Greetings! The Army medical community continues to bear witness to significant organizational changes in the way we develop, procure, sustain, and administer medical materiel. While change can be challenging let’s not forget about who it is we ultimately serve and why. The care of our nation’s Warfighters is paramount as is the medical mission that delivers the lifesaving support they need. Change is an essential factor in improving our efficiency and effectiveness in the face of conflicts our forces are likely to face in the emerging battlespace of the future. We must, in fact, prepare ourselves for multi-domain threats from peer, near-peer, and Violent Extremist Organization (VEO) adversaries to decisively counter any and all challenges in spite of the theatre or type of operation. Expect our modern-day adversaries to be adequately trained, equipped, and logistically supported to challenge our dominance on the battlefield in an armed conflict emanating from the strategic support area.

This issue of FOCUS provides an overview of the command organizational infrastructure and primary support organizations designed to centralize supply class and sustainment functions, manage our global supply chain, and ensure medical materiel readiness across the total force. Beginning with the Army Medical Logistics Command (AMLC), you’ll learn of active efforts underway to project and sustain medical materiel capabilities and data in order to build and enable readiness for Army and joint forces across the full spectrum of operations. Supporting AMLC in its medical maintenance planning and decision making capability is the Medical Maintenance Policies and Analysis (M2PA) directorate. As principal advisor to the AMLC commander, M2PA delivers guidance, strategic planning, endorsement of medical maintenance support strategies, administration of medical maintenance policies, and execution of Medical Device (MD) life cycle maintenance across the global Army Medical Logistics Enterprise (AMLE).
Military Occupational Specialty (MOS) 670A Health Services Maintenance Technicians will gain insight into the role of the 670A Consultant in establishing and maintaining the technical and tactical competencies they’ll need to build a successful career. MOS 68A Biomedical Equipment Specialists (BES) will similarly learn how the 68A Senior Enlisted Advisor (SEA) promotes Army leadership development within the medical maintenance arena by providing opportunities in direct support of BES career advancement. Training, of course, is an essential element of Army medical maintenance and the Medical Education and Training Campus (METC) is a big part of that. In this issue, we’ll look at the METC and its responsibility in fostering mission-critical skill competencies that contribute to world-class Army health care.

This edition of FOCUS additionally includes a host of essential information about many key organizations and support roles that enhance medical resource/materiel readiness and culminate in the delivery of quality health care to our Soldier’s on and off the battlefield. Coverage minimally examines the US Army Medical Material Agency (USAMMA) and its Medical Maintenance Operations Divisions (MMODs) as well as the Defense Health Agency (DHA), Defense Logistics Agency (DLA), and how Medical Materiel Centers (MMCs) maximize operational readiness throughout the Theater of Operations (TO). As we look at medical support assets in theater, FOCUS probes the inner workings of Medical Command (Deployment Support) (MEDCOM (DS)), Medical Brigade (Support) (MEDBDE (SPT)), and the Army’s newest level III Hospital Center (HC) configuration. It also considers support roles taken on by assets such as the Multifunctional Medical Battalion (MMB), Medical Logistics Company (MLC), and Brigade Support Battalion (BSB).

On behalf of AMLC and the M2PA directorate staff, I thank you for your exceptional efforts in support of the Army’s Coronavirus Disease 2019 (COVID-19) response. Thank you as well for the hard work you’ve put forth in advancing the Army’s medical readiness posture along with its commitment to Army Medical Department (AMEDD) mission success. Your unrelenting determination and dedication is commendable and indeed essential to the health care needs of our Soldiers who depend on the work you do every day! END

Army Medical Logistics Command (AMLC): Ensuring Readiness for a Globally Dominant Land Force

Article by Mr. Frank W. Karafa, Sr., Technical Writer-Editor, AMLC, M2PA Directorate

Formally activated on 17SEP19 as a Major Subordinate Command (MSC) of the Army Materiel Command (AMC), AMLC is headquartered at Fort Detrick, Maryland to provide operational medical logistics oversight as the Army’s principal medical logistics and sustainment command.

In this capacity, AMLC centralizes all classes of supply and sustainment functions, manages the global supply chain, and ensures medical materiel readiness throughout the total force. Command operations play an essential role in orchestrating joint logistics and sustainment functions vital to the medical mission.

These operations extend to support the command’s proactive resolve in establishing effective, efficient solutions in response to the emerging challenges of today, tomorrow, and the future. Why is this important? Because it’s a central factor in countering and defeating peer, near-peer, and Violent Extremist Organization (VEO) adversaries who are capably equipped and logistically supported to creditably challenge US military battlefield dominance in an armed Multi-Domain Operations (MDO) conflict emanating from the strategic support area.

In his opening statement during AMLC’s activation ceremony General Gustave Perna, Commander, AMC remarked: “projecting and sustaining medical materiel from the strategic support area is now the responsibility of the Army Medical Logistics Command.”

AMLC Mission and Mission Requirements

The AMLC’s mission is to project and sustain medical materiel capabilities and data in order to build and enable readiness for Army and joint forces across the full spectrum of operations.
Command operationalization is a core AMLC vision aimed at achieving Army medical materiel readiness centered on the needs of a globally dominant land force. In facilitation of its mission requirements, AMLC headquarters seeks to:

- Synchronize Medical Logistics (MEDLOG) business processes and functional requirements across Army and joint force assets.
- Integrate MEDLOG capabilities with other AMC formations.
- Provide wartime MEDLOG demand planning to ensure Army health service plans are supportable and AMC is ready to sustain uninterrupted patient care.
- Manage Army medical device maintenance programs and policies.

**AMLC Medical Logistics and Sustainment Operations**

Medical logistics is an important component of the Army sustainment warfighting function. AMLC operations directly contribute to the efficiency and effectiveness of Army medical-mission execution. This is achieved through the command’s ability to project and sustain medical materiel capabilities and data from the strategic support area to operating force Soldiers and joint force partners on the battlefield irrespective of theatre of war or operation type.

Command operations extend across the entire medical-mission life cycle from development, procurement, fielding, and sustainment of lifesaving medical devices to the deployability of Soldiers in garrison culminating in the provision of quality medical care whenever and wherever needed.

Because medical logistics is functionally linked to medical materiel development and program management, AMLC works in close collaboration with Army Futures Command (AFC) to ensure that cost effective, reliable sustainment solutions are carefully considered and implemented during the development phase of medical materiel.

AMLC also coordinates implementation of medical logistics functions with the Office of the Surgeon General (OTSG) and the Defense Health Agency (DHA) as a means of projecting an integrated health service support capability to Army and joint force assets on the ground. AMLC organizational makeup includes three mission-essential Direct Reporting Units (DRUs), these include:

- **US Army Medical Materiel Agency (USAMMA)**
  The mission of the USAMMA is to provide worldwide operational medical logistics support including fielding, sustainment, and centralized management of readiness-enabling contingency programs. In doing so, USAMMA is responsible for the planning, synchronization, and provisioning of health service medical logistics support to Army operating force assets and joint force partners within the Theater of Operations (TO).[^6][^7]

- **US Army Medical Materiel Center-Europe (USAMMC-E)**
  Located in Pirmasens, Germany, USAMMC-E functions as the Theater Lead Agent for Medical Materiel (TLAMM) delivering logistics, training, and medical-materiel innovation to both US European Command (EUCOM) and US Africa Command (AFRICOM) theaters.[^8]

- **US Army Medical Materiel Center-Korea (USAMMC-K)**
  USAMMC-K is located at Camp Carroll and Camp Humphreys, Korea. As a TLAMM, this Medical Materiel Center (MMC) serves the MEDLOG needs of US Forces Korea (USFK) delivering continuous medical logistics support throughout the full spectrum of military operations.[^8]

In his remarks concluding AMLC’s activation ceremony, Colonel Michael Lalor stated: “This AMLC team is ready to attack our mission to project and sustain medical materiel capabilities and data from the strategic support area to our Soldiers and the joint force.”
We are integrated with AMC to capitalize on the inherent logistics expertise throughout the sustainment enterprise.

But just as important, to partner with our brother and sister commands both in AMC and across the Army and synchronize support with the joint team to effect multi-domain operations and improve systems and processes and ultimately; from an AMLC perspective, to generate force readiness from our base here in the Continental United States and current forward locations in Korea and Germany, to wherever the Army and the joint force need us both right now and in the future.”

AMLC Realignment under the Communications-Electronics Command (CECOM)

On 28 APR 2020 AMC Operation Order (OPORD) 20-170 was released assigning AMLC as a subordinate command of the CECOM. This welcome realignment won’t impact the current AMLC mission and is expected to take place no earlier than 01 JUL 20. Under CECOM, AMLC will be better positioned to focus its efforts on the distribution of Class VIII medical materiel and to grow, develop, and adapt to its new role as a Life Cycle Management Command (LCMC).

AMLC operations play an essential role in supporting joint logistics and sustainment functions vital to the medical mission and the command’s vision of ensuring Army medical materiel readiness for a globally dominant land force. For additional information on the AMLC, refer to the reference sources cited below or contact AMLC Customer Support via email at: usarmy.detrick.medcom-usamma.mbx.customer-relations-mgt@mail.mil; by phone, call 301-619-8701 (COMM) or 312-343-8701 (DSN).

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1. Army Medical Logistics Command (AMLC) Website - www.amlc.army.mil
4. AMLC Activation and Assumption of Command Proceedings - Command Mission Performance Transcription (17SEP19)
5. AMLC Organization - https://go.usa.gov/xv7FA
7. FOCUS Article: USAMMA Operations: Pathway to Health Readiness
8. FOCUS Article: Medical Materiel Centers - Projecting Theater-Level Medical Logistics Forward END

Medical Maintenance Policies and Analysis (M2PA) Directorate: Your Source for Medical Maintenance Policy Guidance and Analysis Reporting

When Army Medical Logistics Command (AMLC) organizations, external commands, or medical maintainers need specialized guidance and support they turn to M2PA directorate for real-world solutions.

