

FM 4-02.1
December 2009

ARMY MEDICAL LOGISTICS

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

Headquarters, Department of the Army

This publication is available at
Army Knowledge Online (www.us.army.mil) and
General Dennis J. Reimer Training and Doctrine
Digital Library at (www.train.army.mil).

Army Medical Logistics

Contents

	Page
PREFACE	vii
INTRODUCTION	ix
Chapter 1 OVERVIEW OF ARMY MEDICAL LOGISTICS	1-1
Section I — Sustainment	1-1
Army Health System Support	1-1
Logistics.....	1-1
Medical Logistics	1-2
Section II — Medical Logistics Support	1-2
Significance of the Medical Commodity	1-3
Section III — Transformation of Medical Logistics Processes	1-4
Defense Medical Logistics Standard Support	1-4
Executive Agent for Medical Materiel	1-4
Medical Logistics Management Center	1-6
Section IV — Medical Logistics Support for Army Force Generation	1-7
Army Force Generation	1-7
Medical Equipment Reset Program.....	1-7
Medical Left Behind Equipment Program.....	1-8
Section V — Synchronizing Medical Logistics for Army Health System Support	1-8
Scope of Army Health System Support Operations	1-8
Force Projection Considerations	1-9
Agile Sustainment Force Structure.....	1-10
Medical Logistics in Full Spectrum Operations	1-10
Chapter 2 MEDICAL LOGISTICS ORGANIZATIONAL STRUCTURE	2-1
Section I — Theater Medical Logistics	2-1
Fundamentals of Theater Medical Logistics Support	2-1

Distribution Restriction: Approved for public release; distribution is unlimited.

***This publication supersedes FM 4-02.1 dated 28 September 2001.**

	Section II — Medical Logistics Support Organizations in the Current Force	2-2
	Medical Logistics Company	2-2
	Blood Support Detachment.....	2-5
	Medical Logistics Management Center.....	2-6
	United States Army Medical Materiel Agency Medical Logistics Support Team	2-9
	United States Army Medical Materiel Agency Forward Logistics Support Element	2-10
Chapter 3	MEDICAL LOGISTICS OPERATIONS	3-1
	Section I — Levels of Sustainment	3-1
	Strategic Level	3-2
	Operational Level	3-2
	Tactical Level	3-3
	Section II — Integrated Medical Logistics Management	3-3
	Section III — Medical Logistics Management in the Operational Environment	3-4
	United States Army Medical Materiel Agency Medical Logistics Support Team	3-4
	Medical Command (Deployment Support).....	3-4
	Medical Logistics Management Center Forward Support Team	3-5
	Medical Brigade	3-5
	Medical Battalion (Multifunctional)	3-6
	Medical Logistics Company	3-7
	Section IV — Class VIII Support During Initial Employment	3-7
	Pure Palleting.....	3-8
	Section V — Medical Logistics Support for Roles 1 and 2 Medical Treatment Facility Operations	3-8
	Class VIII Supply Operations for Roles 1 and 2 Medical Treatment Facilities ...	3-8
	Section VI — Medical Logistics Support for Medical Units Operating Role 3 Medical Treatment Facilities	3-10
	Class VIII Supply Operations for Role 3 Medical Treatment Facilities	3-10
	Section VII — Delivery of Class VIII	3-10
	Section VIII — Retrograde Operations	3-11
	Section IX — Class VIII Contingency Materiel	3-11
	Army Pre-positioned Stock	3-12
	The Surgeon General’s Contingency Stock	3-13
	Section X — Host-Nation Support	3-14
	Agreements.....	3-15
	Logistics Civil Augmentation Program	3-15
	Section XI — Civil Support Operations	3-15
	Civil Support.....	3-15
	Medical Logistics Support During Civil Support Operations	3-15
Chapter 4	MEDICAL LOGISTICS INFORMATION SYSTEMS AND COMMUNICATIONS	4-1
	Section I — Current Systems	4-1

