

***ATP 4-02.1**

Army Medical Logistics

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Army Medical Logistics

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Preface

This Army Techniques Publication (ATP) addresses the role of medical logistics (MEDLOG) in the Army Health System (AHS). It covers MEDLOG operations from the support battalions at the tactical level to the medical command (deployment support) (MEDCOM [DS]) and theater sustainment command where the critical crossover occurs between strategic agencies within the AHS and commands and the operational units providing logistics support in-theater.

The principle audience for this publication is commanders, their staffs, medical planners, MEDLOG officers, Soldiers, and personnel at all levels. Commanders, staffs, and subordinates ensure their decisions and actions comply with applicable United States (U.S.), international, and in some cases, host-nation laws and regulations. Commanders at all levels ensure their Soldiers operate in accordance with the law of war and the rules of engagement. (See Field Manual [FM] 27-10)

This publication implements or is in consonance with American, British, Canadian, Australian, and New Zealand (Armies) Standard 815, Blood Supply in the Area of Operations. This ATP also implements or is in consonance with Quadripartite Advisory Publication 256, Coalition Health Interoperability Handbook, and the following North Atlantic Treaty Organization (NATO) Standardization Agreements (STANAGs):

Title	STANAGs
Allied Joint Doctrine for Modes of Multinational Logistic Support—Allied Joint Publication (AJP)-4.9	2512
Minimum Test Requirements for Laboratory Units of in Theatre Military Medical Treatment Facilities (MTFs)—Allied Medical Publication (AMedP)-8.5	2571
Minimum Requirements for Blood, Blood Donors and Associated Equipment	2939

Army Techniques Publication 4-02.1 uses joint terms where applicable. Selected joint and Army terms and definitions appear in both the text and the glossary. For definitions shown in the text, the term is italicized and the number of the proponent publication follows the definition. This publication is not the proponent for any Army terms. Unless otherwise stated, the use of masculine nouns and pronouns in this publication do not refer exclusively to men.

Army Techniques Publication 4-02.1 applies to the Active Army, Army National Guard of the United States, and United States Army Reserve unless otherwise stated.

The proponent and preparing agency of this publication is the United States Army Medical Department Center and School, United States Army Health Readiness Center of Excellence. Send comments and recommendation on a Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) to **Commander, United States Army Medical Department Center and School, United States Army Health Readiness Center of Excellence, ATTN: MCCS-FDL (ATP 4-02.1), 2377 Greely Road, Building 4011, Suite D, JBSA Fort Sam Houston, Texas 78234-7731**; by e-mail to usarmy.jbsa.medcom-ameddcs.mbx.ameddcs-medical-doctrine@mail.mil; or submit an electronic DA Form 2028. All recommended changes should be keyed to the specific page, paragraph, and line number. A rationale for each proposed change is required to aid in the evaluation and adjudication of each comment.

Introduction

Army MEDLOG, as one of the ten medical functions, is an integral part of the AHS. It provides intensive life cycle management of medical products and services that are used almost exclusively by the AHS and its joint partners and are critical to the successful delivery of Army medical capabilities. Army MEDLOG support is tailored to anticipate and effectively respond to medical requirements through the provision of uninterrupted, end-to-end sustainment of the AHS mission across the range of military operations. Providing timely and effective AHS support is a team effort which integrates the clinical and operational aspects of the mission and requires collaboration between the medical logisticians, health care providers, distribution managers, and other partners within the Military Health System. Army MEDLOG includes management of the following functions:

- Medical materiel (Class VIIIA).
- Medical equipment maintenance and repair.
- Optical fabrication and repair.
- Patient movement items (PMI).
- Medical gases.
- Blood (Class VIIIB) storage and distribution.
- Regulated medical waste (including hazardous material).
- Medical facilities and infrastructure.
- Medical contracting.

This publication describes Army MEDLOG capabilities and their role in sustaining the AHS mission. Medical logistics support for units in the operating force is the primary focus of this publication. However, MEDLOG capabilities in the generating force are also addressed to present a clear picture of the Army resources and infrastructure required to sustain the AHS mission. The integration of operating and generating force capabilities provide strategic efficiency, which enables the seamless delivery of AHS support from the point of injury through successive roles of care to the continental United States (CONUS)-support base.

