

## DEPARTMENT OF THE ARMY SUPPLY BULLETIN

### Army Medical Department Supply Information

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#### NOTICE

This Supply Bulletin is devoted entirely to  
Strategic Capabilities Provided to the Warfighter

## **CHAPTER 1. ARMY PREPOSITIONED STOCK (APS) PROGRAM**

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### **1-1. APS PROGRAM BACKGROUND**

a. The traditional methods of locating sustainment stocks in Theater Reserve sites under local or theater commander control is no longer consistent with supporting the dynamics of a rapidly changing world with constrained resources - nor is it in keeping with current policy objectives. The Army has become a much smaller, predominantly Continental United States (CONUS)-based force. The Army's Strategic Mobility Program, when fully implemented, will greatly expand the Army's ability to quickly move personnel and equipment to potential contingencies throughout the world. Forward presence will be achieved through minimum outside continental United States (OCONUS) stationing, with increased reliance on unit rotations and exercise deployments to provide stability in dynamic regions. To accomplish this objective, a balance of airlift, sealift, and sustainment (prepositioned equipment and supplies) is needed to provide the ability to project forces worldwide and sustain those forces during a contingency.

b. In May 1992, the Chief of Staff of the Army (CSA) directed a reduction in War Reserve (WR) and Operational Project (OP) stocks and transferred management and accountability responsibilities for this materiel to the Army Materiel Command (AMC) and OTSG, for Supply Class (SC) VIII. The USAMMA was designated by OTSG as the executive agent for SC VIII materiel and manager of the SC VIII portion of the Army War Reserve (AWR) Program. In 1998, the AWR Program was redesignated Army Prepositioned Stock (APS). In 2004 APS-3 was redesignated as Afloat Regional Flotilla (ARF).

### **1-2. APS AND SC VIII APS LOCATIONS**

a. The objective of the CSA APS management policy is to change the use and ownership of APS materiel from specific Combatant Commander (CC) and theaters to a common user stockpile of equipment and supplies that can support the worldwide requirements of any warfighting CC. These stocks now fall under the broad heading of APS materiel and are grouped into five regions. APS-1 consists of CONUS based stocks, APS-2 stocks are stored in Europe, APS-3 stocks are prepositioned aboard ships, APS-4 stocks are located in the Pacific, and APS-5 covers Southwest Asia. The APS program encompasses prepositioned Brigade/Unit Sets, Operational Projects (OP), and sustainment stocks.

b. As the SC VIII APS Program Manager, the USAMMA maintains all total item property records on in-house systems. To accomplish the day-to-day management of SC VIII APS materiel, the USAMMA uses existing Activities as accountable Activities to maintain and manage prepositioned assets.

APS-1	Health and Human Services Sierra Army Depot Anniston Army Depot
APS-2	U.S. Army Medical Materiel Center-Europe (USAMMCE)
APS-3	Various afloat ships and Army Materiel Command (AMC) Combat Equipment Group Afloat (CEG-A), Charleston, SC
<p><u>NOTE:</u> These sets do not contain exclusionary items such as controlled drugs, refrigerated, or P&amp;D items. Two methods exist to provide these items:</p> <p>(1) The deploying medical unit will bring them To Accompany Troops (TAT), and/or</p> <p>(2) These items will be provided to the receiving medical unit by the Logistics Support Element, Medical Logistics Support Team (LSE MLST), if a push package from Charleston is required.</p>	
APS-4	Combat Equipment Base – North East Asia (CEB-NEA) Sagami General Depot, Sagami, Japan Camp Kinser, Okinawa, Japan
APS-5	Combat Equipment Base – Kuwait (CEB-KU) Combat Equipment Group – Qatar (CEB-Q) USAMMCE - Pirmasens, Germany

c. The USAMMA has Memorandums of Agreement (MOAs), Interservice Support Agreements (ISSAs), and Statements of Work (SOWs) with the activities to govern APS operations at the storage sites. In addition, the USAMMA personnel make periodic visits to the activities in order to resolve issues and view APS assets.

**1-3. SC VIII APS ASSETS**

a. The USAMMA has the SC VIII materiel below prepositioned to support the warfight.

(1) Four (4) Brigade Sets (A second brigade set will be prepositioned Afloat in March 04) for a total of five (5):

One (1) for Europe – 1x1 uploaded to APS-3 Apr 04 with potency and dated (P&D) items stored at USAMMCE (currently being configured).

One (1) Immediate Ready Force – stored at USAMMCE.

One (1) in Korea - 2x2.

One (1) in Kuwait - 2x2 issued for OIF, pending “set the force”

funding.

One Patriot BN in Qatar – pending “set the force” funding.

(2) Three (3) Afloat - 1x1 two currently uploaded; one from APS-2, i.e. Afloat Regional Flotilla – ARF I, II, III ships.

(3) Combat Support and Humanitarian Assistance/Disaster Relief ship.  
Note: The medical Standard Requirement Codes (SRCs), which designate the type of units which will be prepositioned for medical, are still being reviewed.

(4) Line Item and Set Configured Sustainment Stocks: Health and Human Services, Sierra Army Depot, Europe, Korea, and Japan. Assets stored Afloat and in Qatar were issued for OIF, pending "set the force" funding.

(5) Operational Projects (OP): Anniston Army Depot, USAMMCE, Korea, and Japan. Assets stored in Kuwait and Qatar were issued for OIF, pending MACOM revalidation and "set the force" funding.

b. Until AMC (Field Support Command) completes the Automated Battlebook System (ABS) for each theater, visibility of specific sets and their pack data can be provided to units by contacting their higher headquarters. The higher headquarters, in turn, will notify the Strategic Capabilities and Materiel Directorate.

#### **1-4. ADDITIONAL INFORMATION**

a. Deploying units identified to receive APS medical assets are strongly encouraged to contact their higher headquarters. The higher headquarters, in turn, will contact the SCMD, DSN 343-4428 or 301-619-4428. SCMD will provide asset visibility down to NSN level for all APS medical supplies and equipment and will recommend supplies and equipment the unit must bring as TAT.

USAMMA  
 ATTN: MCMR-MMS-M  
 1423 SULTAN DR., SUITE 100  
 FORT DETRICK MD 21702-5001  
 Telephones: DSN 343-4428 or 301-619-4428

b. Additionally, personnel from the SCMD Directorate can discuss operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment; call DSN 343-4408 or 301-619-4408.

USAMMA  
 ATTN: MCMR-MMS-P  
 1423 SULTAN DR., SUITE 100  
 FORT DETRICK MD 21702-5001  
 Telephones: DSN 343-4408 or 301-619-4408

## CHAPTER 2. WAR RESERVE REQUIREMENTS

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### 2-1. REQUIREMENTS DETERMINATION

Perhaps the most interesting and controversial part of the APS Program is the development of requirements. Let's take a look at four of the programs and how requirements are developed for them.

a. Brigade/Unit Sets. HQDA, Deputy Chief of Staff for Operations (DCSOPS) has determined the need to preposition APS Brigade Sets and nine (9) Unit Sets (hospitals) worth of materiel at strategic locations. This will enable units to deploy from home station with minimal equipment. Brigade/Unit Sets are documented as unmanned Table of Organization and Equipment (TO&E) units. They have a Unit Identification Code (UIC) and AMC does the Unit Status Report (USR) on these sets since the majority of the materiel within the Brigade is under AMC management. The USAMMA provides the SC VIII feeder data to AMC. The SCMD programs the medical requirements for Brigade Sets and Unit Sets after receiving information from HQDA regarding type of units, location of units and quantity of units. Since these are separate units, the MTO&E could be modified to specific missions but currently they are modeled after active Units.

b. Operational Projects (OP). Operational projects are authorization documents that provide the MACOM a way to identify additional materiel authorized for a specific mission. AR 710-1, *Centralized Inventory Management of the Army Supply System*, Chapter 6, goes into detail of how OPs are established, how the use of OP supports contingency operations, etc. MACOM identifies the medical materiel requirements for an OP, creates a list of items (DA Form 4145, *Operational Project List of Items*) and provides classified justification through Command channels to AMC for staffing with HQDA. After HQDA DCSLOG/DCSOPS gives approval, the APS managers at AMC and the USAMMA, fund for acquisition or cross-level existing assets against this new requirement.

c. Army War Reserve Sustainment (AWRS). HQDA tasks the USAMMA to develop an AWRS requirement based upon the Time-Phased Force Deployment Data (TFPDD). SCMD assumes that the sets, kits, and outfits (SKO) authorized to the Units represent the quantity and type of items that will be consumed while treating patients. The Resupply By Unit Type (REBUT) requirements determination model takes the TPFDD, pulls in Unit authorization data from the Logistics Integrated Database (LIDB) system, and determines the number of each set required for a given period of time. The data listing showing the quantity and type of MESs from the REBUT model is input into the USAMMA database. The database mainframe computer pulls in the unit assemblage (UA) components and multiplies the number of sets times the allowance for each component. If the component is a piece of equipment or nonexpendable item, the requirement is zero filled. (You don't want to replace equipment or nonexpendable items every 5 to 10 days.) If the component is reusable, the quantity is reduced to 10 to 20 percent of the computed requirement depending on the degree of reuse. Appendix A describes in detail the computation process for developing requirements for SC VIII APS Sustainment.

d. Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM).

- (1) The requirement for MNBCDM is based upon two factors:
  - (1) initial issues to get troops out the door, and
  - (2) sustainment or replacement of the MNBCDM after consumption.

(2) The initial issue is a simple multiplication of the personnel strength times the authorized quantity per soldier. Sustainment is computed on the population-at-risk times the Joint Chiefs of Staff (JCS) approved rate for that theater of operation.

e. Other Special Computation Items (Special Comps).  
Common Table of Allowances (CTA) Items such as chapstick, litters).