	Defense Health Information Management System	4-1
	Medical Communications for Combat Casualty Care	4-2
	Theater Army Medical Management Information System	4-3
	Defense Medical Logistics Standard Support	4-4
	Theater Defense Blood Standard System.....	4-4
	Joint Medical Asset Repository	4-5
	Patient Movement Item Tracking System.....	4-5
	Spectacle Request Transmission System.....	4-5
	Section II — External Enablers	4-5
	Single Army Logistics Enterprise.....	4-5
	Automatic Identification Technology.....	4-6
	Global Transportation Network.....	4-6
	Battle Command Sustainment Support System.....	4-6
	Section III — Common Operational Picture.....	4-7
	Joint Logistics Common Operational Picture	4-7
	Medical Logistics Common Operational Picture	4-8
	Section IV — Emerging Medical Logistics Application	4-8
	Theater Enterprise-Wide Logistics System	4-8
	Section V — Medical Logistics Automated Information System	
	Operational Concept	4-8
	Role 1 Medical Logistics.....	4-8
	Role 2 Medical Logistics.....	4-9
	Role 3 Medical Logistics.....	4-9
Chapter 5	MEDICAL EQUIPMENT MAINTENANCE	5-1
	Section I — Role of Medical Equipment Maintenance.....	5-1
	Army Medical Department Maintenance System	5-1
	Section II — Levels of Medical Equipment Maintenance and	
	Responsibilities of Each Level.....	5-4
	Field Maintenance	5-4
	Sustainment Maintenance	5-5
	Section III — Medical Equipment Maintenance Support	5-6
	Medical Equipment Maintenance Support at Roles 1 and 2	5-6
	Medical Equipment Maintenance Support at Role 3	5-8
	Nonstandard Repair Parts.....	5-10
	Section IV — Continental United States-Based Organizations	5-12
Chapter 6	OPTICAL SUPPORT	6-1
	Section I — Theater Optical Support.....	6-1
	Optometry Detachment	6-2
	Medical Logistics Company Optical Support Section	6-2
	Other Optical Support.....	6-3
	Section II — Optical Equipment Sets	6-3
Chapter 7	BLOOD SUPPORT	7-1
	Section I — Theater Blood Support.....	7-1
	Role 2 Blood Support	7-3
	Role 3 Blood Support	7-4

	Storage and Shipment of Blood Products.....	7-4
	Section II — Delivery of Blood.....	7-5
	Section III — Blood Reporting System	7-5
Chapter 8	HEALTH FACILITY PLANNING AND MANAGEMENT	8-1
	Section I — Expeditionary Health Facility Management.....	8-1
	Mission	8-1
	Section II — Roles and Responsibilities.....	8-2
	Brigade Support Medical Company	8-2
	Area Support Medical Company	8-3
	Combat Support Hospital	8-3
	Medical Brigade	8-3
	Medical Command (Deployment Support).....	8-4
	Nonmedical Facility Engineering Support.....	8-4
	Section III — Health Facility Planning Considerations During	
	Contingency Operations	8-4
	Design Considerations	8-5
	Medical Considerations.....	8-7
	Health Facility Planning	8-11
Appendix A	PATIENT MOVEMENT ITEMS	A-1
Appendix B	LEGACY MEDICAL LOGISTICS FORCE DESIGNS	B-1
Appendix C	AUTOMATIC IDENTIFICATION TECHNOLOGY	C-1
Appendix D	MEDICAL LOGISTICS PLANNING	D-1
Appendix E	MEDICAL LOGISTICIANS IN THE ARMY SERVICE COMPONENT COMMAND,	
	THEATER SUSTAINMENT COMMAND, SUSTAINMENT BRIGADE, AND	
	BRIGADE COMBAT TEAM	E-1
Appendix F	MEDICAL LOGISTICS CONSIDERATIONS IN A CHEMICAL,	
	BIOLOGICAL, RADIOLOGICAL, AND NUCLEAR ENVIRONMENT	F-1
	GLOSSARY	Glossary-1
	REFERENCES.....	References-1
	INDEX	Index-1