Army Techniques Publication 4-02.1 consists of eight chapters and three appendixes as follows:

- Chapter 1 opens with an overview of Army MEDLOG.
- Chapter 2 provides a description of each MEDLOG unit, the capabilities available, and role of care where each element may be employed.
- Chapter 3 describes MEDLOG operations in support of force projection, sustainment, and redeployment as well as support provided for Roles 1, 2, and 3 medical treatment facilities (MTFs) and the distribution of Class VIII and contingency materiel.
- Chapter 4 of the ATP covers the information systems and enablers available to facilitate the flow of supplies and equipment throughout the area of operations.
- Chapter 5 describes medical equipment maintenance and repair support to the deployed force.
- Chapter 6 outlines optical support available in theater.
- Chapter 7 describes blood support during contingency operations.
- Chapter 8 covers health facility planning and management including the roles and responsibilities of health facilities planners and how support is provided in theater.
- Appendix A describes the patient movement item system.
- Appendix B covers automatic identification technology.
- Appendix C provides general planning considerations for MEDLOG support.

Chapter 1

Overview of Army Medical Logistics

The AHS is extremely intensive in its use of specialized materiel and support services that are collectively managed and are critical to the accomplishment of the health service support (HSS) and force health protection (FHP) missions. The AHS manages these products and services through the use of specialized processes, systems, and personnel within the field of MEDLOG. Army MEDLOG capabilities operate under the control of the Army Medical Department (AMEDD) within the overall construct of the AHS. This chapter provides a brief overview of the AHS and MEDLOG support to unified land operations.

SECTION I — THE ARMY HEALTH SYSTEM

ARMY HEALTH SYSTEM SUPPORT

1-1. The AHS is responsible for operational management of the HSS and FHP missions for training, predeployment, deployment, and postdeployment operations. The AHS includes all mission support services performed, provided, or arranged by the AMEDD to support HSS and FHP mission requirements for the Army and as directed, for joint, intergovernmental agencies, and multinational forces. The AHS supports unified land operations through the protection and sustainment warfighting functions. Protection and sustainment are two of the six Army warfighting functions (movement and maneuver, fires, protection, sustainment, mission command, and intelligence). The AHS mission to provide the casualty care (treatment aspects), medical evacuation, and MEDLOG functions of HSS are included in the sustainment warfighting function and FHP (casualty prevention aspects) is included in the protection warfighting function.

1-2. Army Doctrine Reference Publication (ADRP) 3-0 defines the sustainment warfighting function as the related tasks and systems that provide support and services to ensure freedom of action, extend operational reach, and prolong endurance. The sustainment warfighting function includes the provision of logistics, personnel services, and HSS necessary to maintain operations until mission accomplishment. While MEDLOG is a part of the sustainment warfighting function under HSS, it also supports the FHP mission. Paragraphs 1-3 through 1-6 of this section are intended to clearly define the MEDLOG function as part of HSS and do not include FHP. However, the remainder of this publication describes the MEDLOG function in support of the entire AHS mission, which encompasses HSS and FHP. See FM 4-02 for a full description of AHS support.

HEALTH SERVICE SUPPORT

1-3. Army HSS is defined as all support and services performed, provided, and arranged by the AMEDD to promote, improve, conserve, or restore the behavioral and physical well-being of personnel in the Army and as directed in other Services, agencies and organizations. Health service support includes casualty care (encompassing a number of AMEDD functions—organic and area medical support, hospitalization, the treatment aspects of dental care, behavioral health/neuropsychiatric treatment, clinical laboratory services, and the treatment of chemical, biological, radiological, and nuclear [CBRN] patients), medical evacuation, and MEDLOG.

1-4. Medical logistics is not part of the logistics subtask under the sustainment warfighting function, but is included in the AHS mission under HSS as defined above. Army Doctrine Reference Publication 4-0 defines logistics as planning and executing the movement and support of forces. Army logistics includes

the following: supply, field services, maintenance, distribution, transportation, operational contract support, and general engineering support.

1-5. The AMEDD is responsible for the operational management of Army MEDLOG as a mission element of HSS. Medical logistics encompasses the management of medical materiel procurement and distribution, medical equipment maintenance and repair, optical fabrication and repair, blood storage and distribution, PMIs, medical contracting, regulated medical waste, medical gases, and medical facilities and infrastructure.