As principal advisor to the AMLC commander, M2PA maintains a cadre of senior-level Army Healthcare Technology Management (HTM) professionals representing over 300 years of combined experience in the acquisition, maintenance, and sustainment of medical materiel.
These specialists routinely address a multitude of complex day-to-day challenges in areas including but not limited to medical maintenance automation, medical maintenance policy, readiness operations, and advanced medical maintenance analytics.¹

M2PA staff resources provide a direct link from the strategic level to the field/tactical level. In this capacity, directorate analysts monitor the Theater of Operations (TO) maintenance posture anticipating medical maintenance requirements that can be supported from the national level. M2PA oversight ensures that tactical medical units are able to provide quality support to the deployed force.²

**M2PA Directorate Operations**

M2PA’s primary responsibilities include strategic planning, endorsement of medical maintenance support strategies, administration of medical maintenance policies, and execution of Medical Device (MD) life cycle maintenance across the global Army Medical Logistics Enterprise (AMLE). Staff specialists are adept at performing enterprise-level analysis of Army operating force MDs and associated medical-maintenance actions to accurately assess reliability/maintainability status and to enhance sustainment policies. These efforts are also applied to improve medical maintenance training.¹

In support of recurring medical-maintenance publication reviews, directorate analysts identify medical maintenance problems and deliver responsive solutions for risk mitigation and improved unit-level readiness. This is done through issuance of corrective updates and revisions as well as through publication of amendments and supplements. As MD Subject Matter Experts (SMEs), M2PA staff manage acquisition and sustainment support for special purpose Test, Measurement, and Diagnostic Equipment (TMDE-SP) and for Medical Regeneration Enablers (MREs).¹

**M2PA Core Functions**

M2PA directorate operations fall under the guidance and constraints prescribed by AR 40-61 (Medical Logistics Policies) and AR 750-1 (Army Materiel Maintenance Policy). These operations enhance medical maintenance support for both Army and joint force assets.

This is achieved through the origination, update, or revision of medical maintenance policy; implementation of special initiatives, and through strategic oversight for the development, acquisition, and sustainment of MDs. The following are core M2PA functions.¹

**Medical Maintenance Automation Functions**

- Medical Maintenance and MD Analysis - Provide enterprise-level maintenance and MD analysis using institutional knowledge; In-Progress Review (IPR) participation, and use of appropriate systems of record.³
- Data Management - Provide enterprise-level data aggregation, review, and analysis in support of current and emerging Automated Information Systems (AIS).³
- Maintenance Master Data File (MMDF) Support - Provide proactive MD identification for accurate pacing-item cataloging/coding and coordinate MMDF changes.⁴
- TMDE-SP Calibration Operations Metrics - Provide regulatory and technical oversight of medical TMDE-SP calibration services operations.³

**Medical Maintenance Policy Functions**

- Policy Documentation - Originate, review, update/revise, and publish medical maintenance documentation detailing how medical maintenance operations meet or exceed the Army single maintenance standard.³
- Maintenance Policy SME - Serve as primary maintenance policy SME to the Life Cycle Manager (LCM) for medical and non-medical Integrated Product Support (IPS) practices.⁵
- TMDE Policy Compliance - Serve as SME representative to the Army Program Director (PM) for TMDE and review policy-compliance requests.³

**Readiness Operations and Analysis Functions**

- Tactical Maintenance Activity Support - Provide tactical medical maintenance activity representation. Coordinate medical maintenance data and metrics requirement needs with logistics automation developers.³
Maintenance-Issue Adjudication - Research, analyze, and adjudicate maintenance related issues based on governing federal regulations, codes, policies, and guidelines.¹

Medical Maintenance/Management Assessment - Assess tactical medical unit maintenance operations and management processes including initial/sustainment training and quality of maintenance programs. Identify capability gaps and recommend improvement solutions.²

Medical Device Alerts and Recalls - Provide assessment, identification, and oversight of maintenance-significant MDs impacting medical alert messaging.³

Role of M2PA in Preventive Maintenance Checks and Services (PMCS)

M2PA ensures that administrative and other associated Army medical maintenance publications policies, programs, and forms are reviewed, updated, revised, and integrated to accurately document and disseminate current PMCS services and standards. M2PA additionally communicates how PMCS services can be obtained and captured in Global Combat Support System-Army (GCSS-A) while conveying how strategic, operational, and tactical medical-maintenance operations will meet or exceed Army single-maintenance standard requirements.

In its capacity as principal medical maintenance advisor, M2PA provides national-level guidance and support to AMLC organizations, external commands, and medical maintainers across the global AMLE. For additional information on the role of M2PA directorate, refer to the reference sources cited below or contact AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-7459 (COMM) or 312-343-7459 (DSN).

REFERENCES

¹ AMLC Reg 10-1, Medical Logistics Policies (Draft)
² Biomedical Equipment Specialist Handbook 12/17/2013), MMHBK-NMP-0001-R0 (Draft)
³ AR 750-1, Army Materiel Maintenance Policy (10/28/2019), Paragraph 6-67
⁴ AR 40-61, Medical Logistics Policies (1/28/2005), Paragraph 1-12
⁵ AR 700-127, Integrated Product Support, Paragraph 1-19
⁶ AR 40-61, Medical Logistics Policies (1/28/2005), Paragraph 4-3 END

The 670A Consultant: Providing a Foundation for Medical Service Corps Success

Article by MSG Joshua L. Varnes, NCOIC, AMLC, M2PA Directorate

Health Services Maintenance Technicians (MOS 670A) provide a firm technical foundation that drives Army Medical Service Corps (MSC) success.

Because of this, it’s essential to maintain a planned, active and ongoing approach toward recruiting new 670As while establishing/maintaining core 670A technical and tactical competencies at a level of peak performance throughout their careers. Delivering on this important challenge is the responsibility of the 670A Consultant.

Appointed by the Surgeon General, the 670A Consultant provides technical and professional expertise; advice on medical-maintenance related issues, and essential guidance on management and leadership within the medical maintenance field.

In this capacity, the 670A Consultant performs the role of medical maintenance Subject Matter Expert (SME) rendering oversight to all Department of the Army (DA) Soldiers and Civilians.
As a medical maintenance advocate, the 670A Consultant recommends changes to policies and practices as appropriate, defines training requirements, and oversees the distribution of training positions. The 670A Consultant also participates in semiannual distribution of 670A personnel assigned within the career field while serving as a career mentor focusing on efforts to recruit and retain highly skilled 670A Soldiers. In support of medical equipment and resource acquisition, the 670A Consultant contributes to the planning and execution of medical materiel solutions directly tied to readiness and medical maintenance mission success.

The current 670A Consultant is Chief Warrant Officer 5 (CW5) Wendell Johnson. Chief Johnson’s distinguished career spans over 26 years. His deployments have taken him to locations such as Fort Sam Houston, TX where he served as Army Medical Department (AMEDD) Liaison Officer; Army Base Pirmasens, Germany as Chief, Clinical Engineering; Landstuhl, Germany as Chief, Equipment Management Branch; US Army Medical Materiel Agency (USAMMA), Fort Detrick, MD as Chief, National Maintenance Program (renamed M2PA), and Fort Bragg, NC where he currently serves as Medical Equipment Planner for the US Army Forces Command (FORSCOM).

I recently had the opportunity to speak with CW5 Johnson to gain insight on how the Army medical community is doing as a whole and to discuss his overall assessment of the 670A field:

What is your favorite aspect of being the Consultant?

My favorite aspect of being a Consultant is getting to know the Warrant Officers I’m charged with and assisting in the direction of their careers. Sometimes it doesn’t go as planned but the majority of the time it does.

If you were to handpick your successor, what qualities would that individual need to have?

I would expect my successor to be a leader who is willing to listen and make the tough and sometimes unpopular decisions that they think is best for the Cohort. I expect that person to be compassionate and understanding to the needs of our Soldiers while at the same time, balancing the needs of our Army. It’s a tough balance and they can’t be afraid to make mistakes.

I found that if I rely on the very smart people in our 670A formation, the job gets a little easier.

What is the hardest part of being the Consultant?

The hardest part about being the Consultant is balancing Soldier needs and the needs of the Army. These Soldiers have given their lives to the Army and sometimes it doesn’t always go as planned leaving me to make the decision on which way to go. The fortunate part about it is that our Warrant Officers tend to salute the flag and do what the Army has asked them to do. Our Warrant Officers and their families are resilient but the decisions are still tough.

Were there any surprises you may have learned the hard way being a Consultant?

There’ve been many teaching points during my short stint as Consultant. With all the transition taking place in Army Medicine, I have to keep pace with the frequent changes. If not, I could be putting out information that was good last week but no longer accurate today. I appreciate the Soldiers who privately apprise me of what’s going on.

What message would you like to give to the field today?

Love and be mindful of what you’re doing. Whether you realize it or not, you’re always being watched. Warrant Officer or Soldier, others are watching you and will judge the whole base on the actions you make. Everything you do has a direct bearing on patient care. Treat each moment whether repairing a device or submitting a document as if it’s going to impact one of your family members. Your job is very important! Lives depend on it!

What would you like your legacy as a 670A Consultant to be?

That I did my best…. That I tried to keep our community moving forward.

The 670A Consultant provides an important contributing role in the recruitment of 670As as well as the establishment/sustainment of technical and tactical career competencies vital to Army and organizational success. For more information on the duties of a 670A Consultant, contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-4373 (COMM) or 343-4373 (DSN). END
Field Manual 6-22 (Leader Development) defines leadership as the process of influencing Soldiers in a manner that provides purpose, direction, and motivation.