Figures

Figure 2-1. Class VIII materiel flow	2-2
Figure 2-2. Medical logistics company (Table of Organization and Equipment 08488A000).....	2-3
Figure 2-3. Blood support detachment (Table of Organization and Equipment 08489A000).....	2-5
Figure 2-4. Medical logistics management center (Table of Organization and Equipment 08670G000).....	2-7
Figure 3-1. Transformation to the modular force.....	3-1
Figure 5-1. Roles 1 and 2 medical maintenance support.....	5-7
Figure 7-1. Sample message blood report	7-6
Figure 8-1. Force beddown/base development.....	8-6
Figure 8-2. Examples of initial, temporary, and semipermanent health care facilities	8-10
Figure B-1. Medical battalion, logistics (forward) (Table of Organization and Equipment 08485L000).....	B-2
Figure B-2. Headquarters and headquarters detachment, medical battalion, logistics (forward) (Table of Organization and Equipment 08486L000)	B-3
Figure B-3. Logistics support company, medical battalion, logistics (forward) (Table of Organization and Equipment 08487L000).....	B-4
Figure B-4. Distribution company, medical battalion, logistics (forward) (Table of Organization and Equipment 08488L000).....	B-5
Figure B-5. Medical battalion, logistics (rear) (Table of Organization and Equipment 08695L000).....	B-6
Figure B-6. Headquarters and headquarters detachment, medical battalion, logistics (rear) (Table of Organization and Equipment 08696L000).....	B-7
Figure B-7. Logistics support company, medical battalion, logistics (rear) (Table of Organization and Equipment 08697L000).....	B-8
Figure B-8. Distribution company, medical battalion, logistics (rear) (Table of Organization and Equipment 08698L000).....	B-9
Figure B-9. Medical logistics support detachment (Table of Organization and Equipment 08903L000).....	B-10
Figure B-10. Headquarters and headquarters detachment, medical battalion, logistics (Table of Organization and Equipment 08496A000)	B-11
Figure B-11. Logistics support company, medical battalion, logistics (Table of Organization and Equipment 08497A000).....	B-12
Figure C-1. Linear bar code example	C-2
Figure C-2. Two-dimensional bar code example.....	C-2
Figure C-3. Military shipping label using both two-dimensional and linear bar code	C-3
Figure D-1. Example of a medical logistics support plan	D-5
Figure D-2. Example of a joint medical logistics operations plan.....	D-9
Figure D-3. Example of an appendix for joint blood support.....	D-11

Tables

Table 5-1. Sample Class VIII repair parts request.....	5-11
Table 7-1. Storage requirements for theater blood component.....	7-5
Table D-1. Class VIII planning factors	D-13
Table D-2. Class VIII pounds per admission type	D-14

Preface

This Field Manual (FM) addresses the role of medical logistics (MEDLOG) in the Army's distribution-based supply system. It covers MEDLOG operations from the support battalions at the tactical level to the medical command (deployment support) (MEDCOM [DS]) and theater sustainment command (TSC) (where the critical crossover occurs between strategic Army Health System [AHS] agencies and commands and the operational units performing Army distribution in-theater).

The target audience for this manual is commanders, their staffs, medical planners, and MEDLOG officers and personnel at all levels. This publication applies to the Active Army, Army National Guard (ARNG)/Army National Guard of the United States (ARNGUS), and United States Army Reserve (USAR) unless otherwise stated.

Due to changing terminology, the term *level of care* is replaced by *role of care*. The term *role of care* is the North Atlantic Treaty Organization (NATO) and American, British, Canadian, Australian, and New Zealand (ABCA) term used to describe successive levels of medical capabilities. The terms *health service logistics* and *combat health logistics* are replaced by *medical logistics*.

This FM is in consonance with the tasks outlined in the Universal Joint Task List (refer to Chairman, Joint Chiefs of Staff Manual 3500.04C) and the Army Universal Task List (see FM 7-15) that apply to MEDLOG operations.

This publication implements or is in consonance with the following NATO International Standardization Agreements (STANAGs) and ABCA standards:

NATO STANAG	ABCA STANDARDS	ABCA PUBLICATION	TITLE
2060	248		Identification of Medical Material for Field Medical Installations.
		256	Coalition Health Interoperability Handbook.
	815		Blood Supply in the Area of Operations.
2406			Land Forces Logistics Doctrine.
2827			Materials Handling in the Field.
2828			Military Pallets, Packages and Containers.
2931			Orders for the Camouflage of the Red Cross and the Red Crescent on Land in Tactical Operations.
2939			Medical Requirements for Blood, Blood Donors and Associated Equipment.
2961			Classes of Supply of NATO Land Forces.

The organizational structures presented in this manual are reflected in base tables of organization and equipment (TOEs) in effect on the date of publication. However, staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 71-32 and can be modified if and when those changes occur.

Unless otherwise stated, the use of masculine nouns and pronouns in this publication do not refer exclusively to men.

Preface

Use of trade or brand names in this manual is for illustrative purposes only and does not imply endorsement by the United States (US) Army or the Department of Defense (DOD).

