that it helps us learn from the past so that we can improve our readiness posture for the future.

Readiness is really the basis for the existence of military medicine. We can never forget that, especially in these times of changing expectations and roles. In response to the dissolution of the Soviet Union, a sour U.S. economy, and a new administration in Washington, the Army is undergoing a radical shift in almost every area of its operations. We know we will have a much smaller force; We know we will have fewer resources; we know we will have to define a new mission for ourselves or have it defined for us. We all expect that new mission to include increased preparedness for contingency operations in trouble spots all over the world (Yugoslavia for example) and a greater participation in worldwide humanitarian efforts (Somalia for another example).

We can speculate about what the Army will be like in five years, but no one really knows all the answers. The one thing that we do know is that we have to be ready for anything. And we are taking real steps to improve our readiness:

. We are incorporating lessons learned from Desert Storm so we will improve our performance in such diverse areas as the mobilization of Reserve personnel and our system for backfilling vacated positions, increased mobility and flexibility of far-forward combat medical units, and improved medical evacuation assets.

. The Gateway to Care program is well underway in CONUS facilities with every expectation that improved management practices will enable us to provide quality peacetime health care while containing costs. Despite some opinions to the contrary, our ability to provide efficient peacetime care has a profound effect on our wartime readiness.

A special task force has been established to complete final recommendations for the AMEDD Command and Control reorganization. The task force will complete its work by summer. Although details are not yet determined, this long-overdue reorganization will help the medical department improve its own self-management by reducing bureaucracy, eliminating duplicative positions and functions, and establishing clearer channels of command and communications.

Everyone involved with Desert Storm should be justifiably proud of his or her contributions, but we cannot afford to dwell on the past except to glean information that we can use for the future. We have to look forward with the same creativity, determination and intelligence as we used in achieving our mission in Desert Storm. We were successful then, and I am confident that we will be successful in the future.

ALCIDE M. LANOUE
Lieutenant General
The Surgeon General