

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300

20 January 2005

Effective until rescinded or superseded

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CHAPTER 1. INFORMATION REGARDING SB 8-75 SERIES FOR 2005

1-1. DA SB 8-75 SERIES OVERVIEW

a. Introduction. The Department of the Army (DA) SB 8-75 Series provides U.S. Army organizations, installations, and activities, both Continental United States (CONUS) and Outside Continental United States (OCONUS), with technical and medical materiel information relating to the mission, processes, and functions of military medical logistics.

b. Distribution.

(1) Paper Copy. The DA SB 8-75 Series is distributed to Army Activities currently on the distribution list IAW DA PAM 25-30 (Consolidated Index of Army Publications and Blank Forms). Activities are responsible for distribution within their respective activity. To be added to distribution, contact the U. S. Army Publishing Directorate, Alexandria, VA, at the Internet address: **<http://www.apd.army.mil>**

(2) Electronic Version. Electronic publishing is the preferred method for Army documents. The DA SB 8-75 Series (Army Medical Department Supply Information) now has a valuable timesaving link available to the SB 8-75 series. That link allows a printable copy from the proponent's website. For electronic access to the SB 8-75 Series contact the U.S. Army Medical Materiel Agency (USAMMA) at the following Internet address:

<http://www.usamma.army.mil>

In the far left margin, click + (plus sign) to expand **Publications**, select SB 8-75 Series. As the 2005 editions are printed, the 2004 editions will be deleted.

c. Future plans (no date yet) are in the working phase now to have it available for PINPOINT addressees. But for now, at least you can receive it in real time to view until your hardcopy arrives.

d. USAMMA Point of Contact (POC). For additional information regarding the SB 8-75 series contact the Technical Editor, USAMMA, MCMR-MMB-A, DSN 343-4313 or 301-619-4313.

e. In support of the Secretary of the Army's "Less Paper" Policy, the APD has established a link to access recent issues of the Army SB 8-75 Series! Links are available from the USAPA Homepage [**<http://www.apd.army.mil/>**] and from the USAMMA Homepage [**<http://www.usamma.army.mil/>**], allowing you these important benefits:

(1) Reduction in paper. No longer receiving a multitude of hard copies means less paper. Access the web and make distribution from the downloadable, electronic file.

(2) Real time availability. No longer do you have to await the arrival of your hard copy publication distributed by 'snail mail'. Just log onto the US Army Publishing Directorate or the USAMMA Homepage and 'jump' to the pubs.

If you wish to receive the SB 8-75 Series by hardcopy, distribution is by pinpoint through your Publications Officer or the Adjutant's office. Otherwise, to access the SB 8-75 Series via computer, use either the USAPA or USAMMA Homepage websites.

SB 8-75 Series	This Publications page allows you to: Read online versions of the desired publication (first column), or Download it and save it to your local/network drive.
Reading the SB 8-75 Series publication online	Locate the desired SB 8-75 Series issue in the left column to either quickly look up an article of information contained in a specific SB 8-75 issue, or to print just the information you need.
Downloading the SB 8-75 Series publication	Locate the desired SB 8-75 Series issue in the right column to: Obtain an electronic copy for your archives, Printout, and/or distribute the SB 8-75 Series issue in its entirety.

1-2. CONTENT AND NUMBERING SYSTEM FOR THE DA SB 8-75 SERIES

- a. Introduction. The DA SB 8-75 series is published monthly beginning in January of each year.
- b. Each edition of the SB 8-75 series is targeted to specific logistical areas of interest as indicated below:

SB 8-75-S1	January: Annual Overview for Current Year
SBs 8-75-S2, S6, & -S8	February, June, and August, respectively: Medical Maintenance Engineering Information
SB 8-75-MEDCASE	March: Note - This issue is not an annual publication
SB 8-75-S3	March: Business Operations/Medical Quality Assurance/Customer Relationship Management
SB 8-75-S4	April: Field Medical Logistics / Materiel Readiness Assistance
SB 8-75-S5	May: Materiel Acquisition and Technology/Cataloging / Unit Assemblage-related information
SB 8-75-S7	July: SC VIII Centrally Managed Programs
SB 8-75-S9	September: Medical TOE Unit Book Sets
SB 8-75-S10	October: U.S. Army National Guard
SB 8-75-11	November: Updates/changes to AR 40-61

1-3. RECISION OF SB 8-75 ISSUES

Every SB 8-75 issue remains in affect until superseded by a replacement issue, regardless of the date published. This DA SB 8-75-S1, dated 20 January 2005 supersedes the 2004 edition.