1-6. Medical logistics is distinguished from *line logistics* in that its products and services are used almost exclusively by the medical system for the provision of HSS and FHP, while *line logistics* focuses on the sustainment of major end items and general troop support to maximize combat power. Medical products and services are critical to the success of the AHS mission and subject to the strict standards and practices that govern the U.S. health care industry including regulatory guidelines as published by the United States Food and Drug Administration and Drug Enforcement Administration. Medical logistics focuses on the specialized requirements of a multifunctional Military Health System in order to reduce morbidity and mortality among Soldiers.

SIGNIFICANCE OF THE MEDICAL COMMODITY

1-7. The Army has long recognized that certain commodities possess peculiarities or characteristics that make them sufficiently distinctive, requiring that they be managed by specially trained personnel. Class III and Class V are typical examples, as is Class VIII. For this reason, on 20 July 1967 the Joint Chiefs of Staff directed that medical materiel be removed from Class III and Class IV and designated as a separate class of supply (Class VIII).

1-8. Basic to any logistics plan are the principles of anticipated user needs and continued support. These principles imply that the individual directing this support must have a thorough knowledge of the system being supported, as well as an understanding of how and why the particular item being supplied is used. Medical logistics cannot operate on the basis of historical data alone. Many external factors—the judgment of the physician, environmental factors, and the peculiarities of the patient’s medical condition—affect the demand for an item. The nonavailability of certain pieces of equipment or supply items can cause an interruption in the support being provided.

1-9. Specific peculiarities of Class VIII materiel include—

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

1-10. Considerations governing inventory management of Class VIII materiel include, but are not necessarily limited to, the fact that—

- Request for and actual use of Class VIII is preceded by a professional decision.
- Choice of substitution is extremely limited, professionally directed, and controlled and monitored by technical specialists.
- Nonstandard items are an integral and significant element of the logistical management effort.
- Inherent to medical materiel management are the functions of medical equipment maintenance and repair parts support, as well as optical fabrication and repair services.
- Strict adherence to the provisions of the Geneva Conventions precludes the storage of medical materiel with other commodities in accordance with FM 27-10.

1-11. The characteristics of medical materiel that differentiate it most from other commodities, is the dynamic and often unpredictable nature of Class VIII requirements, their specialized means of identification and sourcing, and their criticality to the immediate needs of the AHS. Other commodities (such as Class IX) may have a significant number of items or special storage/security requirements (such as Class I and Class V). However, effective and efficient Class VIII management requires both specialized training and direct accountability to the AHS. The tonnage or weight of medical materiel is not a major consideration in sustainment operations. With the exception of fluids and medical gas cylinders, Class VIII sustainment is characterized by a high number of line items with relatively low volume and weight, which often risks it relegation to a lower priority for movement when cargo is held to maximize use of transportation capacity, especially to remote customers. Class VIII supplies and equipment are also afforded protective status under the provisions of the Geneva Conventions. Refer to FM 27-10 for a detailed discussion of the Geneva Conventions.

SECTION II — LEVELS OF SUSTAINMENT

1-12. Logistics support may be executed at the strategic, operational, or tactical level and is dependent upon Department of Defense (DOD) and Army distribution management systems and platforms for physical movement and handling of medical materiel. Effective MEDLOG support to the AHS mission requires unity of effort in a wide range of activities across strategic, operational, and tactical levels with shared understanding of plans and intentions and near real-time visibility of user requirements, available resources, and materiel in-transit. While it is useful to associate organizations with a level of sustainment, to the extent possible, the AHS minimizes layers of management and inventory in MEDLOG processes to promote efficiency, flexibility, and high reliability in meeting HSS and FHP requirements. The AHS also integrates the capabilities of Army generating force organizations into key MEDLOG functions to support the operating force in an effort to avoid redundancy and leverage capabilities and processes used to sustain the AMEDD and Military Health System missions.

STRATEGIC LEVEL

1-13. Strategic logistics supports the attainment of broad goals and objectives as outlined in national security policies established by the President and Secretary of Defense. Strategic logistics functions are performed in CONUS and within each of the combatant commands. Medical logistics activities at the strategic level include—

- Determination of materiel requirements.
- Acquisition, assembly, and fielding of medical supplies and equipment.
- Management of strategic programs for medical force modernization and materiel readiness.