Comments and recommendations for improving this publication are welcome. When submitting comments include the page, paragraph, and line numbers of the text where the change is recommended. The US Army Medical Department Center and School (USAMEDDC&S) is the proponent for this publication. Send comments and recommendations on Department of the Army Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, USAMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052 or e-mail to medicaldoctrine@amedd.army.mil.

Introduction

The AHS is a component of the Military Health System (MHS) that is responsible for operational management of the health service support (HSS) and force health protection (FHP) missions for training, predeployment, deployment, and postdeployment operations.

The Army's MEDLOG system (including blood management) is an integral part of the AHS in that it provides intensive management of medical products and services that are used almost exclusively by the AHS and are critical to its success. Also key to this success is the delivery of a MEDLOG capability that anticipates the needs of the customer and is tailored to continuously provide end-to-end sustainment of the AHS mission throughout full spectrum operations. Providing timely and effective AHS support is a team effort which integrates the clinical and operational aspects of the mission. The provision of MEDLOG support requires collaboration between the medical logisticians, clinicians, and other health care providers within the operational environment and encompasses the following functions:

- Medical materiel procurement and distribution (acquisition, receiving, shipping, storage, and stock record/property accounting).
- Medical equipment maintenance and repair.
- Optical fabrication and repair.
- Management of patient movement items.
- Production of medical gases.
- Blood storage and distribution.
- Medical hazardous waste management.
- Management of medical facilities and infrastructure.
- Medical contracting support.
- Total product life-cycle management of medical materiel and equipment.

This manual describes the capabilities of the MEDLOG system and its role in sustaining the AHS mission. Medical logistics support for deployed forces is the primary focus of this manual. However, generating force or national strategic-level MEDLOG support is also addressed to present a clear picture of the processes involved and resources expended to guarantee a Class VIII support infrastructure. This Class VIII infrastructure ensures the seamless delivery of health care from the point of injury through successive roles of care to the continental US (CONUS) support base.

This publication opens with an overview of Army MEDLOG, followed by a description of each MEDLOG unit, the capabilities available, and role of care where each element may be employed. This manual also covers the information systems and enablers available to facilitate the flow of supplies and equipment throughout the area of operations (AO), as well as the current force (Medical Force 2000, Medical Reengineering Initiative, modular division, and brigade combat team [BCT] force designs) and emerging concepts scheduled to occur as part of current and future force fielding events.

This page intentionally left blank.

Chapter 1

Overview of Army Medical Logistics

The AHS is extremely intensive in its use of specialized materiel and support services that are collectively managed within the field of medical logistics. Medical logistics encompasses the planning and execution of all Class VIII supply support operations to include medical materiel procurement and distribution, medical equipment maintenance and repair, optical fabrication and repair, blood management support, centralized management of patient movement items, medical contracting support, medical hazardous waste management, distribution of medical gases, management of medical facilities and infrastructure, and the total product life-cycle management of medical materiel and equipment.

SECTION I — SUSTAINMENT

1-1. The sustainment warfighting function is one of six Army warfighting functions (movement and maneuver, fire support, protection, sustainment, command and control, and intelligence) that produce combat power. Field Manual 3-0 defines the sustainment warfighting function as the related tasks and systems that provide support and services to ensure freedom of action, extend operational reach, and prolong endurance. The endurance of military forces is primarily a function of their sustainment. Sustainment is the provision of logistics, personnel services, and HSS necessary to maintain operations until mission accomplishment.

ARMY HEALTH SYSTEM SUPPORT

1-2. The AHS is responsible for operational management of the HSS and FHP missions for training, predeployment, deployment, and postdeployment operations. The AHS includes all mission support services performed, provided, or arranged by the AMEDD to support HSS and FHP mission requirements for the Army and as directed, for joint, intergovernmental agencies, coalition, and multinational forces. With the institution of the warfighting functions, the casualty care (treatment aspects), medical evacuation, and MEDLOG functions of HSS are included in the sustainment warfighting function while the FHP (casualty prevention aspects) are included in the protection warfighting function. While MEDLOG is a part of sustainment under HSS, it also supports FHP. See FM 4-02.17 for more information on FHP.

LOGISTICS

1-3. Logistics is the science of planning, preparing, executing, and assessing the movement and maintenance of forces. *Line logistics* encompasses the following tasks:

- Supply.
- Field Services.
- Maintenance.
- Transportation.
- General engineering support.