## **2-2. ADDITIONAL INFORMATION**

a. For additional information pertaining to SC VIII APS Program management, contact the

USAMMA  
ATTN: MCMR-MMS-M  
1423 Sultan Dr., Suite 100  
Fort Detrick, MD 21702-5001  
Telephone: DSN 343-4428 or 301-619-4428

b. For additional information on operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment, contact the:

USAMMA  
ATTN: MCMR-MMS-P  
1423 Sultan Dr., Suite 100  
Fort Detrick, MD 21702-5001  
Telephone: DSN 343-4408 or 301-619-4408

## **CHAPTER 3. CLASS VIII CONTINGENCY MATERIEL PROGRAMS**

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### **3-1. INTRODUCTION**

a. While the Army has established specific programs to support contingency operations, OTSG has also established centralized managed programs. These OTSG Contingency Programs support areas not covered by the DA programs. The outline below shows these two umbrella programs and their component programs.

- (1) Army Prepositioned Stock:
  - ◆ Brigade/Unit Sets
  - ◆ Operational Projects
  - ◆ War Reserve Sustainment
  
- (2) The Surgeon General's Contingency Stock:
  - ◆ Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM)
  - ◆ Unit Deployment Packages (UDPs), Medical Potency & Dated Materiel (P&D)
  - ◆ Reserve Component Hospital Decrement (RCHD)

b. Major differences between these two programs:

- (1) Army Prepositioned Stocks:
  - ◆ DCSLOG of the Army owns this materiel even though it is sitting on MACOM soil
  - ◆ AMC manages the non-Class VIII, the USAMMA manages Class VIII
  - ◆ HQDA (DCSLOG/DCSOPS) are the only activities authorized to approve the release of APS stock
  - ◆ Once authorization is given, AMC/USAMMA will direct movement as necessary
  - ◆ OTSG Contingency Programs:
    - ◆ OTSG owns this materiel;
    - ◆ Managed by the USAMMA;
    - ◆ OTSG is only activity authorized to release OTSG Contingency stock.

c. In addition to the stocks in the contingency materiel program, troops are required to receive certain vaccines prior to deployment. The vaccine, needles and syringes, cotton swabs, etc., are a U.S. Army Medical Command (USAMEDCOM) responsibility at the individual installation and are not part of the above discussion.

### **3-2. ADDITIONAL INFORMATION**

a. For additional information pertaining to the MNBCDM Program, contact:

USAMMA  
 ATTN: MCMR-MMS-M  
 1423 Sultan Dr., Suite 100  
 Fort Detrick MD 21702-5001  
 Telephone: DSN 343-4421 or 301-619-4421

- b. For additional information concerning the Unit Deployment Packages (UDP) centrally-managed medical P&D program, contact:

USAMMA  
ATTN: MCMR-MMS-M  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
Telephones: DSN 343-4461/4428 or  
301-619-4461/4428

- c. For additional information pertaining to the RCHD program, contact:

USAMMA  
ATTN: MCMR-MMS-M  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
Telephones: DSN 343-4421/4355/4428 or  
301-619-4421/4355/4428

## **CHAPTER 4. THE ARMY CENTRALLY MANAGED MEDICAL POTENCY AND DATED (P&D) MATERIEL PROGRAM**

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### **4-1. INTRODUCTION**

a. Funding constraints at the unit and DoD level (along with current business practices in commercial industry) prompted the Chief of Staff, Army (CSA) to approve The Surgeon General's (TSG) recommendation:

'... that the Office of The Surgeon General (OTSG) assume responsibility for the centralized funding, management, and distribution of medical P&D materiel for early deploying (ED) medical units at Echelons Above Division (EAD) deploying in the first 31 days of a conflict.'

In January 1997 OTSG, in turn, passed the mission to the USAMMA.

b. To support this DoD mission, the USAMMA developed the Centrally Managed Medical P&D Materiel Program that utilizes a variety of actions/strategies to provide access to sources of supply. These actions/strategies include the prepositioning of supplies and contracting with the commercial sector for both ownership of, storage of, and access to, inventory. The USAMMA identified the programmed National Stock Numbers (NSNs) and total issue quantity requirements by stratifying the authorizations of each P&D NSN in every Unit Assemblage (UA) for every generic ED EAD medical unit through day 31. The Centrally Managed Medical P&D Materiel Program coined the terms "Unit Deployment Package" for a unit's medical P&D materiel.

(1) Unit Deployment Package (UDP) consists of the medical potency dated materiel with a shelf life code (SLC) of less than 60 months (shelf life codes of A-H, J-N, P-S, or 1-9) for ED EAD medical units that deploy within the first 31 days of a conflict. Specific pre-positioned UDPs currently covered are the Medical Force 2000 (MF2K) Combat Support Hospital (CSH); Medical Re-Engineering Initiative (MRI) Corp [Split] CSH and Echelon Above Corps (EAC) [Non-Split] CSH; Area Support Medical Company (ASMC), Forward Surgical Team (FST), and the Aerial Ambulance Company (AAC).

(a) All Active Component (AC) ED EAD units are still responsible for non-medical UDP items with a shelf life of less than 60 months (SLC A-H, J-N, P-S, or 1-9) and will consider these items part of the Unit Basic Load (UBL).

(b) All Reserve Component (RC) EAD units will receive non-medical UDP items with a shelf life of less than 60 months (SLC A-H, J-N, P-S, or 1-9).

c. The Centrally Managed P&D Materiel Program does not include support kits, and support kit items. Each unit is responsible for the procurement of support kit items. The USAMMA recognizes the difficulty of identifying each piece of equipment and available support kit items that support various data base authorizations. It is recommended to scrub the equipment list and identify unit-specific support kit items and consumables.

d. Original UA NSNs, which are unsupported within the program and for which substitute NSNs are in place, can be found at the USAMMA website:

([www.usamma.army.mil](http://www.usamma.army.mil)). Availability of a particular NSN can be verified by contacting the USAMMA Centrally Managed Medical P&D Materiel Program Manager (ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001) at DSN 343-4461 or 4428; commercial prefix is 301-619.

e. This program gives USAMMA the ability to “push” UDPs (minus Support Kit Items) to ED EAD medical units. UDP quantities are based on the same unit “Days of Supply” (DOS) schedule as the UBL.<sup>1</sup> Other USAMMA sustainment programs, in conjunction with theater SIMLM operations, will support and maintain the medical requirements of deployed units after initial issue of a UDP.

NOTE: All medical units must develop an internal plan to receive and prepare the UDP for deployment, procure any additional materiel required to support their deployment, and plan the transportation (TPFDD) of this materiel.

f. While the Centrally Managed Medical P&D Materiel Program will provide materiel to those units deploying on/before day 31, units must keep in mind that the TPFDD is a flexible and fluctuating schedule. Should an activity with an initial deployment date sooner than day 31 suddenly find itself deploying beyond day 31, that unit will fall off USAMMA’s list of units scheduled to receive a UDP. Therefore, units must plan appropriately.

#### **4-2. PROCUREMENT STRATEGIES**

a. The USAMMA utilizes a combination of acquisition and management strategies to either gain access to industry stocks or to purchase medical P&D materiel outright. Purchased medical P&D materiel may be stored and managed by a vendor or prepositioned as a UDP. These stocks are not “flagged” to any one unit. They will be used as swing stocks for issue to selected medical activities. The following is a discussion of the current strategies encompassing the central management of medical P&D materiel.

b. The pre-positioning of UDPs enables USAMMA to quickly outfit ED medical units with their basic load of medical P&D items. During FY97, the USAMMA built and stored 10 Combat Support Hospital (CSH) UDPs and two Area Support Medical Battalion (ASMB) UDPs at various strategic locations worldwide. Changes in the force structure as well as changes in the deployment planning process within USAMMA has resulted in an increase of and a different mix of prepositioned UDPs required to meet future ED EAD medical unit deployments. A final determination has not been made as to the storage locations of these UDPs, which may include MRI EAC [Split based] and Corps [Non-split based] CSH UDPs, FST UDPs, ASMC UDPs, AAC UDPs, Ground Ambulance UDPs, and UDPs for other EAD type medical units. The storage activity is responsible for administering all actions associated with the Care of Supplies in Storage (COSIS). They will forecast maintenance costs and requirements and submit the information to the USAMMA for programming and budget planning. Storage sites currently maintaining one or more UDPs for the

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<sup>1</sup> The difference between a UDP and a UBL is that a UDP only focuses on P&D medical materiel, whereas the UBL is an all-encompassing list of the materiel, both medical and non-medical, necessary to support deployment.

Centrally Managed Medical P&D Program are listed below. Additional storage sites are being evaluated to meet future UDP storage requirements.

- ◆ Sierra Army Depot (California)
- ◆ Perry Point (Health and Human Services), MD
- ◆ U.S. Army Medical Materiel Center – Europe (USAMMCE)
- ◆ 16th Medical Logistics Battalion Korea
- ◆ Sagami Army Depot Japan

c. In addition to pre-positioning assets, the Centrally Managed Medical P&D Program contracts with industry for inventory ownership and guaranteed access. These contracts are established through Defense Supply Center Philadelphia (DSCP) with a variety of vendors, both distributors and manufacturers, because the program requirements include a wide variety of P&D items (pharmaceuticals, controlled substances, intravenous solutions, x-ray supplies, dental supplies, laboratory supplies, medical/surgical supplies and medical chemical defense items). Typically, these contracts include a rotation clause to accommodate the potential expiration of medical P&D items that are stored at the vendor (with either P&D program ownership or guaranteed access). Because the Centrally Managed Medical P&D Program funds these contracts, they only support ED EAD medical units through day 31 of a conflict. The list of contractual vehicles below describes the capability that is afforded through use of the contracts. These various contracts are being reviewed to ensure their capabilities are consistent with the increases in UDP requirements and medical care supports projected for the medical units the UDPs are intended.