These principal contributors are essential for accomplishing the medical maintenance mission and for building a clear pathway to organizational improvement.”

The challenge of spearheading leadership development among Army Non-Commissioned Officer (NCO) Biomedical Equipment Specialists (Military Occupational Specialty (MOS 68A) is a core duty of the SEA.

Appointed by the Surgeon General, the SEA serves as a specialty or Medical Functional Area (MFA) Subject Matter Expert (SME) to both the Surgeon General and Chief, Medical Service Corps (MSC). In this capacity, this important representative contributes to and is involved in the entire leader development life cycle. Much of the focus is on developing leaders through 68A career advancement opportunities. The SEA also oversees the development of military and civilian education programs for 68A NCO advancement and functions as a liaison between the Office of the Surgeon General (OTSG) and office of the Chief, MSC.

The current SEA is Army Sergeant Major (SGM) Corey Lord. SGM Lord is a native of Sherman, Maine and entered service as a Medical Maintenance Equipment Repairer in January 1991. He was awarded a Master’s Degree in Biomedical Technology and holds Bachelor’s Degrees in both Engineering and Business Finance. Global duty assignments undertaken by the SGM include numerous positions in Panama and Haiti as a 68A NCO as well as at Ft. Drum and Ft. Carson where he served as Medical Logistics Company (MLC)/Medical Treatment Facility (MTF) Medical Maintenance Non-Commissioned Officer in Charge (NCOIC). He also served as Medical Maintenance and Special Operations (SPO) NCOIC on multiple deployments to Balad, Baghdad, and Mosul Iraq.

In support of US Army Medical Materiel Center-Southwest Asia, SGM Lord held the position of SEA while stationed in Qatar. He additionally served in several positions at Sheppard AFB as an Advanced Individual Training (AIT) Instructor, Senior Instructor Supervisor, and SEA. SGM Lord undertook a simultaneous duty assignment as Company 1st Sergeant (1SG) for three different organizations totaling 49 months before attending the Sergeants Major Academy in 2016. Following graduation from the academy, he served as SGM, National Maintenance Program (renamed M2PA), and as SGM, US Army Medical Materiel Agency (USAMMA). SGM Lord is currently serving as acting Command Sergeant Major (CSM) for the newly established Army Medical Logistics Command (AMLC).

I had the pleasure of sitting down with SGM Lord to ask him a few questions regarding his role as well future initiatives affecting our field:

**You continually speak about our field as having one voice, can you expand on this topic?**

“As the SEA, my words and actions will be viewed as reflecting those of the Surgeon General, the Chief, Medical Service Corps, and the 68A field. Because of this, it’s important to be aware of policy and intent and to communicate clearly with the members of our specialty to ensure leader development and unity of purpose. My goal is to ensure that all members of our field are educated and aware of all the programs available to them and to ensure they are tracking the changes.
Furthermore, I want to understand the issues our Soldiers face and be able to facilitate solutions.”

You just mentioned leader development and programs. What programs are available for the 68A and what role do you play in those programs?

“As a SEA, you play a vital role in the identification of Long-Term Health Education and Training (LTHET) requirements. The Training with Industry (TWI) Program is an excellent example. The Postgraduate Professional Short Course Program (PPSCP) is another example that plays an important part of the continuing education program. This course, although not held in recent years, has requested funding. Planning has begun for a course to be held during the next fiscal year.”

What is your role with NCOs and duty assignments?

“As the SEA, you’re expected to provide input and advice to the appropriate Branch Manager at US Army Human Resources Command (HRC); however, it’s the Branch Manager, under supervision of the SGM, Career Management Field (CMF) Branch, who determines assignments. The SEA builds close working relationships with Branch Managers as we are the recognized leader in our specialty. We know the various requirements for positions and the capabilities of given individuals as well as their ability to contribute to the successful accomplishment of those requirements. We are also contacted by key leaders and commanders about unique unit requirements and shortages that we work on with HRC.”

How do you envision the future of our field?

“As we all know there is a lot of change across the Army right now; especially in the Army Medical Department (AMEDD). Force reduction has slashed our field by 91 68A’s and 18 670As across the MTFs. That said, we are working diligently to increase the numbers in our operating units. Changes such as two 68As per Brigade Combat Team (BCT) and doubling our requirements in US Army Special Operations Command (USASOC). This is where we can utilize our assets the most. We are also working to place Master Sergeants (MSGs) in medical brigades and Sergeant First Class’ (SFC) in the division to oversee maintenance of BCTs.

We also want to increase our numbers in the MLCs as they become the Intermediate Maintenance Activity (IMMA). The future is coming and the Medical Maintenance Operations Divisions (MMODs) which belong to US Army Medical Materiel Agency (USAMMA) are going to require a significant increase in manning to complete their required missions.

On the certification side, the Certified Biomedical Equipment Technician (CBET) is nice to have but security plus and Information Technology (IT) are emerging requirements for our field.”

With your current responsibilities as both the USAMMA and AMLC SGM how do you find time to work your additional duties as the 68A SEA?

“It’s important for the field to know that I work closely with the Senior NCOs in our field. Not one person by his or herself can influence change without the buy-in and help of others. MSG Varnes currently serves as the NCOIC of Medical Maintenance Policies and Analysis (M2PA) at the AMLC and he fills the role as the 68A SEA. In this role he works a lot of the day-to-day requirements to make these initiatives happen. With that, he works closely with his peers and the SFC much like a cohort. I want everyone to know they have a voice at all echelons and for them to utilize their seniors. This is the only way we can ensure we are all on one accord with one voice.”

As you can see, the 68A SEA plays an essential role across all phases of the leader-development life cycle where influencing the purpose, direction, and motivation of our 68A NCO Soldiers lead to improved readiness, successful medical maintenance mission accomplishment, and organizational improvement. For further information on the role of the 68A SEA, contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-7459 (COMM) or 343-7459 (DSN).

REFERENCES

* Field Manual (FM) 6-22, Leader Development

END
The Medical Education and Training Campus (METC): Building Army Medical Maintainers from the Ground Up

Article by Mr. Ethan Mergentime, Biomedical Equipment Technician IV, M2PA Directorate

Delivery of world class Army health care relies heavily on a properly trained cadre of Biomedical Equipment Specialists (BES) (Military Occupational Specialty (MOS) 68A) for their skills in the maintenance, repair, and sustainment of Army medical device assets. These specialists (also referred to as Biomedical Equipment Technicians (BMETs)) are a vital element of the Army health care enterprise.

Training this vast network of Army medical maintainers is a chief responsibility of the METC located at Joint Base San Antonio (JBSA), Texas. Through its comprehensive BMET training program, the METC trains, mentors, develops, and qualifies technically proficient Army BES graduates in keeping with its focus as a globally recognized Center of Technical Excellence (CTE) for biomedical maintenance training.

BMET Schoolhouse Facilities and Instructor Staff

The BMET schoolhouse is an advanced campus facility located at JBSA. An offsite field hospital offers BES trainees who are in their final stage of instruction, valuable insight on the Army Role-of-Care 3 medical environment. An average of 200 Soldiers successfully graduate the BMET training program annually with new classes starting every 2.6 weeks.

Schoolhouse staff include 78 BES instructors who are (minimally) required to have an Associate’s degree within 1 year of duty assignment. Many instructors additionally earn various Association for the Advancement of Medical Instrumentation® (AAMI) certification-credentials nurturing a culture of professional growth and development.

METC BMET Basic-Course Training Curricula

BES trainee candidates undergo a demanding 44-week course regimen marked with academic, spiritual, emotional, and physical challenges. Here, trainees gain familiarity with medical device operating theory, advanced electronics, and clinical applications. They also learn routine inspection practices as well as maintenance, modification, and repair of medical devices and systems ranging from simple suction units to advanced radiographic X-ray machines. Course curriculum is divided into 13 instructional blocks culminating in a 72 consecutive-hour field training exercise where the students are introduced to the Army 2-level maintenance concept. Upon graduation, BES personnel are conferred the coveted 68A MOS. An important milestone acknowledging their competency in applying technical and critical thinking skills to maintain, repair, and sustain Army medical device assets.

METC BMET Basic-Course: Emerging Medical Device Technologies

Network connectivity is becoming commonplace for many medical devices. Rapid advancements in the medical field require BES personnel to have a greater understanding of emerging and next-generation health care technologies. Because of this, the BMET schoolhouse added a new Information Technology and Field Equipment course (Course 111) to address many dynamic equipment changes and upgrades impacting medical devices assets in the field.

METC BMET Advanced Course Options

In addition to the basic BMET training program, METC offers 12 optional advanced training courses to Army BES personnel already serving in operational assignments. While these course offerings are not MOS producing, they provide the BES with value-added skills and knowledge.
Two recent additions to the METC advanced course lineup include BMET 108 - Advanced Medical Device Information Technology Systems (MDITS) I and BMET 109 - Advanced Medical Device Information Technology Systems (MDITS) II. These courses offer comprehensive training on server and personal computer hardware, software, and medical network configuration/administration. Other topics include computer system repair, video system theory and calibration, circuit analysis, troubleshooting, and safe operating procedures.

**METC Contributions to Army Medical Maintenance, Repair, and Sustainment**

METC plays a key role in establishing the basic and advanced skill competencies of BES personnel used throughout the global Army Medical Logistics Enterprise (AMLE). Essential technical skills, knowledge, and hands-on training imparted by METC establishes continuity for the efficient maintenance, repair, and sustainment of Army medical device assets. This also includes enhancing the confidence and core skills of BES personnel necessary to deliver responsive Preventive Maintenance Checks and Services (PMCS) at fixed and deployable medical and dental treatment facilities worldwide. The active role played by METC in the continual training of Army BES personnel throughout the length of their careers is a central factor in achieving medical maintenance and force readiness both on and off the battlefield. For further information on the METC or its associated Army course offerings refer to the reference source cited below or contact the METC Information Office directly at 1-210-808-6382.