1-4. THE USAMMA CD-ROM IS AVAILABLE

a. We at the USAMMA take great pride in providing medical logistics information to the logistics community. We created a registration page on our website where you can request the CDROM via email.

b. Please take the time to register for the CDROM on our website. Go to the address below to order The USAMMA CDROM:

<http://www.usamma.army.mil/USAMMA-CDROM/cdrom-order.html>

CHAPTER 2. SUPPORT FOR CLASS VIII MEDICAL MATERIEL

2-1. THE U.S. ARMY MEDICAL MATERIEL AGENCY (USAMMA)

a. To understand the USAMMA's roles and organizational position in the military, it is important to understand our principal stakeholders and parent commands. At the highest level is Army Medicine; closer to home is our parent command.

b. The Army Medical Department (AMEDD) consists of Army-fixed hospitals and dental facilities; preventive health, medical research, development and training institutions; and a veterinary command that provides food inspection and animal care services for the entire Department of Defense (DOD). Directing the Army Medical Department is the Army's Surgeon General who also serves as the Commanding General, United States Army Medical Command. In these capacities, The Surgeon General-Commanding General has the dual responsibility of advising the Army's senior leaders on health matters and conducting Army staff actions, as well as managing one of the largest, most complex healthcare delivery systems in the world.

c. The USAMMA's parent command, the U.S. Army Medical Research and Materiel Command (USAMRMC), is located at Fort Detrick, Maryland, approximately 60 miles northwest of Washington, DC. This multifaceted command serves as the Army's medical materiel developer and logistics manager for the execution of crucial materiel support missions. USAMRMC performs its important medical research and materiel missions through its many organizations located in the United States and around the world.

d. The USAMMA is a unique and multifaceted organization that acts as the Army Surgeon General's central focal point and Executive Agent for strategic medical logistics programs and initiatives. The Agency's mission is to enhance medical logistics readiness throughout the full range of military health service support missions worldwide, develop and implement innovative logistics concepts and technologies, and advance medical logistics information and knowledge. Accordingly, the USAMMA's principal skills and technologies focus on the medical logistician's role in lifecycle management, sustaining and modernizing the medical force (Active, Guard, and Reserve), supporting exercises and contingency operations, and promoting medical logistics information and knowledge. The Agency's three-core competencies described below are those business products and services that support our mission and collectively define the Agency's unique contribution within the AMEDD.

e. The USAMMA's core competencies are:

(1) **Acquisition and Lifecycle Management of Medical Materiel.** The USAMMA provides acquisition and related force management expertise as the materiel developer for commercial and non-developmental items, manager for integrated acquisition logistics, and logistician for medical materiel life cycle management in support of combat health services (TOE) and medical treatment facilities (TDA). Force Management is the capstone process involving all processes associated with establishing and fielding combat-ready Army units. This process requires the USAMMA to coordinate and manage a multitude of issues, including:

- ◆ Materiel Acquisition Logistics;
- ◆ Management of AMEDD Sets, Kits, And Outfits (SKOS);
- ◆ Materiel Release, Fielding and Transfer;
- ◆ Integrated Logistics Support;
- ◆ Program Objective Memorandum Build and Management Decision

Package Execution;

- ◆ Medical Treatment Facility Support and Services;
- ◆ Technology Watch; and
- ◆ Medical Maintenance Management and operations.

(2) **Force Projection and Force Sustainment.** In the realm of force projection, the Agency centrally manages several Army and OTSG readiness programs. These programs include the acquisition, storage, distribution and transfer of prepositioned stocks located ashore and afloat, as well as medical chemical defense packages and short shelf life pharmaceuticals and other materiel. Integral to this support are partnerships with defense organizations and industry. The USAMMA also supports deployable medical logistics support teams. Within the area of force sustainment, the USAMMA is constantly exploring and employing innovative methods to meld automated information technologies with logistics and transportation best-business practices. Such focused logistics initiatives provide more efficient and accurate ways to deliver and manage precision packages and biomedical maintenance capabilities.