(1) Vendor Managed Inventory (VMI). The VMI contracts reduce the costs (purchase, storage and rotation) of purchased materiel by paying for access to a distributor's inventory. The distributor is paid a fee to rotate the materiel with commercial sales to insure the availability and freshness. Access is contingent upon the vendors' ability to rotate the stock. Therefore, the VMI contracts are not a fixed capability. The medical P&D Program has access to three types of stock in a VMI contract:

- ◆ Government Purchased Materiel (GPM) — The medical P&D Program owns the materiel, but the contractor/distributor stores and rotates it.
- ◆ Contractor Inventory Materiel (CIM) — This stock is part of the normal commercial inventory of the contractor/distributor and the medical P&D Program is guaranteed access.
- ◆ Contractor Furnished Materiel (CFM) — The contractor/distributor furnishes stock beyond the normal commercial inventory to increase guaranteed access to the medical P&D Program.

(2) There are two VMI contracts in the medical P&D Program:  
pharmaceutical and medical surgical.

(a) The VMI Pharmaceutical contract currently covers 320 P&D line items. Specifically, this contract covers pharmaceutical NSNs in the Federal Stock Class (FSC) 6505. DSCP has guaranteed its peacetime pharmaceutical sales through this contract to facilitate stock rotation. This contract does not provide any set configuration, however, negotiations are ongoing.

(b) The VMI Medical Surgical contractor provides 70 P&D line items. These medical surgical items fall into the FSC 6510, 6515, 6530, and 6640 series.

The contract does provide for set configuration and the P&D Program may order medical surgical items in the contract by UA or by line item.

(3) Stock Rotation Contracts. The medical P&D Program has contracts with several different manufacturers to rotate and store P&D materiel with their commercial sales. All items in Stock Rotation contracts are purchased by the medical P&D Program and managed by the manufacturer. Those items currently on stock rotation contracts are:

- ◆ Intravenous Fluids (FSC 6505)
- ◆ Controlled Substances (narcotics) (FSC 6505)

(4) Corporate Exigency Contract (CEC). The structure of a CEC is similar to a VMI contract, except that a VMI contract is an agreement with a distributor and a CEC is an agreement with a manufacturer. As in VMI, the inventory is divided into three categories (GPM, CIM and CFM); however, because the contractor is a manufacturer, there can be two subtypes of CIM:

(a) The first subtype is safety stock, i.e., stock on hand as part of normal commercial business

(b) The second subtype is commercial production base, i.e., stock that is in the production pipeline and available for normal commercial business

The Centrally Managed Medical P&D Program maintains a CEC for sutures (FSC 6515).

(5) Industrial Base Maintenance Contract (IBMC). Certain medical items are military unique and, as a result, are not supportable in the commercial sector. An IBMC pays a contractor to provide labor, materiel production, maintenance, storage, and provision for certain surge capability. The medical P&D Program maintains three items of Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM) in an IBMC with Meridian Medical Technologies, Inc. These items are:

- ◆ Atropine Auto-injectors
- ◆ Pralidoxime Chloride Injection (2-PAM)
- ◆ Diazepam Injection

**NOTE: These items are maintained as UDP requirements and should not be confused with a separate SCMD program specifically for MNBCDM beyond Centrally Managed Medical P&D Program ED EAD unit requirements.**

d. Medical P&D requirements currently not sourced under a contract are procured through DSCP MILSTRIP requisitioning or on-line web based ordering via the Electronic Cataloging/Laboratory Integrated Delivery System (ECAT/LIDS) at DSCP. ECAT/LIDS provides access to dental and laboratory items and the system is expected to expand in the future. The Centrally Managed Medical P&D Program has access to x-ray items through a DLA-funded Photo Imaging Contract (PIC) at DSCP.

**4-3. ADDITIONAL INFORMATION**

For additional information pertaining to the Centrally Managed P&D Program, contact:

U.S. ARMY MEDICAL MATERIEL AGENCY  
ATTN: MCMR-MMS-M  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
Telephone: DSN 343-4461/4428 or 301-619-4461/4428

## **CHAPTER 5. MEDICAL, NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE MATERIEL (MNBCDM)**

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### **5-1. INTRODUCTION**

a. The Medical Nuclear, Biological, and Chemical Defense Materiel (MNBCDM) program enhances the Army's Medical Nuclear, Biological, and Chemical (NBC) readiness by fielding medical countermeasures used in the pretreatment and treatment to the individual soldier caused by NBC agents. These countermeasures include:

- (1) Biological antibiotics.
- (2) Chemical antidotes.
- (3) Chemical pre-treatments.
- (4) Skin protectants against chemical agents.
- (5) Potency and Dated items for Medical Equipment Set, Chemical Agent

Patient Treatment.

- (6) Other medical NBC materiel countermeasures.

b. The MNBCDM program is divided into four different programs based on funding and management.

(1) Deployable Force Package (DFP). This program was started in 1994 when the Department of the Army (DA), through the Office of The Surgeon General (OTSG), directed the U.S. Army Medical Materiel Agency (USAMMA) to centrally manage the initial issue of Individual Service Member (ISM) MNBCDM required for deploying and forward deployed forces.

(a) DFP Sets are stored in strategic locations throughout the world. The DFP materiel will support the initial stages of a contingency while allowing the industrial base adequate time to move into full production. USAMMA tracks each item of the DFP by lot number and expiration date. This information is used to budget for and requisition replacement materiel. DFP provides the initial issue to ISMs, which consists of the items listed in Table 5-1.

(b) OTSG centrally funds the replenishment of MNBCDM for all DFPs, based on shelf-life expiration of the materiel and deployments. Supply Support Activity (SSAs)/Medical Treatment Facility (MTFs) will maintain and account for assets as contingency stock and release them at no cost when authorized by OTSG.

(2) Installation Support Package (ISP). OTSG directed the implementation of this program after September 11, 2001. The purpose of the program is to provide initial medical response capability (consisting of the antibiotics Ciprofloxacin and Doxycycline) to select military installations until authorities can distribute the 12-hour PUSH packages from the Centers for Disease Control and Prevention (CDC). The program provides select installation Medical Treatment Facilities (MTF) with Doxycycline (Doxy), packaged in 15 Days of Supply (DOS) bottles and provides each Regional Medical Command (RMC) with a combination of Doxycycline (Doxy) and Ciprofloxacin (Cipro) (90%/10% mix respectively) in larger packages sizes. MTFs will account for assets as contingency stock and release at no cost when directed by the Installation Commander. See Table 5-2.

(3) Medical Equipment Set, Chemical Agent Patient Treatment.

In FY02 OTSG and USAMMA began centralized funding and management of the Potency and Dated (P&D) items that are part of the MES Chemical Agent Patient Treatment, LIN M23673. These items, listed in Table 5-3, will be centrally stored at the installation level. The blowers/accessories required for the Chemical Patient Wrap will be centrally funded when the new wrap is available (see Table 5-4).

(4) Unit Funded. This program is for all other requirements that are unit/command funded, e.g., components of Medical Equipment Sets (non-MES Chem Patient Treatment), Rapid Response Teams; Chemical Accident/Incident Response Assistance (CAIRA), Civil Support Teams, and Quick Reactionary Forces (QRF).

(a) Quick Reactionary Forces (QRF). After September 11, 2001, OTSG provided, on a one-time basis, Mark I kits, CANA, Cipro (5 DOS), and Guides to designated FORSCOM, TRADCOC and other activities (see Table 5-5). SSAS/MTFs are required to establish Memorandum of Agreement (MOA) with the installation. These assets are being tracked under project code DH3.

(b) The majority of the MNBCDM items are service regulated [Acquisition Advice Code (AAC) A or R] and require special processing procedures. See paragraph 5-7 for specific ordering procedures.

## **5-2. ACCOUNTABILITY FOR DFP**

a. SSA/MTF will maintain an audit trail for all assets.

b. The SSA/MTF will retain accountability in TAMMIS/DMLSS using project code "DH1" for all DFP assets.

c. At a minimum, the SSA/MTF will provide monthly reports of all centrally managed assets by the 5<sup>th</sup> of each month. Please note that updated inventory reports are required to be submitted within 24 hours of any change of inventory (i.e., receipt of assets/issue of assets/change in condition code). Reports are to be sent via telefax (DSN 343-4404/Commercial 301-619-4404) to the USAMMA, ATTN: MCMR-MMS-M, or reports can be emailed to the USAMMA MNBCDM POCs.

d. A chain of custody will be maintained from the SSA/MTF to the Unit to the Individual Service Member. This chain will be reversed when the unit redeploys or the mission ends.

(1) Any loss of accountability for Convulsant Antidote Nerve Agent (CANA) will require an investigation.