**REFERENCES**

* Medical Education and Training Campus (METC) - [https://www.metc.mil/](https://www.metc.mil/)
Through its Medical Maintenance Management Directorate (M3D) and Maintenance Operations Center-Medical (MOC-M), the USAMMA deploys Medical Maintenance Operations Division (MMOD) Forward Repair Activity-Medical (FRA-M) teams to project expert, depot-level medical maintenance support as far forward into the theater as possible.\textsuperscript{1,2}

In combination with its efforts to medically equip and sustain the force, USAMMA executes and manages the fielding of medical Sets, Kits, and Outfits (SKOs) at the unit level and builds/reviews medical assemblages. The USAMMA additionally recapitalizes medical equipment, distributes vaccines; provides Cold Chain Management (CCM), technical business support, and records-system training; and administers Foreign Military Sales (FMS) for medical-materiel procurements on behalf of global partners and organizations.\textsuperscript{1,2}

**Role of the USAMMA M3D MOC-M and MMODs\textsuperscript{1,2}**

When Army components need maintenance support for their authorized medical devices, they turn to USAMMA M3D MOC-M for help. MOC-M coordinates level-of-repair support, performs data analysis, and orchestrates the management and administrative operations needs of three MMODs. These include MMOD Tobyhanna located at Tobyhanna Army Depot, PA; MMOD Hill, located at Hill Air Force Base, UT; and MMOD Tracy located at Defense Distribution Depot San Joaquin, Tracy, CA. Each MMOD provides general support within its assigned region and specialized support across the global AMLE. This support minimally involves delivering Repair and Return (R&R) services for all Army components, testing of newly fielded medical devices, and maintenance/sustainment/handling support for both APS and the Medical Materiel Readiness Program (MMRP). MMODs under the oversight of MOC-M include:

- **MMOD Tobyhanna** - Specializes in Audiometer calibration, optical medical devices, dental hand-piece rebuilds; Military Entrance Processing Station, Direct Exchange (MEPS, DX) program support, and operating force laboratory equipment. This division completes 4,600 services annually for the Army National Guard (ARNG) and 1,900 R&R Work Orders (WOs) for all Army components.

Tobyhanna’s specialization consists of 7,400 medical devices under 19 Standard Line Item Numbers (SLINs) and 40 non-standard LINs actively fielded to Army Modified Table of Organization Equipment (MTOE) units.

- **MMOD Tracy** - Specializes in the maintenance and calibration of medical imaging devices and Class VIII special purpose Test, Measurement, and Diagnostic Equipment (TMDE-SP) completing 6,000 services annually for the ARNG, 750 R&R WOs for all Army components, and 2,500 Calibration and Returns (C&Rs) for Class VIII TMDE-SP. TMDE-SP consists of 2,200 items under 14 different LINs currently fielded to Army MTOE units. Tracy’s specialization includes 1,500 devices under 10 SLINs and five non-standard LINs presently fielded to Army MTOE units.

- **MMOD Hill** - Specializes in pulmonary, anesthesia, and field oxygen-generation medical devices annually completing 2,200 services for the ARNG and 2,300 R&R WOs for all Army components. Hill’s specialization consists of 11,600 devices under 10 SLINs and 3 non-standard LINs presently fielded to Army MTOE units.

MMODs also provide medical maintenance support for regional ARNG units and are responsible for the availability of FRA-M teams that deliver remote, onsite Subject Matter Expert (SME) support and training to unit-level Biomedical Equipment Specialists (BES) within the theater of Operations (TO).

Three Medical Maintenance Readiness Officers (MRO-Ms) are responsible for daily interaction and coordination with all assigned corps-level customers. These representatives are located at Fort Bragg, NC; Fort Hood, TX; and Joint Base Lewis-McChord, WA and are regionally aligned to support 1\textsuperscript{st} Corps, 3\textsuperscript{rd} Corps, and XVIII Airborne Corps (ABC) medical-maintenance missions.
MRO-Ms provide corps-level planning and synchronize support for the repair of medical devices to include cross-leveling, evacuation, or Contact Repair Team (CRT) maintenance solutions.

**USAMMA Medical Materiel Readiness and Contingency Operations Support**

The USAMMA delivers responsive medical logistics provisioning for contingency-operations programs in direct support of the Department of the Army (DA) and OTSG.

These programs include acquisition, storage, distribution, and transfer of APS (ashore and afloat); medical chemical defense packages, short shelf-life pharmaceuticals, and other medical materiel resources. Important programs such as these support the Army’s force projection strategy enhancing its ability to rapidly deploy decisive power worldwide. The DA and OTSG have both established specific contingency operations support programs that work in conjunction with each other to meet deploying unit needs. These programs include:

- APS (brigade/unit sets, operational projects, war reserve sustainment)
- OTSG Contingency Stock (Medical Chemical Defense Materiel (MCDM), Centrally Managed Medical Potency and Dated (P&D))
- Materiel Program Unit Deployment Packages (Medical Materiel Readiness Program (MMRP))

USAMMA's principal mission is to develop, tailor, deliver, and sustain medical materiel capabilities and data in order to build and enable health readiness with a focus on equipping and sustaining the medical force. For questions or to obtain further information on the USAMMA, refer to the reference sources cited below. For non-operations support, contact USAMMA Customer Relations Management via email at usarmy.detrick.medcom-usamma.mbx.customer-relations-mgt@mail.mil; by phone, call 301-619-8701 (COMM) or 312-343-8701 (DSN). For operations support, contact the USAMMA Operations and Support Office via email at usarmy.detrick.medcom-usamma.mbx.ops-center@mail.mil; by phone, call 301-619-4408 (COMM) or 312-343-4408 (DSN).

For questions or information on M3D MOC-M, MMODs, FRA-M, or MRO-Ms, contact CW3 Richard M. Moose, Deputy, MOC-M via email at richard.s.moose2.mil@mail.mil; by phone, call 301-619-4312 (COMM) or 312-343-4312 (DSN).³

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**Defense Health Agency (DHS) Integration of MHS Delivery Systems - Authority, Direction, and Control**

The DHA is a joint, integrated Combat Support Agency (CSA) charged by the US Congress to combine efforts for efficient transfer of joint-service Military Health System (MHS) delivery-systems Authority, Direction, and Control (ADC) to the DHA.

What does this mean for the MHS and Army Healthcare Technology Management (HTM) community at large? The principal objective of this DoD transfer initiative is to establish standard policies, guidance, instructions, and solutions for reducing cost while improving efficiency and effectiveness. Integrating best-practice solutions from the Services into standardized, repeatable processes makes good business sense and is the hardest part of the task.
In an effort to orchestrate the transition of Army and joint-service Medical Treatment Facility (MTF) HTM policies/procedures to the DHA, key members of the Army HTM community were assigned to DHA where they are led by CW4 Reginald J. Burrus, senior 670A, Health Services Maintenance Technician. These Army personnel are working in collaboration with a team of tri-service Military personnel, DoD Civilians, and Contractors to establish policies, procedures, training resources, and associated services for successful program transition.

The DHA Medical Logistics (MEDLOG) HTM Division provides comprehensive HTM solutions in support of innovative, secure, and reliable patient care to Warfighters and their family members by:

- Overseeing medical device requirements and requirements support, allowance standards, enterprise requirements analysis, and acquisition support.
- Providing life cycle sustainment and centralized contract maintenance.
- Managing medical devices, medical device accountability, and life cycle operations.
- Providing centralized Program Management of specialized medical devices.
- Managing the CyberLog Center of Technical Excellence (CTE) for administration of cybersecurity operations, support, sustainment, and medical device readiness.
- Monitoring medical device Hazard Alert and Recall Notifications (HARNs).
- Providing a HTM Management Guide to DHA activities with detailed instructions addressing expectations and requirements for achieving performance objectives.

Successful transfer of joint-service MHS delivery-systems ADC to the DHA is a key step toward integrating best-practice solutions that contribute to standard, repeatable processes, policies, guidance, instructions, and other aids necessary to improve both efficiency and effectiveness.

For further information on the DHA and its important transfer initiative, contact CW4 Reginald J. Burrus, senior 670A, Health Services Maintenance Technician via email at reginald.j.burrus4.mil@mail.mil; by phone, call 301-619-6758 (COMM) or 312-343-6758 (DSN). END

National Combat Logistics: Managing the Global Supply Chain

Article by CW4 Charles Judd, Capital Equipment Liaison, DLA Troop Support

As the nation’s combat logistics support agency, Defense Logistics Agency (DLA) manages the global supply chain from raw materials to disposition. DLA provides more than $37 billion in goods and services annually, manages nine supply chains, and five million items through 12,000 suppliers (80 percent of which are small business).

DLA is the DoD executive agent for medical materiel designated by DoD Directive 5101.09E. The agency is responsible for establishing Class VIII support strategies, relationships, and expectations through performance-based agreements. DLA’s mission to ‘sustain Warfighter readiness and lethality by delivering proactive global logistics in peace and war’ is focused on serving the Warfighter and our nation.

DLA Troop Support is one of six major DLA subordinate commands that provide food, uniforms, protective equipment, construction items, medicines, medical supplies, and repair parts to Warfighters and customers around the world (supply classes I, II, IV, VIII, IX). It delivers more than $19.1 billion in support to 51,000 global customers through a network of 3,700 suppliers.
This major subordinate command is responsible for approximately 42 percent of all of DLA sales but comprises only 10 percent of the workforce. Its mission is to deliver optimal global supply chain solutions to enable ready, lethal Warfighters and other valued partners with a global presence. DLA offices are found in Europe, Africa, US Central Command, US Special Operations Command, and in the US Indo-Pacific Command regions. DLA Troop Support is centered on world-class performance and strong partnerships that contribute to national defense, humanitarian assistance, and disaster relief.