(3) **Medical Logistics Data, Information, and Knowledge Management.** The USAMMA creates/obtains, synthesizes, shares, and enhances a wide array of medical logistics data, information, and knowledge to improve individual and organizational performance while satisfying stakeholder customers. Further, the USAMMA performs DOD/DA functions such as the Unit Assemblage (UA) database management, cataloging, Department of Defense Medical Materiel Quality Control (DOD-MMQC) message management, automated information system management, and logistics evaluation and analysis. These functions result in numerous internal and external products that promote knowledge sharing and provide tools and techniques that enhance the efficiency and economy of the U.S. Army.

f. The USAMMA's organizational structure consists of the following Directorates and separate offices:

- ◆ Business Operations Directorate
- ◆ Force Sustainment Directorate
- ◆ Maintenance Engineering and Operations Directorate
- ◆ Materiel Acquisition Directorate
- ◆ Program, Analysis, and Evaluation Office
- ◆ Pharmaceutical Advisor to the Commander
- ◆ Reserve Component Liaison Office
- ◆ Strategic Capabilities and Materiel Directorate

g. An Agency diagram of the USAMMA for Staff and Technical Organizational identification is located on page 2-9. Contact the appropriate office through the Internet website at: <http://www.usamma.army.mil>.

2-2. BUSINESS OPERATIONS DIRECTORATE (MCMR-MMB)

a. The Business Operations Directorate provides centralized support and shared services within the Agency; specifically, resources management, information management /information technology, administrative services, and enterprise resource planning system support.

b. Primary responsibilities of the Business Operations Directorate include:

- ◆ General administration; protocol, facilities; physical security; editing, publishing, and distribution of medical materiel literature.
- ◆ Budgeting, accounting, human resources, workforce planning/manpower analysis.
- ◆ Information management and technology to ensure interoperability between internal / external government agencies.
- ◆ Functional analysis, documentation and user training in support of the Enterprise Resource Planning system.

2-3. FORCE SUSTAINMENT DIRECTORATE (MCRM-MMR)

a. The MMR is responsible for the worldwide introduction, sustainment, and reclamation of medical SKOs and individual medical equipment items for the Army medical force (Active, Reserve, and National Guard Components). This includes the building and distribution/fielding of medical assemblages, depot operations, and operational support of the Army Medical Units.

b. Functions and accountabilities of the directorate are:

- ◆ Fielding Command for Medical Materiel, Fielding, Transfer, and Displacements;
- ◆ Army Service Item Control Center (SICC) for Medical Materiel and Medical Assemblages;
- ◆ Army Medical Department (AMEDD) Logistics Assistance Provider and Sample Data Collector for Table of Equipment (TOE) units;
- ◆ Care of Supplies in Storage (COSIS) Manager of:
 - US Army Reserve Decrement Hospitals (RCHD),
 - Medical Reengineering Initiatives (MRI) Requirements Generation, and
 - Force Conversion

c. In addition, MMR provides a variety of actions during Force Deployment and Force Sustainment operations, as well as support of the Army's transformation that includes Medical Reengineering Initiatives (MRI) conversions and Initial/Interim Brigade Combat Teams and Divisional Units fielding. The Focused Distribution Management Branch is renamed to the Distribution Operations Center (MMR-D) and will operate under the Force Sustainment Directorate (MCRM-MMR).

d. The upcoming issue of the **SB 8-75-S4** dated 20 April 2005 is dedicated primarily to the mission and functions of the TOE and Field Medical Logistics.

e. For additional information contact, USAMMA, ATTN: MCRM-MMR, Fort Detrick, MD 21702-5001; telephone DSN 343-4310 or 301-619-4310.