(2) Units/individuals have 15 days upon redeployment (if assets are not turned-in prior to leaving theater/return to home station) or termination of the mission to turn-in assets to their Medical Logistics Storage Activity.

e. Turn in of assets will be accomplished via Request for Issue and Turn In (DA Form 3161, or equivalent form). Separate forms will be provided for each category of materiel, serviceable, unserviceable, and questionable. Assets that were issued to ISMs will be segregated from assets that were retained under unit control. A roster will be provided for all assets issued to individuals, reflecting the name, quantity, and date/time when assets

were released and returned, if applicable. Assets that were issued to ISMs are considered unserviceable and will be turned in for destruction. Assets that were maintained in central management by the units (not issued to individuals) and stored correctly will be returned to stock. Assets that were maintained in central storage (not issued to individuals) and the storage conditions/temperatures are unknown or were outside the controlled room temperature of 59-86 degrees Fahrenheit must be reported to the USAMMA, MCMR-MMS-M, DSN 343-4306/ Commercial 301-619-4306 for disposition instructions. Units must advise how assets were stored so the appropriate decision can be made on serviceability of assets. Above does not apply to Pyridostigmine Bromide Tablets (PBT); see paragraph 5-9.b.

f. The command may choose to issue the Antidote Treatment - Nerve Agent Antidote (ATNAA)/Antidote Treatment Kit Nerve Agent (Mark I Kits) and Guides to the Individual Service Members. However, the CANA and antibiotics will remain under unit control until the Combatant Command authorizes release/distribution. Pyridostigmine Bromide Tablets (PBT), Skin Reduction Paste Against Chemical Warfare Agents (SERPACWA) and Potassium Iodide will only be released when authorized by OTSG.

g. SSA/MTF will provide the USAMMA a copy of all release documents annotated with the document number, unit designation, quantity, lot numbers and expiration dates for assets released within 24 hours of the next business day. Additionally, the storage locations will provide an updated inventory to the USAMMA with the release document.

### **5-3. ACCOUNTABILITY FOR ISP**

- a. SSA/MTF will maintain an audit trail for all assets.
- b. The SSA/MTF will retain accountability in their logistics system, i.e., TAMMIS/DMLSS, using project code "DH3".
- c. At a minimum, SSA/MTF will provide monthly reports of all centrally managed assets by the 5<sup>th</sup> of each month. Please note that updated inventory reports are required to be submitted within 24 hours of any change of inventory, i.e., receipt of assets/issue of assets/change in condition code. Reports are to be sent via telefax (DSN 343-4404 or Commercial 301-619-4404) to the USAMMA, ATTN: MCMR-MMS-M or reports can be emailed to the USAMMA MNBCDM POCs.
- d. Installation plans will document the issue/turn-in procedures. Assets that were issued to individuals will be segregated from assets that were not issued to individuals. A roster will be provided for all assets issued to individuals reflecting the name, quantity issued and date/time when issued and returned, if applicable.
- e. The SSA/MTF will provide the USAMMA the following for all releases: document number, quantity, lot number and expiration date.
- f. Chain of custody will be maintained for all releases/movement of assets.

**5-4. ACCOUNTABILITY FOR POTENCY & DATED (P&D) MNBCDM IN MES CHEMICAL AGENT PATIENT TREATMENT, LINE ITEM NUMBER (LIN) M23673**

- a. SSA/MTF will maintain an audit trail all assets.
- b. The SSA/MTF will retain accountability in TAMMIS/DMLSS using project code "DH5" for all MES M23673 centrally managed assets.
- c. At a minimum, the SSA/MTF will provide monthly reports of all centrally managed assets by the 5<sup>th</sup> of each month. Please note that updated inventory reports are required to be submitted within 24 hours of any change of inventory, i.e. receipt of assets/issue of assets/change in condition code. Reports are to be sent via telefax (DSN 343-4404/Commercial 301-619-4404) to the USAMMA, ATTN: MCMR-MMS-M or reports can be emailed to the USAMMA MNBCDM POCs.
- d. A chain of custody will be maintained from the SSA/MTF to the Unit. This chain will be reversed when the unit redeploys or the mission ends.
  - (1) Any loss of accountability for Convulsant Antidote Nerve Agent (CANA) will require an investigation.
  - (2) A written document signed by the unit commander is required for any difference in quantity between what was issued and what was turned-in.
  - (3) Units have 15 days upon redeployment (if assets are not turned-in prior to leaving theater/return to home stations) or termination of the mission to turn-in assets in to their Medical Logistics Storage Activity.
  - (4) Units must advise how assets were stored so the appropriate decision can be made on serviceability of assets. The assets and storage conditions will be reported to the USAMMA, MCMR-MMS-M, DSN 343-4306 or Commercial 301-619-4306.
- e. SSA/MTF will provide the USAMMA a copy of all release documents annotated with the document number, unit designation, quantity, lot numbers and expiration dates for assets released within 24 hours of the next business day. Additionally, the storage locations will provide an updated inventory to the USAMMA with the release document.

**5-5. RELEASE PROCEDURES FOR DFP**

- a. All requests for release of the centrally funded MNBCDM to Individual Service Members/units deploying to high threat areas must be validated and approved by The Directorate of Health Care Operations, Office of the Surgeon General (DSN 761-8052/8186, Commercial 703-681-8052/8186, toll free 1-866-677-2128, or email **EOC.OPNS@otsg.amedd.army.mil**).
- b. The Directorate of Health Care Operations (HCO) will only authorize release of the DFP assets based on deployment order, Temporary Change of Station Order (TCS), World Wide Individual Augmentation System (WWIAS) task number, or a message or letter giving the Unit a deployment mission requiring MNBCDM.
- c. Units will request release of MNBCDM through their SSA/MTF. The SSA/MTF will forward the Unit's request by email to **EOC.OPNS@otsg.amedd.army.mil** and include the following information:

(1) Subject of the email must include "MNBCDM" along with abbreviated Unit name and number of personnel (PAX), e.g., "Request MNBCDM Release for XXX Ordnance BN, XX PAX."

(2) Body of the email must contain ALL of the following items listed in a through j:

- (a) Unit Name and UIC
- (b) Installation
- (c) Number of PAX
- (d) Number of PAX on flight status
- (e) Date Materiel is required for personnel to deploy
- (f) Number of working dogs
- (g) Unit Order Number, TCS, or WSAIS number
- (h) Name and title of the Point of Contact
- (i) DSN Phone Number
- (j) Email address

d. The Directorate of Health Care Operations will respond to the SSA/MTF request by email to approve, disapprove, or request additional information.

e. SSA/MTF will issue MNBCDM items listed in Table 5-1 upon receipt of approval notification from Directorate of Health Care Operations. SERPACWA and Pyridostigmine Bromide Tablets will not be issued without express authorization from OTSG.

f. Potassium Iodide (NSN 6505-01-496-4961) is part of the DFP program, but distribution is limited to select locations. Directorate of Health Care Operations will authorize release of this materiel in support of select missions. Basis of Issue will be one (1) strip package (14 tabs) per individual.

g. Working dogs are authorized the release of the autoinjectors and antibiotics, i.e., ATNAA/Mark I Kits, CANA and antibiotic).

h. Doxy will be issued unless specific requirement exists for Cipro. Persons on flight status will be issued Doxy.

## **5-6. RELEASE PROCEDURES FOR ISP**

The decision to issue materiel from the ISP rests with each installation Commander based on consultation with the Director of Health Services. The target population receiving antibiotics will be at the discretion of the installation Commander based on the scope of a Chemical, Biological, Radiological, Nuclear or High Explosive (CBRNE) incident occurring at or near an installation.

### **5-7. RELEASE PROCEDURES FOR THE MES, CHEMICAL AGENT PATIENT TREATMENT PUSH PACKAGES**

The potency and dated (P&D) items centrally procured for the MES, Chemical Agent Patient Treatment, LIN M23673, can be released to deploying units after the SSAS/MTFS has validated the authorization requirement and the unit has received deployments orders.

### **5-8. REQUESTING MNBCDM PROGRAM EXCLUSIONS**

a. Funded requisitions can be submitted thru normal supply channels to USAMMA. However, the SSA/MTF must provide the necessary exception date (Unit Identification Code (UIC) and the reason for the order) via email to the USAMMA MNBCDM POC or fax the data to DSN 343-4404/Commercial 301-619-4404. Detailed data is required, for example, if an item is a component of an MES then the Line Item Number (LIN) of the set and the number of MES on-hand must be provided so that the requisition can be validated and forwarded to the DSCP for processing.

b. Requests for AAC A or R items that cannot be validated by USAMMA based on authorized MESs will be forwarded to Health Care Operations, OTSG, for approval. Units must submit a written request through command channels providing the below data. OTSG will advise if requirement falls within the centrally managed program or if it will be unit/command funded. Requests will be valid for a period of five years. Requisitions must be faxed to the USAMMA at DSN 343-4404 or commercial 301-619-4404 and be identified as being approved under an exception letter. Required information:

- (1) Mission authorization that requires issue of MNBCDM. Attach a copy of the mission authorization, if possible.
- (2) Quantity, description, and NSN of the MNBCDM being requested.
- (3) Certification that there is appropriate storage and security for the materiel at the location.
- (4) Name of Medical Logistics Storage Activity to where materiel will be sent.

Tables 5-1 through 5-5 are shown on the continuing pages.