DLA Troop Support - Medical Supply Chain (supply Class VIII) consists of pharmaceutical, medical/surgical, readiness, hospital supply, and capital equipment divisions. These divisions provide medical products and services needed every day for crisis-resolution around the world and are on call to support Warfighters and dependents ranging from wounded warriors to healthy babies. It operates through the https://www.medical.dla.mil/Portal web portal to ensure basic/critical medical and pharmaceutical needs are met. According to DLA Troop Support, Medical Supply Chain Director, Col. Matthew Voyles: “Our goal is to provide customers and commercial trading partners a convenient, state-of-the-art, readily accessible web portal that enables them to efficiently and effectively accomplish their business.”

When it comes to Medical Devices and Equipment (MDE), DLA Troop Support - Medical Supply Chain’s Capital Equipment Division focuses on MDE procurements exceeding $250,000. It also supports capital MDE including diagnostic radiology and critical care for all military branches as well as other federally funded agencies. Acquisitions may involve routine, turnkey or extended installation maintenance contracts; existing medical device trade-in, training, or other incidental services required for medical device/medical device systems operation.

A discussion with DLA Troop Support - Medical Capital Equipment Division Chief, Andrew Wechter addresses the following topics of interest and key initiatives within the Joint Logistics Enterprise (JLEnt):

1. Acquisition - When military Services are planning the acquisition or replacement of deployable medical devices, it’s essential that DLA Troop Support be brought in at the initial stage of planning.

   With sustainability being a difficult endeavor after the fact, having DLA involved in planning will ensure that sustainment is included in medical device acquisition. DLA can also assist in generating well-defined minimum requirements for capital MDE acquisitions; acquisitions are only as good as the requirements that go out with them. In addition, to assist with deployable medical devices and sustainability, DLA is working with the US Army Medical Material Agency (USAMMA) to perform sustainability analysis trials on select medical devices already under contract.

2. Repair Parts - DLA Troop Support is continuing to collaborate with military Services to include repair parts and sustainability with MDE during the acquisition phase. DLA is determined to include essential repair parts in every new contingency and deployable medical device contract. For current MDE contracts, DLA is persistent in requesting that all vendors include repair parts in existing contracts that are managed through contract modifications. Once available on a long-term contract, repair parts can be made available and loaded into the Electronic Catalog (ECAT) for quick customer purchases. The ECAT program provided medical customers a web-based purchasing option for product lines not usually covered under the Prime Vendor Program, (i.e., laboratory, optical, and dental equipment). This additionally offers agencies like the USAMMA another avenue of MDE sustainment support and a means of further reducing MDE Turnaround-Time (TAT) within the JLEnt.

3. DLA Strategic Purchase Initiative (SPI) - The SPI is a partnership with military Services, the Defense Health Agency (DHA), and other federal customers to obtain proposals that bring cost savings to DLA customers. DLA requested that current long-term contract holders under the joint DoD/Department of Veterans Affairs (VA) Radiology and Imaging Systems Program provide individual site offers/quotations and overall program SPI proposals for calendar-year requirements. This purchase initiative provides all military Services another avenue for pre-negotiated contracts with multiple delivery awards offered at the best available price.
4. DLA and VA partnership - Under DLA’s Whole of Government, DLA Troop Support and the VA have a strong strategic partnership. The result is a continued effort to write joint contracts for capital MDE and to look for new opportunities that expand products covered under such contracts. Using the combined buying power of both agencies, this partnership reduces joint contracting workload while providing a wide array of capital MDE at lower government prices.

5. Engineers - DLA Troop Support is one of the only agencies that have biomedical engineers on staff to discuss requirements at any level in the acquisition process. These staff members can assist in product selection, development of Statements of Work (SOW) for installation, and support turnkey project management for large medical devices (i.e., radiographic, Magnetic Resonance Imaging (MRI), and Computed Tomography (CT) scanners). Engineers are available to discuss procurement plans, equipment options, and incidental services directly with customers.

6. Customer Assistance - While initial market research is the responsibility of each customer, DLA can still assist with new and existing technology. For example, DLA can assist with researching already existing (cataloged) MDE for standardization requirements and can also help define minimum MDE requirements after initial customer market research has been completed.

7. Future Support - DLA Troop Support’s Capital Equipment Division is chiefly focused on Diagnostic Radiology, Critical Care, Digital Imaging Network - Picture Archiving and Communications Systems (DIN-PACS), and imaging maintenance. Future support possibilities, however, are subject to expansion. DLA is constantly looking to increase the availability of different MDE types on long-term contracts, sustain partnerships to address Risk Management Framework (RMF) requirements, and to transition with the DHA for MDE. This division serves both generating (institutional) and operating force assets by procuring capital MDE used in DoD facilities and by our nation’s Warfighters.

Whether an organization is considering replacement of a Radiology Department MRI device, modernizing an existing CT; needs training and education, or has a requirement for portable ultrasound devices, DLA Troop Support’s Capital Equipment Division is available for support. For questions about DLA support programs or the acquisition process, visit www.dla.mil, https://www.medical.dla.mil/Portal, or contact CW4 Charles Judd, DLA Troop Support, Capital Equipment Liaison, via email at charles.d.judd2.mil@mail.mil; by phone, call 301-619-9708 (COMM) or 312-343-9708 (DSN). END

Medical Materiel Centers - Projecting Theater-Level Medical Logistics Forward

When it comes to responsive medical-materiel support, Army operating forces assigned in or attached to a geographic combatant command can rely on the expertise of Army Medical Materiel Centers (MMC) for essential Medical Logistics (MEDLOG) support. MMC reinforcement maximizes operational readiness throughout the Theater of Operations (TO).

Within the Army Medical Logistics Command (AMLC) organizational hierarchy, two subordinate Direct Reporting Units (DRUs) assume the role of MMC. These include US Army Medical Materiel Center-Europe (USAMMC-E) and US Army Medical Materiel Center-Korea (USAMMC-K).
A third MMC, US Army Medical Materiel Center-South West Asia (USAMMC-SWA) is a DRU of US Army Central (ARCENT). MMCs provide theater-level medical materiel management, medical device maintenance and repair, optical fabrication, and medical-set assembly/rebuild services. They also deliver customer support to operating forces throughout the full spectrum of military operations. In this context, MMCs receive pre-positioned materiel (e.g., cold chain and controlled substances), provide Class VIII supply support, and build preconfigured resupply packages as required. All Army MMCs are designated Theater Lead Agents for Medical Materiel (TLAMM). TLAMMs support the Class VIII supply-chain needs of joint forces assigned or attached to the geographic combatant command. This support includes execution of Single Integrated Medical Logistics Management (SIMLM) responsibilities assigned to Army Service Component Commands (ASCC). On an as needed basis, MMCs can be augmented by operational MEDLOG units allowing expedited expansion and scaling of essential support capabilities.

Theater Lead Agent for Medical Materiel (TLAMM)

The TLAMM is an organization or unit designated to serve as a major-theater medical distribution point. Its primary role is to manage intra-theater Class VIII distribution in close coordination with theater transportation/movement management activities. The TLAMM functions as a coordination-interface delivering Service-member customers and national-level industry partners a single point of MEDLOG and supply chain management support. In this capacity it receives, stores, ships and transships medical materiel from strategic suppliers providing direct medical-materiel support to medical forces in theater. It additionally ensures end-to-end integration of tactical units into the medical supply chain and assists combatant and assigned military-department component commands in planning MEDLOG support requirements.

Single Integrated Medical Logistics Management (SIMLM)

The SIMLM effectively promotes supply chain efficiency minimizing the MEDLOG TO footprint. In doing so, it provides medical supplies, medical device maintenance and repair, blood management, and optical fabrication to joint forces including (on an emergency basis) US Navy hospital ships for common, demand-supported medical supplies in the later stages of theater development.

Execution of SIMLM responsibilities demand close coordination with medical elements of supported Services to establish a mutual understanding of MEDLOG support requirements, expectations, and processes. The SIMLM is directly responsible for Health Service Logistics System (HSLS) mission planning and execution for common-use medical items in the Area of Responsibility (AOR). USAMMC-E and USAMMC-K execute the SIMLM mission in their respective TO.

US Army Medical Materiel Center-Europe (USAMMC-E)

Located in Pirmasens, Germany, USAMMC-E functions as the TLAMM delivering logistics, training, and medical-materiel innovation to both US European Command (EUCOM) and US Africa Command (AFRICOM) theaters. Core competencies of this MMC include Class VIII acquisition, materiel storage/distribution, optical fabrication; assembly, disassembly, and rebuild of medical Sets, Kits, and Outfits (SKO); medical logistics assistance and training as well as medical device repair, calibration, modification, and overhaul. This MMC also provides medical materiel support for CENTCOM covering operations from northeastern Africa to southwestern and south central Asia. It is the single contact point for MEDLOG planning in the EUCOM/AFRICOM theaters and for movement of Class VIII materiel into Iraq and Afghanistan. USAMMC-E additionally functions as an executive agent to the US Department of State for medical humanitarian assistance program implementation. It provides logistics services to US embassies throughout the world supporting more than 1,200 Army, Navy, Air Force, and Department of State hospitals, clinics, embassies, and field units.

USAMMC-E has a dedicated workforce composition of approximately 270 military, civilian, foreign national, and contractor personnel. These members collectively maintain a catalog in excess of 53,000 medical items and a warehouse inventory exceeding 5,400 medical items. On average, USAMMC-E administers $153M in annual Class VIII materiel requests. It fabricates more than 60,000 optical pieces per year and receives more than 4,000 medical-device maintenance work orders.
To orchestrate improvement of customer-support practices, USAMMC-E develops and implements operations-enhancement upgrades centering on advanced information management and logistics systems. These enhancements directly impact the efficiency and effectiveness of medical materiel supply chain management and medical-product requisitions.  