1-14. Strategic MEDLOG capabilities also include planning and executing the release or acquisition of Class VIII materiel to complete the outfitting of medical units at the time of deployment and coordination for movement into the theater and staging areas. Strategic MEDLOG activities use multiple sources for support to operating forces to include—commercial supplier networks, Defense Logistics Agency stocks, Army pre-positioned stocks (APS) and operational projects, and other materiel readiness programs. Medical logistics is also characterized by the use of DOD standard business practices and supporting information systems across the Military Health System.

1-15. The United States Army Medical Research and Materiel Command (USAMRMC) serves as the medical life cycle management command and is responsible for the planning, management, and execution of strategic programs to acquire, assemble, field, and maintain the readiness of Army medical capabilities. In doing so, the USAMRMC predominantly uses medical prime vendor and other strategic acquisition programs provided by the Defense Logistics Agency to enable operational and strategic-level MEDLOG organizations to order and receive materiel directly from commercial suppliers. The Defense Logistics Agency, as the DOD executive agent for medical materiel, coordinates these programs with the United States Transportation Command to enable direct delivery to the Army medical materiel centers in theater without intermediate government inventory or handling. The United States Transportation Command plays a vital role in establishing and maintaining joint total asset visibility and provides common-user airlift, sealift, and terminal services to deploy and sustain U.S. forces on a global basis. The Defense Health

Agency's Medical Logistics Division (formerly the Defense Medical Materiel Program Office) collaborates with the Service medical departments for joint standardization of medical materiel within the DOD. The AHS also engages in ongoing formal collaboration with the medical departments of the United States Air Force (USAF), United States Navy, the Defense Logistics Agency, and other governmental agencies to promote joint interoperability and sustainability of materiel used by their respective operating medical forces.

OPERATIONAL LEVEL

1-16. Operational logistics supports the commander's plan and links strategic logistics to tactical logistics on the battlefield, ensuring support and success at the lowest level. Operational support attempts to balance strategic planning requirements with the needs of tactical operations in support of unified land operations. Medical logistics at the operational level focuses on the mission and requirements of the combatant command and supporting Army Service component command (ASCC) and links tactical level MEDLOG to strategic level sustainment programs. Operational logistics support to tactical units/elements at the brigade combat team (BCT) level is conducted by echelons above brigade (EAB) organizations such as the—

- Medical command (deployment support), which serves as the senior medical mission command element in theater in support of the ASCC.
- Army medical materiel centers.
- Medical logistics management center (MLMC) forward teams and others as described throughout the publication.

1-17. The various operational-level sustainment agencies are assigned logistics responsibilities in accordance with Title 10, United States Code (10 USC), Department of Defense directives (DODD), interagency agreements, and applicable federal laws. Within these guidelines, the combatant commander has many options when establishing the theater support system. For example, the combatant commander may choose to assign specific common user logistics functions (to include both planning and execution) to a lead Service. As is the case when the ASCC is tasked to provide single integrated medical logistics management (SIMLM) support. When responsibility for the SIMLM mission is assigned, the combatant commander must define the scope of MEDLOG support required and assess the degree to which augmentation is needed to provide the necessary support.

TACTICAL LEVEL

1-18. At the tactical level, essential functions such as medical support, supply, maintenance, field services, transportation, and personnel services are provided to assist Soldiers in accomplishing the mission. During the tactical phase, the medical logistician's primary focus is the identification of unit requirements to ensure availability of the medical materiel and equipment necessary to sustain the uninterrupted delivery of AHS support.

1-19. Medical logistics activities at this level are geared toward satisfying immediate HSS and FHP requirements and rely heavily on the effective application of agility, velocity, and situational understanding. Army medical capabilities organic to the BCT deploy medical supply and maintenance capabilities for limited self-sustainment and receive MEDLOG support from the medical logistics company (MLC). The MEDLOG capabilities of Army medical units at EAB are also limited and are dependent upon the MLC, Army medical materiel center, or supporting theater lead agent for medical materiel (TLAMM) for Class VIII resupply and medical equipment maintenance support.