TABLE 5-1. DFP COMPONENTS

NSN	ITEM	BASIS OF ISSUE
6505-01-174-9919  Or 6505-01-362-7427	Antidote Treatment Kit Nerve Agent (Mark I Kits or Nerve Agent Antidote Kit – NAAK) Item consists of (1) Atropine and (1) 2-Pam Chloride  Antidote Treatment - Nerve Agent Antidote (ATNAA) This item will replace the MARK 1 kit on a one-for-one basis.* <sup>2</sup> See Footnote for the ATNAA Interim Doctrine	3 per individual
6505-01-274-0951	Diazepam Injection 5 mg/ml 2ml Syringe Needle Unit (Convulsant Antidote Nerve Agent - CANA)	1 per individual
6505-01-178-7903	Pyridostigmine Bromide Tablets 30 mg 210 tablets/package (PBT or Nerve Agent Pretreatment Pyridostigmine - NAPP) SSA/MTF will not issue PBT unless authorized by OTSG.	42 tabs per individual
Antibiotics: 6505-01-491-5506 Or 6505-01-491-2834	Doxycycline 100 mg tablets, 30's  Ciprofloxacin 500 mg tablets, 30's  NOTE: Doxycycline will be issued unless there is a specific requirement for Ciprofloxacin	15 days of supply = 30 tabs
7610-01-492-7703	Soldier's (Individual's) Guide to MBCDM	1 per individual
6505-01-483-7162	Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA) Each packet contains 1 oz and weighs 2.7 oz. SSA/MTF will not issue SERPACWA unless authorized by OTSG. * See Footnote for the SERPACWA Interim Doctrine.	6 per individual

\*The interim doctrine for the application and use of the **SERPACWA** and the **ATNAA** is provided at the following websites:

**<http://dcdd.amedd.army.mil>** (Directorate of Combat and Doctrine, United States Army Medical Center and School, Fort Sam Houston, Texas);

an alternate **web site is <https://acfi.amedd.army.mil/dcdd>.**

Double click on the eagle to enter the website. On the blue index on the left side of the screen, select "Drafts" and double click; scroll down the page to **Interim Doctrine**, then select the desired document.

An Army Knowledge Online (AKO) account is required to access these websites. If you have difficulty accessing the website, send an E-mail to [Medicaldoctrine@amedd.army.mil](mailto:Medicaldoctrine@amedd.army.mil) or call commercial 210-221-9866 or DSN 471-9866.

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TABLE 5-2. ISP ITEMS

NSN	ITEM	BASIS OF ISSUE
Antibiotics: 6505-01-491-5506	Doxycycline 100 mg tablets, 130's	Installation SSA/MTFs 15 DOS
505-01-153-4335	Doxycycline 100 mg tablets 500's	Regional Medical Commands 15 DOS
6505-01-273-8650 6505-01-505-0146	Ciprofloxacin, 100mg tablets, 100s I.S. Doxycycline, 100mg tablets, 100s, I.S.	
7610-01-492-7703	Soldier's (Individual's) Guide to MBCDM	

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TABLE 5-3. P&Ds FOR MES, CHEMICAL AGENT PATIENT TREATMENT, LIN M23673

NSN	ITEM	BASIS OF ISSUE
6505-00-926-9083	Atropine Injection	500 per set
6505-01-274-0951	Diazepam Injection 5 mg/ml 2ml Syringe Needle Unit (Convulsant Antidote Nerve Agent - CANA)	100 per set
6505-01-125-3248	Pralidoxime Chloride for Injection (2-PAM)	50 per set
6505-01-457-8901	Antidote Treatment Kit - Cyanide (Cyanide Kit)	5 per set
6505-01-332-1281	Atropine sulfate Inhalation Aerosol (MANAA)	1 per set
6505-01-454-2525	Atropine Sulfate Ophthalmic Ointment	24 per set

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TABLE 5-4. BLOWERS/ACCESSORIES FOR MES,  
CHEMICAL AGENT PATIENT TREATMENT, LIN M23673

NSN	ITEM	BASIS OF ISSUE
4240-01-442-2314	Hose Assembly	12 per set
4240-01-442-8415	Blower, Light Weight	12 per set
6130-01-500-9675	Battery Charger	1 per set
6140-01-500-9672	Rechargeable Battery	24 per set
6640-01-500-7717	Cartridge Respirator	48 per set
6640-01-500-7721	Indicator Airflow	1 per set

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TABLE 5-5. QRF ASSETS

NSN	ITEM	BASIS OF ISSUE
6505-01-174-9919 Or 6505-01-362-7427	Antidote Treatment Kit Nerve Agent (Mark I Kits or Nerve Agent Antidote Kit – NAAK) Item consists of (1) Atropine and (1) 2-Pam Chloride  Antidote Treatment -Nerve Agent Antidote (ATNAA). This item will replace the MARK 1 kit on a one-for-one basis	3 Per PAX
6505-01-274-0951	Diazepam Injection 5 mg/ml 2ml Syringe Needle Unit (Convulsant Antidote Nerve Agent - (CANA)	1 per PAX
6505-01-491-6143	Ciprofloxacin 500 mg tablets, 10 tablets (5 DOS)	1 per PAX
7610-01-492-7703	Soldier's (Individual's) Guide to MBCDM	1 per PAX

### 5-9. PYRIDOSTIGMINE BROMIDE TABLETS

a. The FDA approved this item as a pretreatment against Soman Nerve Agent Poisoning on 5 February 2003. Prior to this time the item was distributed to select locations for storage as an Investigational New Drug (IND). The FDA is permitting DOD to issue its existing assets of PBT tablets without repackaging or over-labeling so long as each packet is accompanied with the new, approved labeling. The FDA also required that all personnel be properly trained in the history, use, drug action and side effects of the PBT. Most urgent, is the requirement to provide adequate training and information to deploying service members, and ensure documentation and maintenance of records of all personnel receiving PBT, through hard copy records or electronic means. The DOD made a commitment to the FDA that all military services will provide each person receiving PBT tablets a new patient package insert (PPI) providing details about the approval of PBT tablets and its safe use. All assets of the IND materiel must be removed from the DOD inventory by February 2008. This will allow time for the services to budget the required funding to obtain newly manufactured product.

b. All PBT requiring destruction will be reported to USAMMA, MCMR-MMS-M, and DSN 343-4306/COM 301-619-4306. The USAMMA will coordinate the destruction of assets and ensure a Certificate of Destruction is obtained.

c. OTSG approval is required before PBT can be released.

d. The IND product has a date of manufacturer and the FDA approved product has an expiration date.

### 5-10. STORAGE REQUIREMENTS

a. All autoinjectors (ATNAA/Mark I Kits, CANA, Atropine, and 2-PAM) require room temperature between 59-86 degrees Fahrenheit. Keep from freezing. Additionally, CANA is a controlled substance (note Q) that requires vault or cage storage.

b. PBT requires refrigerated storage, 36-46 degrees Fahrenheit. Potency loss rapidly increases when PBT is exposed to temperatures above the refrigerated range. PBT can be out of refrigeration for a cumulative period of 6 months. However, when PBT is authorized for release, it has to have a minimum of 90 days time out of refrigeration. PBT issued to individuals has to be used (if directed by Combatant Commander) or destroyed after 90 days of issue.

c. Antibiotics (Cipro/Doxy) require controlled room temperature between 59-86 degrees Fahrenheit.

d. Solider guides require general warehouse storage.

e. SERPACWA requires storage at 68-86 degrees Fahrenheit.

f. The Cyanide Kits, MANAA, and Atropine Ophthalmic Ointment require storage at 59-89 degrees Fahrenheit.

g. The storage requirements are reflected on the items; additional storage data can be found in the notes codes of the automated logistics products (Universal Data Repository (UDR), FEDLOG, and MEDSILS)

#### **5-11. RELABELLING OF MNBCDM ITEMS**

a. The Army's policy is that extended materiel will be held at a central location as contingency stocks and will not be authorized to be remarked/extended at the Army unit/SSAS/MTFS/. Under no circumstances will the following items be extended under the DoD/FDA Shelf Life Extension messages unless directed by OTSG:

(1) NSN: 6505-01-174-9919, Antidote Treatment Kit Nerve Agent (NAAK or MARK I Kit)

(2) NSN: 6505-01-362-7427, Antidote Treatment – Nerve Agent Autoinjector (ATNAA)

(3) NSN 6505-00-926-9083, Atropine Inj Aqueous Type 0.7 ml Syr w/Ndl

(4) NSN 6505-01-125-3248, Pralidoxime Chloride Auto Inj (2-Pam Chloride)

(5) NSN 6505-01-274-0951, Diazepam Inj USP, Syr-Ndl Unit (CANA)

b. Once directed by OTSG to relabeling, all products received and subsequently issued by the Services must be labeled in compliance with the Federal Food, Drug and Cosmetic (FD&C) Act of 1938 and the Food and Drug Modernization Act (FDMA) of 1997. The FDA has authorized a deferral of the requirement to have every individual unit of issue relabeled only while the materiel is maintained under centralized control. This was requested in order to reduce the cost for multiple relabeling efforts, as Shelf Life Extension Program (SLEP) products may be extended multiple times prior to being issued to individual service members. The FDA will permit DoD to label only the outer cartons of products with the updated information so long as they remain in centralized storage, control, and management. This materiel must be relabeled completely, down to the individual units of issue, before being distributed/issued to forward units or individual service member.



c. Activities with materiel that has been extended through the SLEP, must contact USAMMA SLEP manager in order to obtain further guidance and/or labels, prior to any extension. Activities will comply with the SLEP message instructions.

## **5-12. ADDITIONAL INFORMATION**

a. Chapter 9, *AR 40-61*, provides policy for the centrally managed MNBCDM.

b. USAMMA web site (<http://www.USAMMA.army.mil>). OTSG will disseminate policy guidance via MMI messages. Other required data may be disseminated via DOD MMQC messages. Website contains informational papers and SLEP guidance relative to MNBCDM.

c. MEDCOM distributes guidance via Operations Management bulletins.

d. Additional information relative to policy/guidance can be directed to:

Office of the Surgeon General  
ATTN: DASG-HCF (NBC)  
5111 Leesburg Pike, Suite 401A  
Falls Church VA 22041-3258  
Telephone DSN 761-8185/8188/4201 or  
Commercial 703-681-8185/8188/4201

e. Additional information relative to assets management/SLEP can be directed to:

USAMMA  
ATTN: MCMR-MMS-M  
1423 Sultan Drive, Suite 100  
Fort Detrick MD 21702-5001  
Telephone DSN 343-4421/4306/4428 or  
Commercial 301-619-4421/4306/4428

## **CHAPTER 6. RESERVE COMPONENT HOSPITAL DECREMENT (RCHD)**

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### **6-1. BACKGROUND**

In April 1993, the USAMMA was tasked with the mission of managing the RCHD program. General responsibilities include the modernization, sustainment, COSIS, preparation of Decrement Feeder Data Reports, and the coordination of materiel movement. Currently, there are 32 hospitals in the RCHD that are stored at Sierra Army Depot.