MEDICAL LOGISTICS

1-4. Medical logistics is distinguished from *line logistics* in that its products and services are used almost exclusively by the medical system and are critical to the success of the AHS mission. These products and services are used to provide medical support and are subject to strict standards and practices that govern the health care industry in the US. Medical logistics is focused on the specialized requirements of a multifunctional MHS in order to reduce morbidity and mortality among Soldiers, whereas *line logistics* is focused upon the sustainment of major end items and general troop support in order to maximize combat power.

SECTION II — MEDICAL LOGISTICS SUPPORT

1-5. The office of the Deputy Chief of Staff Army (Logistics) is the proponent office for all Army logistics policy. The Office of The Surgeon General (OTSG) has the responsibility for development and management of MEDLOG business processes. The Defense Logistics Agency (DLA) is the Executive Agent (EA) for Class VIII and is designated as the DOD single point of contact to establish the strategic capabilities and systems integration necessary for effective and efficient Class VIII supply chain support to the geographic combatant command (GCC). The Defense Medical Standardization Board collaborates with the Service medical departments for joint standardization of medical materiel within the DOD. The Assistant Chief of Staff for Logistics, US Army Medical Command (USAMEDCOM), has primary staff responsibility for developing policies and procedures and providing guidance in the area of medical materiel management.

1-6. The Surgeon General (TSG), as the Army's medical combat developer and medical materiel developer, is responsible for developing requirements and providing materiel acquisition and total product life-cycle management for medical materiel and equipment. The combat developer function is further delegated to the USAMEDDC&S, while the US Army Medical Research and Materiel Command (USAMRMC) serves as the medical materiel developer and life-cycle management command responsible for managing strategic Army programs to field, project, and sustain the Army medical force. The US Army Medical Materiel Agency (USAMMA) and the US Army Medical Materiel Development Activity, both subordinate units of the USAMRMC, are responsible for executing the materiel development function within the command. The USAMMA executes the life-cycle management function for Class VIII and serves as the materiel developer for commercial and nondevelopmental items, while US Army Medical Materiel Development Agency serves as the materiel developer for military unique items. The USAMMA is also responsible for the implementation and management of medical materiel readiness programs in support of Armywide MEDLOG.

1-7. Medical logistics follows the policies of the AR 700-series with exceptions provided in AR 40-61. The policies and procedures covered in AR 40-61 are unique to medical materiel and operations that are subject to regulations and standards of the Food and Drug Administration, the Environmental Protection Agency, the Drug Enforcement Agency, and the Joint Commission on Accreditation of Healthcare Organizations. Class VIII supplies and equipment are also afforded protective status under the provisions of the Geneva Conventions. Refer to FM 4-02 for a detailed discussion of the Geneva Conventions.

1-8. Logistics support may be executed on a strategic, operational, or tactical level. These three levels of logistics support correlate to the three levels of war (FM 3-0) and are dependent on DOD/Army distribution management systems and platforms for the physical movement and handling of Class VIII supplies.

- Strategic logistics supports the attainment of broad goals and objectives established by the President and Secretary of Defense in national security policies. It includes special activities under the Department of the Army (DA) control and the national inventory control points; national maintenance points; and depots, arsenals, data banks, plants, and factories associated with the US Army Materiel Command (USAMC). Strategic functions are performed in CONUS and at the GCC level.

- Operational logistics supports the commander's plan in either a mature or austere theater. Operational logistics links strategic logistics to tactical logistics on the battlefield, ensuring support and success at the tactical level. Operational support attempts to balance the strategic planning requirements with the needs of tactical operations in joint, major, and other military operations within an AO. Operational logistics are conducted by echelons above brigade (EAB) organizations to support tactical logistics at the BCT level.
- Tactical logistics supports the commander's plan at the operational level. At this level, the essential functions of supply, maintenance, transportation, technical assistance, human resources support, AHS support, and field services are delivered to Soldiers to permit them to accomplish their mission. During the tactical phase, the medical logistician primarily focuses on the procurement, management, and accountability of medical materiel to support and sustain the Soldier.

1-9. Medical logistics support is characterized by goals, policies, procedures, and organizational structures and is directly related to overall AHS support. It interfaces as a facilitating-type subsystem responsive first and foremost to patient care and secondly to the Army's logistics system.

SIGNIFICANCE OF THE MEDICAL COMMODITY

1-10. The materiel system has long recognized that certain commodities possess peculiarities or characteristics that make them sufficiently distinctive, requiring that they be managed by specially trained personnel. Class III and Class V are typical examples, as is Class VIII. For this reason, on 20 July 1967 the Joint Chiefs of Staff directed that medical materiel be removed from Class III and Class IV and designated as a separate class of supply (Class VIII).