2-4. MAINTENANCE ENGINEERING AND OPERATIONS DIRECTORATE (MCMR-MMM)

a. The Maintenance Engineering and Operations Directorate serves as the Army Medical Department's (AMEDD's) focal point for multiple aspects of medical materiel maintenance.

b. Primary responsibilities are to:

- Provide maintenance expertise as part of the USAMMA's integrated logistics support;
- Manage the AMEDD National Maintenance Point;
- Manage the AMEDD test, measurement, and diagnostic equipment (TMDE) program;
- Maintain cannibalization point for medical products that are determined to be non-supportable/non-sustainable;
- Develop electronic technical publications;
- Provide technical assistance retail maintenance, and wholesale maintenance;
- Participate in the development of doctrine and policies for the maintenance of medical materiel within the Army medical logistics system and the overall Army logistics system;
- Establish policies and programs for the depot-level maintenance of medical materiel;
- Provide staff support to the OTSG Logistics Division for maintenance-unique or multi-disciplined logistical issues;
- Develop TOE manpower authorization criteria to include collecting, analyzing, and compiling man-hours and associated performance data for Medical Equipment Repairers;
- Provide maintenance man-hours for new equipment items to AMEDDC&S for development of BOIPs;
- Advise AMEDD leadership on medical maintenance policies and doctrine;
- Participate in the Picture Archiving and Communications Systems (PACS) Maintenance and Sustainment Integrated Process Team (IPT);
- Manage the Acceptance Program for Diagnostic Imaging equipment and PACS installations throughout the AMEDD;
- Identify and implement maintenance initiatives for PACS and Teleradiology equipment.

c. A website containing information on equipment updates, technical manuals, supply bulletins, Medical Maintenance Divisions, and other pertinent medical maintenance information can be found at the following website: **www.usamma.army.mil/maintenance/**. Suggestions for additions or changes to this website are always welcome.

d. To add your organization to distribution for the SB 8-75 series, contact the U.S. Army Publishing Directorate, Alexandria, VA (<http://www/apd.army.mil>). SB 8-75-S2, -S6, and -S8 are dedicated entirely to the mission and functions of maintenance information, parts, and equipment.

e. For additional information contact USAMMA, ATTN: MCMR-MMM, Fort Detrick, MD 21702-5001; telephone 301-619-4407 or DSN 343-4407.

2-5. MATERIEL ACQUISITION DIRECTORATE (MCMR-MMT)

a. The MMT serves as the AMEDD's logistical focal point and central manager for materiel acquisition lifecycle management supporting the Military Health Systems (MHS) Health Care Delivery System worldwide.

b. Primary responsibilities include:

- ◆ Medical technology surveillance, integration and migration.
- ◆ Proponent for the Technology Assessment and Requirements Analysis (TARA) and the Combat Support Equipment Assessment (CSEA) programs.
- ◆ Medical Care Support Equipment (MEDCASE) requirements determination and funds execution integrator.
- ◆ Perform technical support to TSG Consultants and health-care treatment facilities worldwide.
- ◆ Serve as the focal point for all Acquisition Logistic Support (ALS) functions supporting lifecycle materiel management for developmental and non-developmental medical materiel.
- ◆ Govern the New Equipment Training (NET) program for all newly introduced items of medical equipment, for which there are training needs identified by the Training Developer.
- ◆ Provide technical assistance and services to contracting activities.
- ◆ Monitor and tracks procurement actions and contracting procedures assuring proper force requirements are met and influence or expedite actions.
- ◆ Serve on Technical Evaluation Panels and Source Selection Panels during the contracting process and coordinate the review of contract deliverables.
- ◆ Prepare Basis of Issue Plan Feeder Data and Quantitative Personnel Requirements Information in Total Asset Visibility. Initiate and coordinate all standardization and type classification actions for field medical material.
- ◆ Support post-fielding review and sample data collection.
- ◆ Executive Agent for the Tri-Services Maintenance and Management of Medical Services Information Logistics System (MEDSILS).
- ◆ Provide continuous support to develop and maintain the Federal Catalog system and Army Cataloging Operations.
- ◆ Being responsible for upgrading and maintaining the Library of illustrations.

c. *SB 8-75-MEDCASE* (20 March 2004) and *SB 8-75-S5* (20 May 2003 and 2004) are dedicated entirely to the missions and functions of DA-level programs utilizing the Defense Health Program (DHP) guidelines for equipment acquisition procedures for AMEDD health care treatment facilities.

d. For additional information contact, USAMMA, ATTN: MCMR-MMT, Fort Detrick, MD 21702-5001; telephone DSN: 343-4329 or 301-619-4329.