### **6-2. PROGRAM COMPOSITION**

The RCHD stocks consist of Deployable Medical Systems (DEPMEDS) Medical Materiel Sets (MMS), and medical and non-medical Associated Support Items of Equipment (ASIOE). The RCHD program does not include other support equipment such as trucks and communications equipment. RCHD stocks are used to bring the Army reserve units from their peacetime authorized levels to their full required level for MMSs and medical and non-medical ASIOE. These RCHD stocks serve as a decrement to a unit's Minimum Essential Equipment for Training (MEET) sets. RCHD is the difference between the required and authorized materiel on the MTO&E for MMSs and ASIOE.

- 3 MRI Corps CSH
- 16 MF2K CSHs
- 5 MF2K FLDs
- 4 MF2K GENs
- 06 configuring to MRI in FY04
- 08 configuring to MRI in F05
- 08 configuring to MRI in FY
- 07 deactivating (4 in FY04 and 3 in FY05)
- By FY06 program will consist of 25 hospitals.

### **6-3. GENERAL INFORMATION**

a. Each September, the USAMMA provides a RCHD Feeder Data Report to the U.S. Army Reserve Command and to the RC unit. However, if data has changed significantly, an updated RCHD Feeder Data Report is provided reflecting the most up-to-date information for that quarter. The report is displayed to the LIN level of detail. In accordance with procedures outlined in Army Regulation (AR) 220-1, *Unit Status Reporting* (USR), units will calculate the equipment on-hand portion of the USR using the on-hand assets in their MEET set and the equipment reflected on the RCHD Feeder Data Report.

b. OTSG will direct release of RCHD materiel in coordination with the United States Forces Command (FORSCOM) and Army Reserve to meet contingency, emergency, and peacetime requirements. The FORSCOM develops deployment plans for RCHD units and provides guidance to the U.S. Army Reserve Command. Upon receipt of deployment notification, the deploying unit will notify the USAMMA EOC to request RCHD materiel. The USAMMA validates the deployment of the unit with the Time Phased Force Deployment Data (TPFDD). If deployment has been validated, then the USAMMA will coordinate with the applicable storage facility and the

receiving unit for the shipment of materiel. An RCHD shortage list will be provided to the unit prior to movement. The unit is responsible to prepare shipment of their MEET sets (HUB/HUS/HUM) and obtain the To Accompany Troops (TAT) requirements. According to FM 100-17-3, *The Reception, Staging, Onward Movement, and Integration (RSO&I)*, Logistics Support Element (LSE) was formed to facilitate the RSO&I of assets. The LSE Medical Logistics Support Team (MLST) will be responsible for the issue of the RCHD materiel to the unit at the Air or Sea Ports of Debarkation.

c. Above are the general call forward procedures for the RCHD decrement. The actual deployment and issue of RCHD will be Mission, Enemy, Troops, Terrain and Time (METT-T) driven.

#### **6-4. ADDITIONAL INFORMATION**

a. For USR information contact:

U.S. Army Medical Materiel Agency  
ATTN: MCMR-MMS-M  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
Telephone DSN 343-4355/301-619-4355

b. For additional information on operational and logistical issues relative to pre-deployment, deployment, and redeployment contact:

U.S. Army Medical Materiel Agency  
ATTN: MCMR-MMS-P  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
Telephone DSN 343-4408/301-619-4408

c. For additional information on RCHD assets contact:

U.S. Army Medical Materiel Agency  
ATTN: MCMR-MMS-M  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
Telephone DSN 343-4421/301-619-4421

## **CHAPTER 7. EMERGENCY OPERATIONS CENTER (EOC) AND THE LOGISTICS SUPPORT ELEMENT (LSE), MEDICAL LOGISTICS SUPPORT TEAM (MLST)**

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### **7-1. EMERGENCY OPERATIONS CENTER (EOC)**

a. The Chief, Operations & Plans Division, SCMD, is responsible for the establishment and operation of the EOC. The EOC operation serves as a single focal point for customers. Its resources include STU-III phones, STE phones, secure and non-secure fax, and GCCS/SIPRNET access. The EOC integrates and analyzes multi-directorate information to facilitate a timely decision process. The EOC identifies tasks and distributes them to appropriate directorates.

b. The EOC integrates and analyzes multi-directorate information to facilitate a timely decision process. This allows the functional experts to remain in their normal work areas where they maintain their libraries of information and automation capabilities. The EOC functions as the gatekeeper that prioritizes requirements for any given theatre of operation and is capable of monitoring several war-game scenarios simultaneously. The EOC will track and monitor the movement and requests for low-density stocks. This Center will ensure that the right materiel is in the right place at the right time by coordinating closely with the Force Sustainment Directorate.

c. Though all EOC members may not move from their current assigned office, the physical location of the Center will be in the Operations and Plans Division, SCMD.

d. For additional information on EOC activation and operations contact

USAMMA  
ATTN: MCMR-MMS-P  
1423 Sultan Dr., Suite 100  
Fort Detrick, MD 21702-5001  
Telephone: DSN 343-4408 or 301-619-4408 (secure capability)  
Secure e-mail address ladethrs@force1.army.smil.mil

### **7-2. LOGISTICS SUPPORT ELEMENT (LSE), MEDICAL LOGISTICS SUPPORT TEAM (MLST)**

a. Mission: On order, the LSE MLST deploys to the Theatre of Operation. Its mission is to hand-off APS (Brigade/Unit Sets) and OTSG Contingency Stocks medical materiel and equipment (includes RCHD), provide SC VIII logistics support and conduct follow-on missions as directed.

b. Team Composition: The team is comprised of Active Army Officers, DA Civilians and U.S. Government contractors. The team has the capability to inventory medical materiel, prepare hand receipts, perform maintenance checks on medical equipment, and hand-off medical materiel. The team organizes into two APS hand off teams upon deployment, to facilitate split operations capability. The MLST is the SC VIII issue proponent of the AMC LSE.

c. Employment: The MLST is USAMMA's conduit to issue APS (Brigade/Unit Sets) and OTSG Contingency Stocks (RCHD), and inventory from vendors to deploying units. The team may hand-off materiel that is prepositioned in Theatre or Afloat. The team deploys with or without the LSE into any area of operation and executes USAMMA logistics missions. This team is self-sustainable; it has the equipment, life support and force protection capabilities to sustain itself.

d. Command and Control (C2): The LSE MLST consists of Soldiers, Civilians and Contractors who work for USAMMA in some capacity on a daily basis. These personnel bring different expertise to the team. When the team is activated, the personnel are brought together to form the team. SCMD dictates the mission requirements of the team and sets its priorities. This team deploys with deployment orders on a TPFDD. The LSE MLST always remains under the control of the Commander, USAMMA.

e. For additional information on this topic, contact:

USAMMA  
ATTN: MCMR-MMS-P  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001  
Telephone: DSN 343-4408 or 301-619-4408

## **CHAPTER 8. ARMY PREPOSITIONED STOCK (APS) AUTOMATED SYSTEMS**

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### **8-1. BACKGROUND**

As SC VIII APS Program Manager, the USAMMA maintains all total item property records on in-house systems. To accomplish the day-to-day management of SC VIII APS materiel, the USAMMA uses units with on-the-ground assets as accountable activities to maintain and manage prepositioned assets.

- a. The accountable property records are currently being maintained on the Theater Army Medical Materiel Information System (TAMMIS) Medical Supply (MEDSUP) module, Defense Medical Logistics Standard Support (DMLSS) System Assemblage Management (AM), or the site's Standard Army Materiel Information System (STAMIS) such as Standard Property Book System-Redesign (SPBSR).
- b. Component level asset management is maintained on the TAMMIS Medical Assemblage (MEDASM) module or the Defense Medical Logistics Standard Support (DMLSS) System Assemblage Management (AM).