**US Army Medical Materiel Center-Korea (USAMMC-K)**

USAMMC-K is located at Camp Carroll and Camp Humphreys, Korea. As a TLAMM, it serves the MEDLOG needs of US Forces Korea (USFK). Core competencies of this MMC include medical materiel acquisition, materiel storage/distribution, medical device maintenance, and optical fabrication. The mission of USAMMC-K is to deliver continuous medical logistics support throughout the full spectrum of military operations. This MMC ensures tactical units are integrated into the medical supply chain, assists combatant commanders implement HPSP, and provides MEDLOG support to joint forces and the US Department of State. USAMMC-K administers two centrally-funded programs, one for Medical Chemical Defense Materiel (MCDM) and the other for Pandemic Influenza (PI) stock. It additionally contributes to Eighth Army medical readiness by managing and fielding countermeasures used in the protection and treatment of Soldiers in the event of a Chemical, Biological, Radiological, or Nuclear (CBRN) attack. These countermeasures include pretreatment, treatment, antidotes, skin decontamination as well as Potency and Dated (P&D) items used for the Patient Chemical Agent, Medical Equipment Set (MES). PI stock is centrally funded by the Assistant Secretary of Defense (Health Affairs) and is available in response to a pandemic or other associated public health emergencies.

USAMMC-K has a dedicated workforce composition of approximately 150 US and Korean military, civilian, and foreign national personnel. It’s also supported/augmented by members of the 563rd Medical Logistics Company from the 65th Medical Brigade.

Medical maintenance provided by this MMC includes field, sustainment, and limited depot-level maintenance to theater medical units across the Korean peninsula.

Each month, more than 730 scheduled and unscheduled maintenance services are performed by medical maintainers from Camp Carroll and Camp Humphreys to 43 outlying health, dental, and veterinary clinics as well as 14 Modified Table of Organization Equipment (MTOE) units at 36 geographic locations. Medical maintainers assigned to USAMMC-K are trained and certified by Original Equipment Manufacturers (OEM) and all services are performed to manufacturer specifications. The MMC provides technical assistance visits to supported activities without organic maintenance assets or when repairs are beyond their capabilities, manpower limits, or technical expertise. Maintenance support is coordinated from two locations in theater these include the main maintenance shop located on Camp Carroll and a forward maintenance shop located at the Yongsan garrison; a satellite clinic supports Camp Humphreys. USAMMC-K administers central service contracts for all medical devices assigned to 168th Multifunctional Medical Battalion (MMB) outlying health clinics. It also provides subject matter expertise and technical inspections for the Capital Expense Equipment Program (CEEP).

**US Army Medical Materiel Center-Southwest Asia (USAMMC-SWA)**

Located at Camp As Sayliyah, Qatar, USAMMC-SWA is an ARCENT DRU responsible for delivering technical functional MEDLOG expertise and training. As a TLAMM, it serves military forces and specific US Department of State activities across the ARCENT AOR. It additionally supports theater security cooperation missions, Army pre-positioned stock 5 rebuilds, ships afloat (when performing counterpiracy operations), and units deployed to Afghanistan. Core competencies of this MMC include medical materiel acquisition, materiel storage/distribution, and medical device maintenance.

USAMMC-SWA in collaboration with the USAMMA Forward Repair Activity-Medical (FRA-M) provides expert medical maintenance in highly technical areas of medical device support (i.e., pulmonary equipment, X-ray and Computed Tomography (CT) imaging systems as well as laboratory test equipment such as chemistry analyzers and microbiology units).
MMC Standing Operating Procedure (SOP) affirms that the ground maintenance activity is the first level and primary entity for carrying out installation scheduled and unscheduled maintenance services. After exhausting all levels of support within theater (which vary depending on unit function and location), a request for FRA-M support can be initiated. The FRA-M team (originating from a USAMMA Medical Maintenance Operations Division (MMOD)) provides the highest degree of depot-level support possible. This team can perform repair work or deliver onsite training for specific medical repair procedures in support of forward-deployed Biomedical Equipment Specialists (BES).

As a Patient Movement Item (PMI) Center of Technical Excellence (CTE), USAMMC-SWA administers PMI program medical devices (ventilators, suction devices, patient monitoring systems, etc.) and durable items (litters, straps, pads, etc.). The MMC positions PMI medical devices within two forward MEDLOG companies and maintains direct support for PMI maintenance. These actions enhance PMI availability and contribute to the delivery of responsive, dedicated support throughout the CENTCOM AOR.10

Army operating forces assigned in or attached to geographic combatant commands count on MMC assets for their expertise in delivering essential MEDLOG support to maximize operational readiness. For additional information on the TLAMM, SIMLM, or MMCs refer to the reference sources cited below or contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx. m2pa@mail.mil; by phone, call 301-619-3170 (COMM) or 312-343-3170 (DSN).

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Medical Command (Deployment Support): Theater Medical Force Provisioning at its Finest

Medical Command (Deployment Support) (MEDCOM (DS)) orchestrates mission command, administrative assistance, and technical supervision for assigned and attached units and serves as the medical-force provider for all Echelon above Brigade (EAB) medical units.

This important command asset has a versatile, modular, dedicated, and regionally-focused command structure while functioning independently as a senior medical command in support of Army Service Component Commands (ASCCs) in theater. As the theater medical-force provider, MEDCOM (DS) delivers quality health care in support of deployed forces.
Units assigned and attached to MEDCOM (DS) provide Army Health Support (AHS) within the joint, interagency, intergovernmental, and multinational framework of unified land operations. AHS is projected through task-organized support packages to division headquarters, corps headquarters, and units in direct (or general) support of deployed Brigade Combat Teams (BCT).

Basis of Allocation and Command Structure
The MEDCOM (DS) basis of allocation is of one per theater. Organizationally, it’s comprised of both a main and operational command post that deliver scalable medical-mission command operations. The operational command post can be deployed early, augmented by deployed units. The main command post could remain in sanctuary as the primary mission-command element of the headquarters and MEDCOM (DS) headquarters company.

Command Roles and Responsibilities
The role of MEDCOM (DS) is to establish medical logistics policy and to liaise with the theater sustainment command. It monitors, coordinates, and plans Class VIII supply and distribution; medical device maintenance and repair as well as optical fabrication and blood management. This support additionally extends to theater health-care facility planning and (when designated) the Single Integrated Medical Logistics Manager (SIMLM) for all Services in the Theater of Operations (TO). MEDCOM (DS) coordinates the fielding of Army Prepositioned Stock (APS), contracting operations in support of the theater medical mission as well as with theater distribution centers for Class VIII medical materiel.

Within the scope of MEDCOM (DS) operations, medical maintainers fill the key roles of command maintenance officer and unit maintenance officer. In this capacity, they deliver senior-level leadership, guidance, and technical expertise to supported elements, staff agencies, and commanders at all theater levels.

These personnel are tasked with coordinating, publishing, developing, and enforcing theater policies for medical device maintenance and maintenance directives, developing theater-specific medical device support plans, and providing oversight for medical-maintenance Quality Assurance (QA) operations.

They also develop and coordinate materiel training, maintenance support, and personnel implementation plans within the TO.

In support of quality health care, MEDCOM (DS) oversees units functioning as a theater medical-force provider in direct support of deployed forces. For further information on the command structure, roles, and responsibilities of MEDCOM (DS), or its assigned and attached units, refer to the reference sources cited below or contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-3170 (COMM) or 312-343-3170 (DSN).

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Medical Brigade (Support): Delivering Expeditionary Medical-Mission Command and Control
Article by Mr. Carmine Izzo, Equipment Specialist, AMLC, M2PA Directorate

Medical Brigade (Support) (MEDBDE (SPT)) plays an important role in the delivery of flexible, responsive, and effective health services (and health protection) to forces carrying out unified land operations.
The mission of this brigade includes providing scalable, expeditionary medical-mission command, organization, resources, training, and sustainment. It additionally deploys assigned and attached Army Health Support (AHS) units and delivers efficient AHS to assigned/attached medical functional organizations that augment Brigade Combat Teams (BCTs) and Echelon above Brigade (EAB) medical units.

Brigade Operational Control
Organizations and elements operating under MEDBDE (SPT) control, serve in and provide support to BCT operations. These units often include a Combat Support Hospital (CSH) or new Hospital Center (HC) configuration, forward resuscitative surgical team, medical company (dental services), or other essential hospital-augmentation teams. It's the responsibility of MEDBDE (SPT) to ensure and synchronize the right mix of medical operational, technical, and clinical professional expertise in order to maintain force health. Preservation of force health is assured through the prevention of disease and non-battle injury casualties, promotion of fitness, and by promptly treating and evacuating Soldiers injured on the battlefield.

Brigade Scalability and Flexibility
As supported forces grow in size and complexity, the MEDBDE (SPT) can deploy additional units that build upon one another to reinforce operations. This capability provides appropriate medical-mission command and enhances medical readiness by integrating Army, joint, and multinational medical forces. Through these efforts, the MEDBDE (SPT) maintains its ability to identify and counteract health threats within the Area of Operations (AO) and smooths the transition of expeditionary health care support to quality AHS support provision.

Brigade Coordination and Planning
Coordination between MEDBDE (SPT) and Medical Command (Deployment Support) provide health-facility planning for successful theater operations. MEDBDE (SPT) is made up of an early-entry module, expansion module, and campaign module. Collectively, MEDBDE (SPT) modules allow the unit commander to plan operational needs around Mission, Enemy, Terrain, Troops, Time, and Civilian Considerations (METT-TC). These operational considerations can support designation of a medical logistics unit as a Single Integrated Medical Logistics Manager (SIMLM) by the combatant commander.

