

INFORMATION PAPER

MRMC-MMO-M
3 October 2014

SUBJECT: Application of the Forward Repair Activity-Medical (FRA-M) to project depot-level maintenance globally.

1. Purpose: To provide information on the FRA-M and its role in the delivery of medical maintenance subject matter expertise to Army assets world-wide.

2. Facts:

a. Background - Advanced medical technology both in close proximity to and on the battlefield has markedly improved the prognosis of injured/ill Soldiers and other deployed patients. In recent years, we have seen deployable radiology departments evolve from mirror-imaging fluoroscopy and wet-chemistry processing to advanced Computed Tomography, Computed Radiography, and digital teleradiology systems. Similar advances in technology and equipment complexity have impacted virtually all areas of patient care within our deployable medical systems. Such advances, however, have led to increased challenges in ensuring systems reliability and maintainability, particularly forward on the battlefield. Complexity, fragility, and high technology turnover all present challenges to the institution charged with training operators of these systems as well as to maintainers responsible for equipment sustainment. Functional areas such as imaging, laboratory, and pulmonary are complex enough to merit a maintenance specialty in of itself, yet maintenance doctrine and limited resources require medical maintainers (68A) to maintain proficiency in virtually all medical equipment located in a deployable medical systems environment.

b. Advanced Technology Impact on Training (Entry & Sustainment Level) - Over the years, medical technology has dramatically increased in complexity, yet initial entry and sustainment training for medical repairers has changed very little. These repairers provide significant capability as 'first call' technicians, often having the training and experience to perform scheduled services such as Preventive Maintenance Checks and Services (PMCS), calibration, and safety checks on equipment within a Medical Treatment Facility. This training level works well in a fixed facility with a controlled environment, operator training, and contractor support but it fails to work in a deployed scenario.

c. Equipment movement, environmental variation, and operator unfamiliarity also present unique challenges within the deployed environment. When deployed unit-level repairers need help above their skill level, the only support they have (in the Table of Organization and Equipment (TOE) structure) is the medical logistics (MEDLOG) company. Under current doctrine, MEDLOG 68As have identical training to that of unit-level repairers but often have less experience. Our maintenance-sustainment infrastructure provides ample capacity for sustaining general medical equipment but is

frequently incapable of facilitating the sustainment and support of complex medical equipment. The FRA-M introduces subject matter experts into the theater in order to bridge that gap and to assist, mentor, and provide critical back-up expertise to deployed 68As.

d. Force Projection Logistics - Effective force projection logistics requires a seamless logistics system operating across the strategic, operational, and tactical levels. Elements from CONUS and from the theater of operations must work with tactical organizations to form this seamless system. The FRA-M bridges the gap between strategic and tactical levels, linking the industrial bases with operational logistics units.

e. Theater Medical Capability Augmentation - The FRA-M does not replace TOE assets currently in the force structure. The FRA-M is a unique, national level, medical maintenance resource that enhances medical capability by providing sustainment-level support forward. It enhances medical readiness by integrating USAMRMC's CONUS-based technical expertise to deployed units within the theater of operation. Insertion of higher-level technical skills forward on the battlefield minimizes critical, repairable equipment evacuations from theater, reduces replacement materiel flow, and curbs the need for contractor support in order to maintain separate items of medical equipment.

f. Currently, the US Army Materiel Agency simultaneously inserts three technicians into SWA: one focused on pulmonary, anesthesia and oxygen generation; one skilled in laboratory and patient monitoring, and a medical imaging systems expert.

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