1-11. Basic to any logistics plan are the principles of anticipated user needs and continued support. These principles imply that the individual directing this support must have a thorough knowledge of the system being supported, as well as an understanding of how and why the particular item being supplied is used. Medical logistics cannot operate on the basis of historical data alone. Many external factors—the judgment of the physician, environmental factors, and the peculiarities of the patient's medical condition—affect the demand for an item. The nonavailability of certain pieces of equipment or supply items can cause an interruption in the support being provided.

1-12. Specific commodity peculiarities include—

- Items subject to deterioration (short shelf life and dated items).
 - Subject to damage by freezing or high heat.
 - Subject to damage if not properly refrigerated or frozen for preservation.
- Flammable and corrosive items.
- Controlled medical items or controlled substances to include alcohol, narcotics, and precious metals.
- Radioactive materials.
- Fragile items requiring special storage, handling, and packaging.
- Medical gases.

1-13. Considerations governing inventory management of the medical commodity include, but are not necessarily limited to, the fact that—

- Request for and actual use of Class VIII is preceded by a professional decision.
- Choice of substitution is extremely limited, professionally directed, and controlled and monitored by technical specialists.
- Nonstandard items are an integral and significant element of the logistical management effort.
- Inherent to medical materiel management are the functions of medical equipment maintenance and repair parts support, as well as optical fabrication and repair services.
- Strict adherence to the provisions of the Geneva Conventions precludes the storage of medical materiel with other commodities.

1-14. In comparison with some commodities, it is not the significant number of medical items being managed, but rather the criticality, specialization, and unique handling requirements of medical items that differentiate the management effort. Medical tonnage is not a major consideration. The significance of the medical commodity lies in the number of line items shipped and the criticality of those items which will many times *cube out* before *weighing out* and its relegation to a lower level of movement priority within a theater.

SECTION III — TRANSFORMATION OF MEDICAL LOGISTICS PROCESSES

1-15. Medical logistics has undergone significant changes since Operation Desert Storm (and during Operation Enduring Freedom and Operation Iraqi Freedom) to improve the efficiency and effectiveness of the medical supply chain and improve capabilities for transition to and sustainment of wartime operations. These emerging concepts and initiatives have been undertaken jointly by the Services in partnership with DLA and have resulted in fundamental changes in the overall framework with which the DOD supports military medicine. These changes are distinguished by a shift to commercial industry rather than government depots for national-level support, the adoption of industry best business practices for information and distribution management, and the development of a DOD standard automated information system (AIS) under the Defense Medical Logistics Standard Support (DMLSS) program.

DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT

1-16. The DMLSS AIS is a jointly developed application approved by the Joint Readiness Oversight Council. This application was designed to provide the MHS with a single solution for joint MEDLOG to meet both generating and operating force requirements. Planned product improvements to the DMLSS application will incorporate a net-centric, Service-oriented architecture that provides an enterprise view of all materiel inventories and equipment assets held by the MHS. It will be accessible to operational units through a web-enabled browser-based portal and will link the medical supply chain at the operational level directly to the commercial sources at the national level, with *store and forward* capability to continue local performance of core processes when communications are interrupted. The DMLSS AIS uses interfaces with MHS clinical information systems and maturing technologies such as *point-of-use* to sense and initiate replenishment requirements based upon actual or anticipated medical procedures or patient encounters. The application enables every medical treatment facility (MTF) in the MHS to serve as a supply distribution node or source of local procurement in support of operational MEDLOG units at home station. This provides access to clinical, as well as logistical expertise of the AMEDD generating force in resolving materiel requirements. The DMLSS application centralizes information processing for MEDLOG, minimizing layers of materiel management and reducing complexity and workload of logistics processes at forward operational levels. The DMLSS application will be supported in theater by the Army Medical Communications for Combat Casualty Care (MC4) as the Army component of the Defense Health Information Management System (DHIMS) (formerly referred to as the Theater Medical Information Program). The DMLSS application will be aligned and interfaced with supporting enterprise systems of the DLA, as well as with supporting sustainment enterprise solutions such as the Single Army Logistics Enterprise (SALE) and the Global Transportation Network (GTN). See Chapter 4 for a complete description of the DMLSS application including the Defense Medical Logistics Standard Support Customer Assistance Module (DCAM) implemented in support of deployed medical units.