The brigade’s logistics-operations branch plans, coordinates, controls, and manages highly specialized technical materiel and services-based functional areas that support health care delivery system operations. The branch chief exercises staff responsibility for units engaged in medical supply, optical fabrication, medical maintenance, blood support, Quality Control (QC), and other medical logistics support operations. Throughout the brigade AO, health services maintenance technicians (Military Occupation Specialty (MOS) 670A):

- Develop/evaluate brigade maintenance policies, training, and maintenance resources in support of the theater mission plan.
- Provide planning, direction, and guidance for medical devices and unit maintenance programs.
- Provide oversight to units engaged in the receipt, storage, preservation, issue, and distribution of medical devices.
- Compile operational status reports and direct the disposition of unserviceable medical devices.
- Manage repair parts and maintenance for all medical devices.

MEDBDE (SPT) provides scalable, expeditionary medical-mission command, organization, resources, training, and sustainment while delivering health services and health protection to forces carrying out unified land operations. For additional information on the role of MEDBDE (SPT), refer to the reference sources cited below or contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-3170 (COMM) or 312-343-3170 (DSN).
The Medical Maintenance Function: A Close Look at the Army's New Hospital Center (HC) Configuration

Article by Mr. William ‘Bill’ Sovitsky, Equipment Specialist, AMLC, M2PA Directorate

The medical maintenance function plays a key logistical role in the sustainment of medical devices (MDs) across all five echelons of care. This role is especially critical at the level III deployable medical facility. This article addresses the medical maintenance-function mission and looks at the capabilities and challenges specific to a level III medical facility.

The Army’s New Hospital Configuration

The level III medical facility commonly referred to as the Combat Support Hospital (CSH) comes in 248, 164, and 84-bed configurations. The CSH, however, is currently undergoing conversion to a new HC configuration that delivers scalable, modular, and flexible hospitalization units. This new configuration allows combatant commanders to tailor hospitalization capability in a manner that best fits the operational environment.

Each HC can be adapted, as needed, to provide a 32-to-240 bed capacity. The HC is normally assigned to the Medical Brigade (Support) but can alternatively be assigned to a Medical Command (Deployment Support) or joint/combined task force. HC headquarters configurations includes a 32-bed field hospital; 24 and 32-bed surgical/medical augmentation detachments, and a 60-bed intermediate care ward augmentation detachment. Units attached to the HC include the Forward Resuscitative and Surgical Team (FRST), the Head and Neck team, the Pathology, Hemodialysis, and Infectious Disease teams as well as the Special Care, and Minimal Care Teams. Other units fielded with the HC include the Area Support Dental Company, Area Medical Laboratory, and the Multifunctional Medical Battalion.

The Medical Maintenance Function and Mission

Just as the HC is scalable and modular, so is the associated medical maintenance capability. As HC configuration is expanded, the medical maintenance function is provided additional manning, tools as well as Test Measurement and Diagnostic Equipment (TMDE). This increases HC capability as the numbers and types of medical devices it supports expand.

Typical Medical Maintenance Function (240-Bed HC Configuration)

The medical maintenance function mission in a 240-bed HC is to provide the full spectrum of MD sustainment support to ensure MDs are operationally available, safe, and effective. Sustainment support provided includes Technical Inspections (TIs), Preventive Maintenance Checks and Services (PMCS), calibration services, safety inspections, and repairs. Additional services include modifications as directed by Materiel Management Information System (MMIS) messages and medical device upgrades, if authorized below the depot level.

Primary Medical Maintenance Function Policies

Primary policy guidance used by maintenance functions include AR 40-61 (Medical Logistics Policies), AR 750-1 (Army Materiel Maintenance Policy), TB MED 750-2 (Operating Guide for MTOE Medical Equipment Maintenance), TB MED 521 (Management and Control of Diagnostic and Therapeutic X-ray Systems and Facilities), and SB 8-75-11 (Army Medical Department Supply Information).
Additional guidance comes from manufacturer technical literature, industry standards/specifications, and federal/state agency regulations.

**Medical Maintenance Function Support and Organizational Make Up**

The medical maintenance function supports all medical devices in the HC. A typical workload includes support for approximately 2,050 MDs. The majority of these devices require annual services when the HC is in garrison. Semiannual services are required when deployed. The medical maintenance function also supports units attached to the HC including the FRST and the Head and Neck augmentation teams. They are also frequently tasked to support the Area Support Dental Company and Veterinary Services Medical Detachment.

The medical maintenance function is led by a Health Services Maintenance Technician (MOS 670A) who is assigned to a field hospital module manned by nine Biomedical Equipment Specialists (BES) (MOS 68A). This includes a BES trained in the sustainment of Computed Tomography (CT) systems. When tasked with the following support missions, the indicated additional BES manning is provided: Area Support Dental Company - two, Veterinary Services Medical Detachment - one, and Head and Neck augmentation team - one.

**Maintenance Support Resources**

The medical maintenance function requires a variety of maintenance support resources to perform its mission. These include training, technical literature, tools, TMDE, maintenance consumables, recurring/repair parts, maintenance information systems, and a maintenance work area or maintenance facility. Typical maintenance support equipment provided include: Tool Kit Medical Equipment (LIN W45334), one per BES; Tool Kit Organizational Maintenance (LIN W45197), one per 32-bed field hospital; Shelter Tactical Expandable Two-Side (3:1), one per 32-bed field hospital; and Computer Set Digital (Global Combat Support System-Army). TMDE provided include: infusion pump analyzer, anesthesia gas analyzer, vital signs simulator, oscilloscope, electro-surgical analyzer, defibrillator analyzer, ventilator tester, wattmeter, light meter, X-ray calibration set, electrical safety analyzer, tachometer, gas flow analyzer, and a digital multi-meter.

**Medical Maintenance Function Challenges**

There are a variety of challenges impacting the medical maintenance function’s ability to successfully execute its mission. While in garrison, maintenance facilities can be inadequate lacking required utilities, space, and environmental control. Technicians can be tasked outside the maintenance function and struggle to maintain required skills. Maintenance training on newly fielded medical devices is often overlooked by the Material Developer (MATDEV) and unit training funds are typically limited or unavailable. While deployed, reduced availability of cataloged and sourced repair parts cause delays in the execution of required services. TMDE can be obsolete or inadequate in type or quantity to perform all required services. Network-centric medical devices require an Authority to Operate (ATO) before being placed on the network. This can delay firmware/software update installations, limit the ability to use remote diagnostics/configuration tools, and hinder the use of software-based maintenance resources.

MD sustainment across all five echelons of care is a vital role undertaken by the medical maintenance function to assure readiness and achieve medical-mission success. For further information on the medical maintenance function or the Army's CSH conversion to the new HC configuration, refer to the reference sources cited below or contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-6392 (COMM) or 312-343-6392 (DSN).

**REFERENCES**

1. AR 40-61, Medical Logistics Policies
2. AR 750-1, Army Materiel Maintenance Policy, 28 October 2019
3. TB MED 750-2 Operating Guide for MTOE Medical Equipment Maintenance
4. TB MED 521 Management/Control of Diagnostic & Therapeutic X-Ray Systems & Facilities
5. SB 8-75-11, Army Medical Department Supply Information END
The Multifunctional Medical Battalion (MMB)

Article by Mr. Carmine Izzo, Equipment Specialist, AMLC, M2PA Directorate

The MMB provides scalable, flexible, technical/supervisory support as well as modular mission-command oversight for assigned and attached medical functional organizations.

Mission command for the MMB is provided by Medical Brigade (Support) (MEDBDE (SPT)) or Medical Command (Direct Support) (MEDCOM (DS)). The MMB headquarters delivers medical-mission command, administrative assistance, Medical Logistics (MEDLOG) support, and technical supervision for assigned and attached medical elements (i.e., companies, detachments, and teams). Echelon above Brigade (EAB) medical elements in theater may additionally be placed under MMB operational control. The MMB is task organized to support Brigade Combat Teams (BCTs), EAB organizations, and attached elements. This organization allows the MMB to meet requirements, provide Army Health Support (AHS) for projected patient workload, and enhance its support capabilities, as required, using medical elements such as:

- Medical company (ground ambulance)
- Medical detachment (blood support)
- MEDLOG company
- Medical team (optometry)
- Medical detachment (veterinary service support)
- Medical detachment (preventive medicine)
- Medical detachment (combat and operational stress control)
- Medical company (area support)

MMB S-4 is responsible for planning, coordination, and execution of the Class VIII mission within the MMB Area of Operations (AO).

The S-4 section is staffed with a Non-Commissioned Officer (NCO) Biomedical Equipment Specialist (BES) (Military Occupational Specialty (MOS) 68A) and a Battalion Maintenance Officer (Health Services Maintenance Technician (MOS 670A) who are responsible for:

- Facilitating in-transit visibility of Class VIII repair parts and medical devices.
- Providing medical Contact Repair Team (CRT) missions.
- Ensuring medical device Quality Control (QC) for units that are task organized under the MMB.
- Establishing medical maintenance priorities for medical device repair or exchange.
- Monitoring maintenance distribution flow for supported units.
- Coordinating electronics, calibration, and maintenance operations.
- Directing cross leveling of medical parts and medical devices.
- Contracting medical maintenance support and integrating host-nation support as required.
- Assisting in medical device readiness sustainment and reporting.
- Ensuring viable medical device maintenance.
- Ensuring that BES training is in place.

The MMB provides technical/supervisory support and modular mission-command oversight for all assigned and attached medical functional organizations. For more information on the MMB support role, refer to the reference sources cited below or contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa.mail.mil; by phone, call 301-619-3170 (COMM) or 312-343-3170 (DSN).