### **8-2. ARMY WAR RESERVE DEPLOYMENT SYSTEM (AWRDS)**

- a. The storage sites also report APS Brigade/Unit Sets to the AWRDS. AWRDS feeds data through the USAMMA to the ABS, which is maintained by AMC (Army Field Support Command - AFSC).
- b. Data for SC VIII materiel stored at USAMMCE for the APS-2 Europe Brigade/Unit Sets is sent from USAMMCE to the USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to the Combat Equipment Group, Europe (CEGE) for loading into AWRDS. CEGE sends information by FTP to LOGSA.
- c. Data for SC VIII materiel stored at APS-3 Afloat (all stocks) component level of detail for each container and end items is provided by the USAMMA to the AMC Combat Equipment Group-Afloat (CEG-A), for inclusion in AWRDS during a ship cycle. Data is also sent to the USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to the AMC Combat Equipment CEG-A for loading into AWRDS. AMC CEG-A FTP's information to LOGSA.
- d. Data for SC VIII materiel stored at APS-4 Korea Brigade/Unit Set and APS-4 Japan Unit Sets end items is sent to the USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to CEB-NEA & 35<sup>th</sup> S&S for loading into AWRDS. CEB-NEA FTP's information to LOGSA.
- e. APS-5 Kuwait Brigade end items are reported to ATAV from the Standard Property Book System-Redesign (SPBSR - CEB-KU) by email to LOGSA. The Unit set end item is sent from the USAMMA to CEB-KU for inclusion in AWRDS. Assets were issued for OIF.
- f. APS-5 Qatar Brigade/Unit Sets end items will be reported from USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to CEB-Q, for inclusion in AWRDS. CEB-Q then sends information to LOGSA via the File Transfer Process (FTP). Assets were issued for OIF.

g. Data for Class VIII Sustainment Line Items and Sustainment SKOs is currently provided by FTP to Stanley to load to AWRDS. USAMMA is currently working to also automate the feed for Brigade/Unit Sets and Operational Projects

### **8-3. APS STORAGE SITES**

As of June 2003, APS storage sites are using the following information management systems:

- a. APS-1:  
Health and Human Services - TAMMIS and DMLSS  
Sierra Army Depot – TAMMIS and DMLSS  
Anniston Army Depot – Standard Depot System (SDS)
- b. APS-2/5:  
USAMMCE for APS-2/APS-5 – TAMMIS
- c. APS-3:  
AMC Combat Equipment Group Afloat, Charleston, SC -  
TAMMIS & DMLSS
- d. APS-4:  
16th MEDLOG BN – TAMMIS & DMLSS  
Sagami General Depot – TAMMIS & DMLSS  
Camp Kinser, Okinawa – SDS –TAMMIS & DMLSS (35<sup>th</sup> S&S)
- e. APS-5:  
Combat Equipment Base-Kuwait (CEB-KU) – SPBSR and TAMMIS  
Combat Equipment Base-Qatar (CEB-Q) -  
TAMMIS (Qatar & USAMMCE)  
ASU - SWA, Bahrain - TAMMIS & DMLSS

### **8-4. ASSET VISIBILITY**

a. IAW AR 710-1, the USAMMA is required to report APS asset visibility for the Joint Medical Asset Repository (JMAR) and Joint Total Asset Visibility (JTAV). The APS assets are currently reported to Total Asset Visibility (TAV) by SCMD through FTP to the Logistics Support Activity (LOGSA) by record type with a Document Identifier Code (DIC) of 'BF7'. This reporting is only at the end item level of detail and NOT the component level of detail for the sets, kits and outfits (SKOs).

b. By 4<sup>th</sup> QTR FY01 the BF7 FTP data was replaced with data from the Army War Reserve Deployment System (AWRDS) for Brigade/Unit Sets. The Information Management Information Technology Division, USAMMA, reports APS line item and component level of detail for SKOs to JMAR. The APS SKO component level of detail is being pulled from either TAMMIS MEDASM or DMLSS AM from the forward APS sites.

c. Information is also extracted from a USAMMA unique system for some of the APS hospitals component level of detail.

## **8-5. DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT (DMLSS) SYSTEM**

Currently, DMLSS AM is the only module of DMLSS being fielded to APS. This module is utilized to manage SKOs or UAs to the component-level of detail. The critical data elements used in the management of APS is UAs, NSNs, allowances, on-hand quantities, and quality assurance data such as manufacture/expiration date, lot number, etc. This module has been fielded at the majority of the APS sites to replace TMMIS MEDASM.

## **8-6. TMMIS**

TMMIS has 3 modules for asset management which are:

a. Medical Assemblage (MEDASM) – this module was utilized to manage SKOs or UAs to the component-level of detail. The critical data elements used in the management of APS are UA, NSNs, allowances, on-hand quantities and quality assurance data such as manufacture/expiration date/lot number, etc. This module has been replaced at the majority of the APS sites by DMLSS-AM.

b. Medical Maintenance (MEDMAINT) – this module is utilized to track the maintenance history on equipment items such as non-medical and medical ASIOE, TMDE.

c. Medical Supply (MEDSUP) – this module is utilized to maintain accountability of line item and end item stocks and to requisition materiel.

## **8-7. ADDITIONAL INFORMATION**

For additional information on this subject, contact:

USAMMA  
ATTN: MCMR-MMS-M  
1423 SULTAN DR., SUITE 100  
FORT DETRICK, MD 21702-5001  
Telephone: DSN 343-4428 or 301-619-4428  
Website: [www.usamma.army.mil](http://www.usamma.army.mil)

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**CHAPTER 9. DOD/FDA SHELF LIFE EXTENSION PROGRAM (SLEP)**

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**9-1.** The DOD/FDA SLEP was instituted in 1986. This program coordinates the efforts of the Army, Air Force, Marines, and Navy to extend the useful life of date-sensitive medical materiel through accelerated aging and potency testing by the Food and Drug Administration (FDA). The goals of the program are to defer the replacement of Army Prepositioned Stocks, Chemical Defense Materiel, Military Unique/Significant materiel, components of Unit Assemblages and other medical materiel, and to reduce replacement costs.

**9-2.** Presently, the Army, Air Force, Marines, and Navy contribute funds for the SLEP on a prorated basis. Participants nominate National Stock Numbers (NSNs) and submit them to the Joint Readiness Clinical Advisory Board (JRCAB), Fort Detrick, Maryland. Criteria for a SLEP candidate include:

- Item is a pharmaceutical drug in the FSC 6505;
- Item must be easily transportable;
- Item must have a dollar value; and
- The quantity must be sufficient enough to be selected for testing.

**9-3.** The USAMMA Strategic Capability Materiel Directorate, Materiel Management Division, monitors the SLEP program and periodically removes items that are expired and have not been selected for testing. Coordination is made with the activity that submitted the item for testing and instruction is given to destroy the materiel.

**9-4.** The JRCAB selects 45-60 items of which the FDA typically selects 40-45 items for testing. The criteria for testing are:

- The item cannot be a biological;
- The FDA must have protocol established; and
- The FDA will not test if the manufacturer has shown previous instability.

**9-5.** The FDA then forwards a request for samples to the field activities via the JRCAB and the other DoD Services. The USAMMA's Materiel Management Division requests samples from the activities/units. When samples have been received at the FDA, an initial potency test is performed, followed by a 90-day stress test, and then a final potency test. The potency results are compared against a degradation curve, and a new potency period is assigned. The FDA sends the information to the JRCAB and participants. At present, the USAMMA's Materiel Management Division disseminates instructions to extend or destroy the materiel to activities and units worldwide; *however, in the near future the JRCAB will assume this function.*

**9-6.** The same lots are subjected to yearly retests and subsequent extensions. Participants advise the JRCAB to remove the item/NSN from the project (usually due to a lack of sufficient quantities required for additional testing).

**9-7.** On-line access is now available to the DOD/FDA Shelf Life Extension Program. The site features SLEP messages, interactive query, nomination, and quantity reporting capability regarding SLEP materiel. Access the USAMMA's home page at **<http://www.usamma.army.mil/>**, and then select **DOD/FDA SLEP** on the sidebar.

**9-8.** The USAMMA POC is:

MCMR-MMS-M, DSN 343-4306 or Commercial 301-619-4306.

## **APPENDIX A. SUPPLY CLASS VIII SUSTAINMENT REQUIREMENTS PROCESS**

A-1. This Appendix provides the algorithm used to develop SC VIII Sustainment Stock requirements.

A-2. Process

a. The USAMMA uses two models to develop SC VIII sustainment requirements for war reserve and Logistics Plans (LOGPLAN).

(1) The first is a classified personal computer-based system known as Resupply by Unit Type (ReBUT). It is a front-end system that computes the quantity of SKOs needed to support the warfight over a given period of time.

(2) The second unclassified model is called Medical Requirements and Capabilities Assessment Program (MRCAP). MRCAP takes the output from ReBUT and develops the NSN level requirements from the number of sets and the components of the set.

b. The basic requirements formula is:

$$(\# \text{ sets required}) \times (\text{SKO Turnover}) \times (\text{intensity Rate}) \times (\text{Component Allowance}) \times (\text{Consumption Percent}) = \text{Requirement}$$

c. The ReBUT Model

(1) Assumptions:

- ◆ The Required Delivery Date (RDD) is the valid day consumption begins.
- ◆ The MTOE is accurate.
- ◆ The unit deploys with its basic load of medical supplies.
- ◆ The SKOs authorized to a unit represents the types of supplies the unit will need to perform its military mission.
- ◆ Each SKO is designed to last a particular number of days. Usually this number is found in the supply catalog for that SKO.
- ◆ Intensity rate is the way to influence requirements based upon a ratio of actual vs. set design

(2) Model input: A time-phased force list containing at least the UIC and RDD

(3) Model process:

The ReBUT model performs 3 functions.

(a) The ReBUT builds part of the requirement record by taking the time-phased force list (UIC, personnel strength, and RDD), and matches the UIC on the force list to the UIC in the authorization file. (The authorization file is an extract of the Logistics Integrated Database [LIDB].) ReBUT then builds a separate record for each line item number (LIN) authorized to that UIC. The LIN, required quantity, authorized quantity, and on-hand quantity are written to each record.

(continued) APPENDIX A. SUPPLY CLASS VIII SUSTAINMENT  
 REQUIREMENTS PROCESS

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(b) The ReBUT computes a resupply start date (RSD) for each set as the RDD plus the number of days of supply contained in the SKO.

(c) The ReBUT computes the number of times each set turns over for a given period. For war reserves, SCMD computes in 30-day periods. For LOGPLANS, SCMD computes in 10-day periods.

Example:

Unit has an RDD of 10 and the computation is for an Aidsman Bag (LIN U65480) that has five (5) days of supply.

RDD + DOS in set = Resupply Start Date (RSD)
10+5=15

This example computes for the first 30-day period.