2-6. PROGRAM, ANALYSIS, & EVALUATION (PAE) OFFICE (MCMR-MMP)

a. **Mission:** As part of the USAMMA's Strategic Management Effort, the PAE serves as the USAMMA's principal strategic advisor and readiness Management Decision Package (MDEP) integrated programming and budgeting staff office.

b. **Organization:** The PAE is an agency asset under the Chief of Staff. The PAE team consists of the director, a program analyst (planner), two program analysts (programming and budgeting), a management analyst (program evaluation, integration, & compliance), and an information technologist (PPBS database development and management).

c. **Major Functions:** The PAE's major operating principle is centralized planning and programming, and decentralized execution. The PAE office is organized according to these four major functions:

- ◆ Corporate Strategy and Quality Organization
- ◆ Integrated Programming & Budgeting for Future Years
- ◆ Program Evaluation and Compliance, and
- ◆ Program Coordination, Integration, and Systems

(1) **Corporate Strategy and Quality Organization:** 'Strategy' describes, in a process-oriented manner, what an organization is attempting to accomplish over the next 3-5 years and the methodology to accomplish it. It provides a road map for the future including methods of determining success and performance measures. 'Quality Organization' refers to organizational excellence. For example, the President's Quality Award Program recognizes federal organizations that have improved their overall performance and demonstrated a sustained trend in providing high quality products and services to customers. The major PAE tasks within the Corporate Strategy and Quality Organization function include:

- ◆ Strategic planning, emerging military capabilities/enablers, and business information (intelligence),
- ◆ Force structure and force management-related activities,
- ◆ Corporate balanced scorecard, and
- ◆ Quality certification and awards.

(2) **Integrated Programming & Budgeting for Future Years:** This area focuses on the programming and budgeting portions of the Army Planning, Programming, Budgeting, and Execution System (PPBES). 'Programming' involves translating requirements into actions, applying resources, considering alternatives

and tradeoffs, and justifying requirements. 'Budgeting' involves refining and updating funding requirements based execution plans and other factors. It also includes providing justification and explanation to congress (P-Forms). One critical task of the PAE is to integrate all the different requirements into a balanced program. The major programming and budgeting tasks include:

- ◆ Program Objective Memorandum (POM) builds, analysis, and justification;
- ◆ Budget development, analysis, and justification; and
- ◆ PPBS forecasting and simulations (Simulated Materiel Requirements Planning) using the USAMMA's automated enterprise system capabilities.

(3) **Program Evaluation and Compliance:** This domain entails evaluating current and future programs or initiatives. For current programs or initiatives, these evaluations assess how well the program is working according to established objectives and as it relates to other programs. It includes monitoring and reporting program accomplishments, activities conducted (processes), products and services delivered (outputs), and results (outcomes). For future programs or initiatives the evaluations include:

- ◆ Assessing the USAMMA's capacity to perform,
- ◆ Identifying positive and negative aspects,
- ◆ Determining potential implications, and
- ◆ Examining overall feasibility.

Other tasks within Program Evaluation and Compliance include:

- ◆ Corporate performance analysis,
- ◆ Program formulation and evaluation, and
- ◆ Program audits and compliance.

(4) **Program Coordination, Integration, and Systems:** This function strives to improve the following areas within the USAMMA:

- ◆ Intellectual capital / collective knowledge (converting personal knowledge to shared knowledge),
- ◆ Organizational capabilities (ability to collectively accomplish established goals / objectives),
- ◆ Organizational Architecture (ability to capitalize on collective knowledge and capabilities; restructuring / realigning or implementing an enterprise system),
- ◆ Stakeholder and business partner relationship management / marketing (awareness, association, and products/services), and
- ◆ Business information and communication technologies (business warehouse, online analytical processing, future needs).