REFERENCES

1. ATP 4-02.1 (29 October 2015)
2. ATP 4-02.3 (09 June 2014)
3. MEDBDE (SPT) Table of Operations Equipment (TOE), 8420R000
The Medical Logistics Company (MLC)

Article by Mr. Carmine Izzo, Equipment Specialist, AMLC, M2PA Directorate

The MLC is a flexible organization that serves as the principal Supply Support Activity (SSA) responsible for providing Medical Logistics (MEDLOG) support to Brigade Combat Teams (BCT) and Echelon above Brigade (EAB) medical units. The MLC’s role includes providing direct support for medical materiel, medical device maintenance, and single or multi-vision optical lens fabrication and repair. The MLC is assigned to a Multifunctional Medical Battalion (MMB) or senior medical-mission command headquarters within the Area of Operations (AO) and is dependent on support services. It’s capable of limited self-sustainment during initial operations, it can meet the requirement for early AO entry, or it can function as part of a task organization.

Medical Device Maintenance Support

The MLC can provide Class VIII, medical device maintenance support to a maximum force of 22,000 Soldiers. MLC responsibilities include maintaining Medical Regeneration Enablers (MREs) and Patient Movement Items (PMIs). It also provides field and limited sustainment maintenance for medical devices owned by units operating in the BCT and EAB AO. These units include blood support detachments and units operating in the area without organic Biomedical Equipment Specialist (BES) support. The MLC supports field maintenance on all organic-unit medical devices excluding communications security equipment. Medical devices are evacuated through supply channels to the MLC if repairs exceed the field and sustainment maintenance level in accordance with the Maintenance Allocation Chart (MAC), manufacturer specifications, or as defined in AR 750-1.

Medical device parts are requisitioned through MEDLOG channels.

Medical Logistics Company Staffing and Equipage

The MLC is staffed with required BES (MOS 68A) and Health Services Maintenance Technicians (MOS 670A). These personnel are equipped with appropriate tools as well as Test, Measurement, and Diagnostic Equipment (TMDE) to perform field/sustainment maintenance in accordance with the MAC or manufacturer specifications.

The MLC is staffed and equipped to provide three fully operational mobile medical-maintenance Contact Repair Teams (CRTs) capable of providing onsite support to units within their AO. The MLC maintains automated maintenance records on all assigned medical devices as well as other medical devices, supported medical units, or associated elements within their AO.

PMIs are fielded to and considered components of Authorized Stockage Lists (ASLs) for the MLCs. The MLC manages the PMI program for Army medical units providing medical device maintenance and asset distribution for supported units within their AO.

MLCs deliver direct MEDLOG support (medical materiel, medical device maintenance, optical lens fabrication, and repair) to BCT and EAB medical units. For additional information on the organizational role and responsibilities the MLC, refer to the reference sources listed below or contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-3170 (COMM) or 312-343-3170 (DSN).

REFERENCES

1 ATP 4-02.1, Army Medical Logistics
2 AR 750-1, Army Materiel Maintenance Policy

END
Can you name an operations-execution organization in the hierarchy of medical maintenance support that serves as a primary sustainment organization of the Brigade Combat Team (BCT)? This is the important role of the BSB.

The BSB is a dynamic organization that delivers both tactical logistics and Army Health System (AHS) service support providing freedom of action and prolonged endurance. These contributions strengthen the BCT’s ability to win across the full spectrum of military operations. Within the BSB are Forward Support Companies (FSCs) responsible for extending the BSB’s operational reach directly into the maneuver area. FSCs are essential to achieving logistics concept-of-support success. BSB’s also have the ability to tailor their support to accommodate differing brigade types, provide support to units located in or passing through their assigned areas, or deliver area support (on an exception basis) when they have available capability and capacity. The BSB plans, coordinates, synchronizes, and executes replenishment operations and distributes supply classes I, II, III, IV, V, VII, VIII and IX. It additionally provides food service, field maintenance, and recovery. The BSB delivers AHS support using the Brigade Support Medical Company (BSMC); it maintains visibility of the distribution network within their Area of Operations (AO) while synchronizing the flow of throughput into the BCT operational area.

Brigade Support Medical Company

The BSMC provides both first responder (Role 1) and forward resuscitative (Role 2) care delivering AHS support to all units operating within the Brigade Support Area (BSA) and (on an area basis) to all BCT units that don’t have organic medical assets. The BSMC is capable of providing ground evacuation for patients from the battalion aid station and designated casualty collection points to the BSMC. It also offers consultation and advice on environmental sanitation, epidemiology, sanitary engineering, and pest management services. BSMC guidance extends to preventive medicine, patient treatment (e.g., disease and non-battle injury); mass casualty triage; advanced trauma management; initial resuscitation and stabilization, and patient evacuation of Soldiers incapable of returning to duty. Guidance also extends to emergency and essential dental care, medical laboratory and radiology services; combat and operational stress control programs, triage, and treatment of combat and operational stress reaction.

BSMC guidance maximizes rapid return-to-duty and inhibits post-traumatic stress disorders. It allows for the holding of up to 20 patients (capable of 72-hour return to duty). Guidance extends to providing Class VIII supply support for field-level medical device maintenance as well as blood support for units in the brigade AO.

As requirements dictate, the BSMC may be augmented with a forward surgical capability. One organic BSMC (organized to include a company headquarters, preventive medicine, behavioral health, medical treatment, medical evacuation, and a Brigade Medical Supply Office (BMSO) with imbedded medical device maintenance capability) is allocated to each BCT.

Preventive Maintenance Checks and Services (PMCS)

As part of the medical treatment operation, medical device operators must perform PMCS. This essential action ensures readiness for deployment at a moment’s notice and requires continuous emphasis by all commanders and leaders. The BSMC headquarters section provides and coordinates medical device maintenance for BCT medical platoons and sections. The BSMC medical platoon leader is responsible for ensuring that a medical maintenance support plan is established/coordinated and that operator maintenance is performed on all assigned medical devices.
The BSB also provides immediate medical device status reports to the BMSO headquarters. User/operator maintenance tasks and field maintenance repair parts are identified in the Technical Manual (TM), Maintenance Allocation Chart (MAC), or can be found in Original Equipment Manufacturer (OEM) service literature and applicable materiel fielding plans.

Medical maintenance resources are limited so services need to be coordinated in order to maximize support. When service is needed, the medical platoon leader will coordinate with (and provide evacuation transport for medical devices to) the BMSO. At forward locations, Biomedical Equipment Specialist (BES) capabilities are limited to field-level maintenance for organic medical devices (i.e., first response diagnosis, component exchange, PMCS, and relatively simple repair).

If a medical device can’t be evacuated to the BMSO or if sustainment maintenance support is required, the medical platoon leader will coordinate with the supporting Multifunctional Medical Battalion (MMB) to obtain Medical Logistics Company (MLC) Contact Repair Team (CRT) support. The CRT can deliver field maintenance and limited sustainment maintenance at the unit’s location. When a medical device can’t be repaired, onsite coordination can be made with the MLC to obtain a medical device float item. Any medical element operating in the sustainment area of the supported BCT is expected to adhere to these procedures.

**Brigade Medical Supply Office**

BMSO responsibilities include providing Class VIII supplies and medical devices. They perform unit-level field maintenance and repair and execute brigade medical logistics plans. BMSOs may be co-located with the BSB Supply Support Activity (SSA) or serve independently as part of the BSMA forward distribution point to dispense Class VIII medical materiel. The BMSO synchronizes medical logistics and maintenance support for BCT medical devices.

BMSO staffing includes two BES (Military Occupational Specialties (MOS) 68A20 and 68A10. BES are equipped with appropriate tools as well as Test, Measurement, and Diagnostic Equipment (TMDE). They carry minimal Class VIII repair parts to perform field maintenance in accordance with the TM, MAC, or OEM service literature in support of BCT operations.

The BMSO manages and reports maintenance records to the supporting MLC using theater-approved Tactical Enterprise Logistics Systems (TELSs) for all medical devices within the brigade and supported medical units/elements within their AO. The BMSO is responsible for development and daily reporting of an accurate density list for all BCT medical devices to ensure medical device accountability. This list is forwarded to the MLC through the approved TELS. BES responsibilities include:

- Performing scheduled field maintenance on BCT medical devices.
- Troubleshooting medical devices using TM, MAC, and OEM literature.
- Repairing medical devices if within the scope of field maintenance and resources.
- Coordinating medical device evacuations with the MLC when repairs exceed the scope of field maintenance or resources.
- Coordinating medical device float items for critical medical devices from the supporting MLC.
- Generating parts requisitions for non-critical medical devices through medical logistics channels.
- Requesting medical-specific TMDE when needed.
- Coordinating Patient Movement Item (PMI) maintenance through the MLC.
- Maintaining PMI assets only if deemed necessary.

As the primary sustainment organization of the BCT, the BSB delivers tactical logistics and AHS service support. In doing so, it delivers freedom of action and prolonged endurance strengthening the BCT’s ability to win across the full spectrum of military operations. For more information on the role of the BSB, refer to the references cited below or contact the AMLC, M2PA via email at usarmy.detrick.medcom-usamma.mbx.m2pa@mail.mil; by phone, call 301-619-3170 (COMM) or 312-343-3170 (DSN).
REFERENCES

1. AR 750-1, Army Materiel Maintenance Policy, 28 October 2019
2. ATP 4-02.1, Army Medical Logistics, 29 October 2015
3. ATP 4-02.3, Army Health System Support to Maneuver Forces, 9 June 2014
4. ATP 4-90, Brigade Support Battalion, 29 April 2016
5. FM 3-96, Brigade Combat Team, OCTOBER 2015
6. JP 4-O2, Joint Health Services, 28 September 2018