$\frac{\text{Last Day in period} - \text{RSD}}{\text{Days in set}}$	=	Number of SKO turns
$\frac{30 - 15}{5}$	= $\frac{15}{5}$ =	3

The final step is to multiply the number of SKO turns times the intensity rate for that period. Each 30-day period can have a different rate. For example, if the intensity rate is 71%, the final calculation would be:

(# of SKO turns)	X	(Intensity Rate)	=	Adjusted SKOs
3	X	.71	=	2.13

This means that we need to replace the consumable items within the set 2.13 times in this 30-day period. Remember, we only require 15 days of supply since the unit arrives on day 10 and has 5 days of basic load with it.

If more than one of the set is authorized, i.e., if the MTOE calls for 10 of these sets, then each of the 10 sets would turn over 2.13 times for a total of 21.3 sets worth of consumable items.

Authorized Qty	X	Adjusted SKO Turnover	=	# Sets
10	X	2.13	=	21.3

(continued) APPENDIX A. SUPPLY CLASS VIII SUSTAINMENT REQUIREMENTS PROCESS

(d) Model output: The adjusted quantity of each SKO by period is the number of times the components in the set will have to be replaced or turned over.

d. The MRCAP model

(1) Assumptions: Consumption percentage reflects the "consumability" of components within a SKO. For example, a "one-time use" item such as a pressure bandage would be assigned a consumption percentage of 100%. A durable item such as a scalpel, however, would be used multiple times and, therefore, would be assigned a consumption percentage of less than 100%.

(2) Model input: Adjusted SKO turnover quantity by period from REBUT.

(3) Model Process: The quantity of each NSN required is a result of multiplying the adjusted SKO turnover times the allowance of each component times the consumption percent for that NSN.

Set Turnover	Component NSN	Nomen	Component Allowance	X	Consumption Percent	=	NSN Rqmt
2.13	6505 01 153 3015	Tetracane	1	X	100	=	2
	6505 01 177 1982	Clindamycine	40	X	100	=	85
	6505 00 344 7800	Handle Surg	1	X	10	=	0
							(2 rounds down)

(4) Model output: The quantity of each NSN required.

A-3. In addition, the USAMMA computes war reserve requirements for individual NSNs that are not part of SKOs. It is done outside of these models. These separate requirements are based upon items that the MACOM or OTSG nominates and the formula provided by the requesting activity. Generally these items are computed based on population-at-risk times the treatment protocol for that item.

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## GLOSSARY



## GLOSSARY

Acronym	Definition
AAC	Aerial Ambulance Company
ABS	Automated Battlebook System
AC	Active Component
AKO	Army Knowledge Online
AM	Assemblage Management
AMC	Army Materiel Command
AMEDD	Army Medical Department
APA	Army Prepositioned Afloat
APS	Army Prepositioned Stocks
AR	Army Regulation
ARCENT	Army Central Command
ASMC	Area Support Medical Company
ASIOE	Associated Support Items of Equipment
ASMB	Area Support Medical Battalion
ASMP	Army Strategic Mobility Program
ATAV	Army Total Asset Visibility
ATNAA	Antidote Treatment - Nerve Agent Antidote
AWR	Army War Reserves
AWRDS	Army War Reserves Deployment Distribution System
AWRS	Army War Reserves Sustainment
BN	Battalion
C2	Command and Control
CAIRA	Chemical Accident/Incident Response Assistance
CANA	Convulsant Antidote Nerve Agent
CBRNE	Chemical, Biological, Radiological, Nuclear, or High Explosive
CC	Combatant Commander
CDC	Center for Disease Control and Prevention
CEB-KU	Combat Equipment Base-Kuwait
CEB-NEA	Combat Equipment Base - Northeast Asia
CEB-Q	Combat Equipment Base (Qatar)
CEC	Corporate Exigency Contract
CEG-A	Combat Equipment Group- Afloat
CEG-E	Combat Equipment Group-Europe
CFM	Contractor Furnished Materiel
CIM	Contractor Inventory Materiel
CONUS	Continental United States
COSIS	Care of Supplies in Storage
CSA	Chief of Staff of the Army
CSH	Combat Support Hospital
CTA	Common Table of Allowances
DA	Department of the Army
DCSLOG	Deputy Chief of Staff for Logistics
DCSOPS	Deputy Chief of Staff for Operations
DDHU	Defense Depot Hill Utah
DEPMEDS	Deployable Medical Systems
DFP	Deployable Force Package
DIC	Document Identifier Code
DLA	Defense Logistics Agency
DMLSS	Defense Medical Logistics Standard Support System
DOD	Department of Defense
DOS	Days of Supply
DRB	Division Ready Brigade
DSCP	Defense Supply Center Philadelphia

## (continued) GLOSSARY

Acronym	Definition
EAC	Echelon Above Corps
EAD	Echelon Above Division
ECAT/LIDS	Electronic Cataloging/Laboratory Integrated Delivery System
ED	Early Deployment
EOC	Emergency Operations Center
FDA	Food and Drug Administration
FD&C	Federal Drug and Cosmetic
FLD	Field
FORSCOM	Forces Command
FP1 and 2	Force Packages 1 and 2
FSC	Federal Supply Class
FST	Forward Surgical Team
FTP	File Transfer Protocol
FY	Fiscal Year
GEN	General
GPM	Government Purchased Materiel
HCO	Health Care Operations
HQDA	Headquarters, Department of the Army
HUB	Hospital Unit Base
HUM	Hospital Unit Medical
HUS	Hospital Unit Surgical
IAW	In Accordance With
IBMC	Industrial Base Maintenance Contract
IND	Investigational New Drug
IRP	Initial Resupply Package
ISM	Individual Service Member
ISP	Installation Support Package
ISSA	Interservice Support Agreement
JCS	Joint Chiefs of Staff
JMAR	Joint Medical Asset Repository
JRCAB	Joint Readiness Clinical Advisory Board
JTAV	Joint Total Asset Visibility
LIDB	Logistics Integrated Database
LIN	Line Item Number
LOGPLAN	Logistics Plans
LOGSA	Logistics Support Activity
LSE	Logistics Support Element
LSE MLST	Logistics Support Element Medical Logistics Support Team
MACOM	Major Army Command
MANAA	Medical Aerosolized Nerve Agent Antidote
MCDM	Medical Chemical Defense Materiel
MEDASM	Medical Assemblage
MEDLOG BN	Medical Logistics Battalion
MEDMAINT	Medical Maintenance Module (TAMMIS)
MEDSUP	Medical Supply Module (TAMMIS)
MEET	Minimum Essential Equipment for Training
MES	Medical Equipment Set
METT-T	Mission, Enemy, Troops, Terrain, and Time

## (continued) GLOSSARY

Acronym	Definition
MF2K	Medical Force 2000
MILSTRIP	Military Standard Requisitioning and Issue Procedures
MLST	Medical Logistics Support Team
MMS	Medical Materiel Set
MNBCDM	Medical, Nuclear, Biological, and Chemical Defense Materiel
MOA	Memorandum of Agreement
MRCAP	Medical Requirements and Capabilities Assessment Program
MRI	Medical Re-Engineering Initiative
MRS	Mobility Requirements Study
MRS�	Medical Recommended Stockage List
MTF	Medical Treatment Facility
MTO&E	Modified Table of Organization and Equipment
NAAK	Nerve Agent Antidote Kit
NAPP	Nerve Agent Pretreatment Pyridostigmine
NBC	Nuclear, Biological, and Chemical
NSN	National Stock Number
OCONUS	Outside CONUS
ODS	Operation Desert Storm
OIF	Operation Iraqi Freedom
OP	Operational Projects
OTSG	Office of The Surgeon General
OTSG-CS	Office of The Surgeon General-Contingency Stocks
P&D	Potency and Dated Materiel
PBT	Pyridostigmine Bromide Tablets
PIC	Photo Imaging System
PPO	Patient Package Inserts
PREPO	Prepositioned
PV	Prime Vendor
QRF	Quick Reactionary Forces
RC	Reserve Component
RCHD	Reserve Component Hospital Decrement
RDD	Required Delivery Date
REBUT	Resupply By Unit Type
REQ-VAL	Requisition Validation
RF	Radio Frequency
RMC	Regional Medical Command
RSD	Resupply Start Date
RSIO	Reception, Staging, Onward Movement, and Integration
SB	Supply Bulletin
SCMD	Strategic Capabilities and Materiel Directorate
SDS	Standard Depot System
SERPACWA	Skin Reduction Paste Against Chemical Warfare Agents
SIMLM	Single Medical Logistics Manager
SLC	Shelf Life Code
SLEP	Shelf Life Extension Program
SOW	Statement of Work
SPBSR	Standard Property Book System-Revised
SSA	Supply Support Activity
STAMIS	Standard Army Materiel Information System
STE	Secure Telephone Equipment

Acronym	Definition
TAMMIS	Theater Army Medical Materiel Information System
TAT	To Accompany Troops
TAV	Total Asset Visibility
TCS	Temporary Change of Station Order
TMDE	Test, Measurement, and Diagnostic Equipment
TO&E	Table of Organization and Equipment
TPFDD	Time Phased Force Deployment Data
TRADOC	Training and Doctrine Command
TSG	The Surgeon General
UA	Unit Assemblage
UAL	Unit Assemblage Listing
UBL	Unit Basic Load
UDP	Unit Deployment Package
UIC	Unit Identification Code
ULN	Unit Line Number
USAMEDCOM	U.S. Army Medical Command
USAMMA	U.S. Army Medical Materiel Agency
USAMMCE	U.S. Army Medical Materiel Center-Europe
VMI	Vendor Managed Inventory
WR	War Reserves
WRAMC	Walter Reed Army Medical Center
WWIAS	World Wide Individual Augmentation System

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