In addition to these major domains, the PAE supports contingency and other similar operations to support the commander's intent. This support will most likely be situational and depend upon the needs of the organization.

2-7. STRATEGIC CAPABILITIES AND MATERIEL DIRECTORATE (MCMR-MMS)

a. The Strategic Capabilities and Materiel Directorate (MCMR-MMS) manages the medical portion of the Department of the Army (DA) Deputy Chief of Staff for Logistics (DCSLOG) Army Prepositioned Stocks (APS) Program, sometimes referred to as WAR RESERVES. In addition, MMS manages The Surgeon General's (TSG) Centralized Contingency Programs such as:

- ◆ Medical Nuclear, Biological, Chemical Defense Materiel (MNBCDM)
- ◆ Medical Potency and Dated (P&D) Materiel, and
- ◆ Reserve Component Hospital Decrement (RCHD) programs.

This Directorate also runs the USAMMA Emergency Operations Center (EOC) during contingency operations. The Directorate has two Divisions:

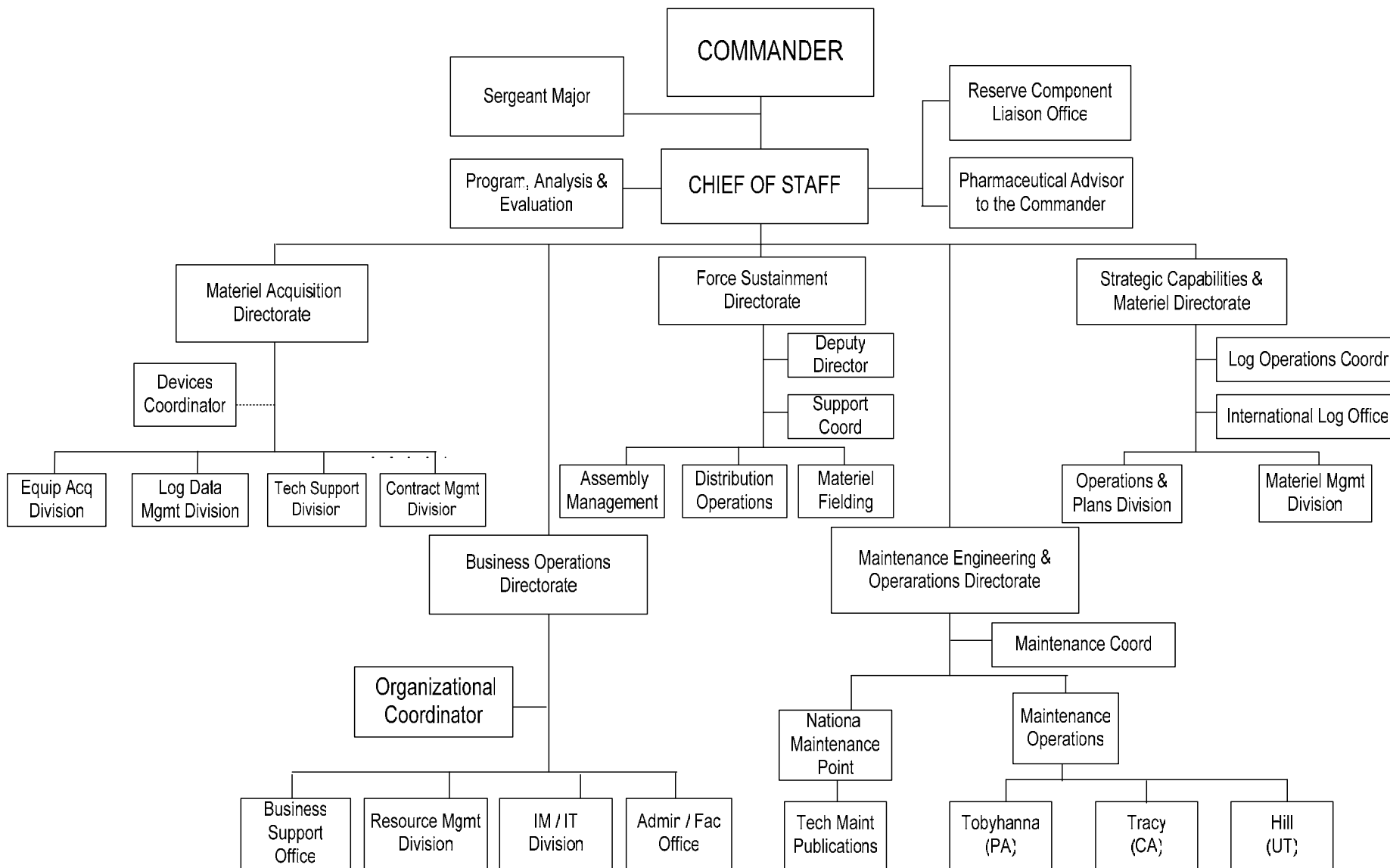
(1) The Materiel Management Division (responsible for the APS, MCDM, RCHD, and Centralized P&D Materiel programs).