SECTION III — MEDICAL LOGISTICS SUPPORT

1-20. The office of the Deputy Chief of Staff of the Army (Logistics) is the proponent office for all Army logistics policy. The Surgeon General (TSG), as the Army's MEDLOG manager provides advice and assistance to Headquarters, DA agencies and activities on procedures and systems for management of Class VIII materiel. Army MEDLOG support is characterized by goals, policies, procedures, and organizational structures and is directly related to overall AHS support. It interfaces as a facilitating-type subsystem responsive first and foremost to patient care and secondly to the DOD and the Army's logistics system.

ARMY MEDICAL LOGISTICS

1-21. The Surgeon General of the Army executes Section 3031 to 3032, Title 10, United States Code (10 USC 3031 to 3032) responsibilities for development and direction of policy to train and equip the Army medical force and serves as the Commanding General, United States Army Medical Command (USAMEDCOM). The Surgeon General also serves as the Army's medical combat developer and materiel developer and is responsible for determination of requirements and the provision of materiel acquisition and total product life cycle management for Class VIII materiel and equipment.

OFFICE OF THE SURGEON GENERAL

1-22. The Office of The Surgeon General (OTSG) is responsible for the development and management of MEDLOG business processes to provide the clinical capabilities necessary to achieve the standard of care expected by warfighting commanders and the American people. Medical logistics follows the policies of the Army Regulation (AR) 700-series with exceptions provided in AR 40-61. The policies and procedures covered in AR 40-61 are unique to medical materiel and operations that are subject to regulations and standards of the Food and Drug Administration, the Environmental Protection Agency, the Drug Enforcement Agency, and The Joint Commission. The AHS executes TSG's 10 USC responsibilities through organizations in both the Army's operating and generating forces.

UNITED STATES ARMY MEDICAL COMMAND

1-23. The USAMEDCOM is a direct reporting unit that provides mission command for Army fixed-medical, dental, and veterinary treatment facilities as well as public health, medical research and development, and medical education and training institutions. The OTSG's Director of Logistics and USAMEDCOM's Assistant Chief of Staff for Logistics have primary staff responsibility for developing policies and procedures and providing guidance in the area of medical materiel management. Through its subordinate commands, the USAMEDCOM executes TSG's combat development and materiel development responsibilities and provides strategic and operational MEDLOG support to the Army's operating forces during deployments and at home station.

United States Army Medical Department Center and School

1-24. The Surgeon General's combat developer function is further delegated to the Commanding General of the United States Army Medical Department Center and School. The United States Army Medical Department Center and School also provides medical education and training for AMEDD personnel including medical logisticians.

United States Army Medical Research and Materiel Command

1-25. The USAMRMC serves as the AMEDD's medical materiel developer and life cycle management command responsible for managing strategic Army programs to field, project, and sustain the Army medical force. The United States Army Medical Materiel Agency (USAMMA) and the United States Army Medical Materiel Development Activity, both subordinate units of the USAMRMC, are responsible for executing the materiel development function within the command. The USAMMA executes the life cycle management function for Class VIII and serves as the materiel developer for commercial and nondevelopmental items, while the United States Army Medical Materiel Development Activity serves as the materiel developer for military unique items. The USAMMA is also responsible for implementation and management of medical materiel readiness programs in support of Army wide MEDLOG.

1-26. The AHS includes generating force organizations whose primary mission is to generate and sustain operational capabilities for employment by joint force commanders. These responsibilities include support of readiness, Army Force Generation, and the routine performance of functions specified and implied in 10 USC. The capabilities of AHS organizations in the generating force are employed by or in direct support of operating forces. Chapter 3 of this ATP contains a more detailed description of the USAMRMC and other USAMEDCOM operating and generating force organizations involved in projection and sustainment of deployed forces.

MEDICAL LOGISTICS SUPPORT TO UNIFIED LAND OPERATIONS

1-27. The AHS provides HSS and FHP in support of unified land operations, which include offensive, defensive, stability, and defense support of civil authorities (DSCA) tasks. In the past, the Army's emphasis, in terms of both planning and structure, focused on major combat operations, which are dominated by offensive and defensive tasks. Now, Army doctrine equally weights tasks associated with stability and DSCA with those related to offensive and defensive tasks. Throughout an engagement, offensive, defensive, stability, or DSCA tasks may occur simultaneously and have their own set of difficulties, which makes the logistician's mission very challenging.