EXECUTIVE AGENT FOR MEDICAL MATERIEL

1-17. The transformation of theater-level MEDLOG will continue through the joint implementation of DOD Directive (DODD) 5101.9 designating the DLA as the EA for medical materiel. As the EA, the DLA is designated the DOD single point of contact to establish the strategic capabilities and systems integration necessary for effective and efficient Class VIII supply chain support to the GCC. The EA formalizes the roles and responsibility necessary to leverage the strategic acquisition framework established by the DLA that enables the Services to obtain materiel support directly from industry

sources, rather than a national depot system. The EA will strengthen GCC and Service collaboration for requirements planning and synchronize DLA and Army medical capabilities to improve end-to-end supply chain management in support of joint HSS/FHP.

1-18. As part of this directive, Army MEDLOG units may be tasked to provide support to all Services and designated multinational partners (in accordance with applicable contracts and agreements) under the joint concept of single integrated medical logistics manager (SIMLM), as well as the emerging concept of theater lead agent for medical materiel (TLAMM). The TLAMM is designated by the combatant commander to provide the operational capability for medical supply chain management and distribution from strategic to tactical levels. In a land-based theater, the Army will normally be designated as the TLAMM, consistent with its traditional designation as SIMLM. Within the theater, these capabilities are provided by modular and scalable operational medical units that are task-organized under the control of the MEDCOM (DS).

1-19. The AMEDD will provide both operational and generating force capabilities necessary for projection and sustainment of joint medical forces. Operational medical units will project the core MEDLOG capabilities required to be part of the theater medical system. Generating force capabilities will provide direct support to mobilization and deployment activities at Army installations and serve as a source for materiel, as well as technical support to operational medical units. Medical logistics support will be coordinated and executed by organizations within the USAMRMC to leverage the strategic acquisition framework established by the EA, linking operational forces directly with national-level industry partners. The USAMRMC will also synchronize MEDLOG support provided by US Army Regional Medical Commands that execute direct support to mobilization and deployment operations at Army installations.

1-20. The MEDLOG centers in Europe and Korea will provide direct support to theater joint medical organizations and missions and serve as stable operational platforms to project all core MEDLOG functions (materiel, medical equipment maintenance and repair, optical fabrication, and blood storage and distribution) in full spectrum operations from peacetime to major combat operations (MCO). This may include extending support to Army Service component commands (ASCC) in other supported GCCs to enable the execution of SIMLM or TLAMM responsibilities. They may be augmented, as required, by operational MEDLOG units in order to rapidly expand and scale capabilities. The MEDLOG centers will be linked through the DOD standard medical enterprise information architecture provided by DMLSS/MC4 to deployed operational medical units, national industry partners in the US, and with theater sustainment organizations for coordination of intratheater and strategic transportation. The MEDLOG centers and MTFs of the USAMEDCOM will operate within the Defense Working Capital Fund of the EA, enabling movement of materiel without financial transaction until point of sale to the customer.

ENABLING ARMY HEALTH SYSTEM SUPPORT

1-21. The Surgeon General provides operational forces with state-of-the-art clinical capabilities necessary to achieve the standard of care expected by warfighting commanders and the American people. The Defense Medical Standardization Board and Service Medical Departments will promote commonality of techniques and materiel. Equipment and materiel allowances for deployable medical units will provide core capabilities for operational medicine, but will be augmented through rapid acquisition and fielding of technologies tailored to missions and requirements beyond organic medical capabilities. Collaboration among the ASCC surgeon, the MEDCOM (DS), and subject matter experts within the USAMEDCOM will rapidly assess and validate medical materiel solutions to ensure they are appropriate for the mission and composition of the medical force.

1-22. The USAMEDCOM, through its USAMRMC, will directly support force projection by providing the final equipping and provisioning of deploying medical units to ensure they arrive in theater fully prepared to perform their mission. The USAMEDCOM activities supporting power projection platforms will use acquisition tools such as prime vendor and contingency programs established by the EA to rapidly fill materiel shortages of deploying units.

Thank You for previewing this eBook

You can read the full version of this eBook in different formats:

- HTML (Free /Available to everyone)
- PDF / TXT (Available to V.I.P. members. Free Standard members can access up to 5 PDF/TXT eBooks per month each month)
- Epub & Mobipocket (Exclusive to V.I.P. members)

To download this full book, simply select the format you desire below