1-28. Offensive tasks are conducted to defeat and destroy enemy forces and seize terrain, resources, and population centers (ADRP 3-0). The high level of intensity that exists when conducting offensive tasks increases the requirement for sustainment support. Higher casualty rates associated with the offensive may increase the requirement for medical resources, which makes it essential that AHS assets be positioned as close to supported units as is tactically possible to reduce response times for critical support. Supply Classes I (potable water), III, V, and VIII will be the most critical supplies required. Medical planners must work closely with staffs within the other warfighting functions to determine the scope of the operation, develop estimates for the quantity and types of support required, and develop a priority of support based on the anticipated need. In-transit visibility and/or total asset visibility is a major contributing factor in the success of any mission.

1-29. Defensive tasks are conducted to defeat an enemy attack, gain time, economize forces, and develop conditions favorable for offensive or stability tasks (ADRP 3-0). Positioning of sustainment resources is also critical when conducting defensive tasks. Locating assets in the wrong place can impede friendly maneuver, or worse, may allow sustainment units to be overrun. Generally, when conducting defensive tasks, sustainment assets are located closer to the sustainment area. However, this can vary depending on the type of defense. Refer to ADRP 3-0 and ADRP 3-90 for additional information on offensive and defensive tasks.

1-30. Stability tasks are conducted outside the U.S. in coordination with other instruments of national power to maintain or reestablish a safe and secure environment, provide essential governmental services, emergency infrastructure reconstruction, and humanitarian relief. Stability tasks are an important part of unified land operations and may occur simultaneously, with combinations of offensive and defensive tasks, or separately, usually at the lower end of the range of military operations. Army forces engaged in stability tasks establish, safeguard, or restore basic civil services and act directly and in support of governmental agencies. Under conditions such as those found in the various types of stability tasks, medical logisticians may be required to operate in small, task-organized units formed using the concepts of modularity and split-based operations. Medical units may be tasked to provide support far from traditional command channels and be required to assist civilian agencies that lack the ability to sustain themselves. Tailoring such support in this ever-changing environment is critical to sustainment success. Contractor and host-nation support assets will be invaluable in the less combat-related roles, releasing uniformed personnel for high intensity, high-risk requirements.

1-31. Stability and DSCA tasks generate medical materiel requirements beyond what is normally represented in medical capabilities provided in support of offensive and defensive tasks, which makes it necessary to rapidly assess and identify requirements and optimal sources of support and distribution. When supporting stability and DSCA tasks, the AHS employs MEDLOG capabilities in both the generating and operating force, in coordination with DOD logistics and transportation organizations.

1-32. Defense support of civil authorities tasks are defined as support provided by U.S. Federal military forces, DOD civilians, DOD contract personnel, DOD Component assets, and National Guard forces (when the Secretary of Defense, in coordination with the governors of the affected states, request to use those forces in Title 32, United States Code [32 USC] status) in response to requests for assistance from civil authorities, or from qualifying entities for special events. Most tasks necessary to conduct DSCA are similar to stability tasks, but are conducted in the U.S. and its territories. See Chapter 3 of this manual for a more detailed description of AHS support to DSCA tasks. Refer to ADRPs 3-07, 3-0, and 3-28, as well as FM 4-02, and ATP 4-02.42 for additional information on stability and DSCA tasks.

1-33. Operations conducted by Army special operations forces are also a major element of unified land operations. Army Special Operations Forces possess unique capabilities to support United States Special Operations Command's missions and functions as directed by Congress. The provision of AHS support for Army special operations forces is challenging. These forces are lightly equipped with few organic support assets and routinely enter austere theaters before adequate support structure can be established. The Army special operations forces surgeon, at all levels of command, is responsible for planning, coordinating, and synchronizing AHS support functions and missions including the coordination necessary to ensure that medical support is available when requirements exceed the organic capabilities of deployed special operations forces. The Army special operations forces surgeon is also responsible for determining medical requirements and providing oversight for the requisition, procurement, storage, maintenance, distribution management, and documentation of medical supplies and equipment, as well as a host of other AHS support tasks. Refer to FM 4-02.43 for additional information on AHS support to special operations forces.