(2) The Plans and Operations Division (responsible for the current and future operations and plans, as well as the EOC operations).

b. For additional information please refer to the DA SB 8-75-S7 dated 20 July 2004 (the 2005 edition will be available in July), or contact the:

USAMMA
ATTN: MCMR-MMS
Fort Detrick MD 21702-5001
Telephone DSN 343-4405 or 301-619-4405

THE U.S. ARMY MEDICAL MATERIEL AGENCY – JANUARY 2005



CHAPTER 3. MEDICAL LOGISTICS PROGRAMS

3-1. COMBAT SUPPORT EQUIPMENT ASSESSMENT (CSEA)

a. The CSEA process is a standardized methodology for assessing, planning, and acquiring technology for TOE Medical Units. The USAMMA has demonstrated benefits gained through the application of a similar process called Technology Assessment And Requirements Analysis (TARA) with DOD Medical Treatment Facilities (MTFs). The CSEA applies this methodology to the USAMMA's TOE organizations to ensure the efficient expenditure of funds and the procurement of appropriate technologies to meet future AMEDD and DOD initiatives.

(1) The Medical Reengineering Initiatives (MRI) and Medical Communications for Combat Casualty Care (MC4) and possible deployments are among high priorities. The U.S. Army Medical Research and Materiel Command (USAMRMC) requires an evaluation of the ability of the Deployable Medical Systems (DEPMEDS) to receive these technologies. The CSEA process has proven to be an excellent evaluation tool for assessing the military unique requirements for medical equipment in the TOE environment.

(2) The CSEA process evaluates a number of environmental and survivability factors when making a technology assessment. Military equipment may be deployed to an environment where it may be exposed to environmental extremes. The electro-magnetic "footprint" is critical (both conducted and radiated emissions, as well as susceptibility to interference) and must meet stringent requirements. Availability of utilities such as water or electricity must be taken into consideration. Power provided by a field generator may fluctuate. Equipment must be reliable and maintainable because of the remote location of the equipment far from a service or repair center.

b. All medical equipment fielded to TOE units has a life expectancy. It is the USAMMA's responsibility to track items fielded at different times and to ensure that MTFs have the equipment they need to accomplish their mission. For example, DEPMEDS was fielded in the mid-1980s. The equipment initially fielded with those systems is now reaching obsolescence and becoming difficult to support.

(1) Sustainment and Recapitalization requirements for Echelons of Care II and III are continuously evaluated. The CSEA of DEPMEDS must take into consideration MRI, patient-movement items, medical detachment—telemedicine, and other AMEDD initiatives. The purpose is to provide the AMEDD with the information to make the best business decisions with constrained resources.

(2) The CSEA process focuses on assessing the capability to accept new and emerging technologies from MRI, MC4, or other initiatives. To support this, the following responsibilities of this team include:

- ◆ Provide technical guidance, assistance, and instructions to field medical units for resolving medical logistics problems;
- ◆ Collect, correlate, assess, and disseminate medical logistics information required to respond to problems from the materiel, fielding, or system users;

- ◆ Provide field commanders a single point of contact for medical logistics assistance;
- ◆ Provide technical training to improve readiness;
- ◆ Visit other organizations providing medical logistics support to field medical TOE units;
- ◆ Evaluate the adequacy and efficiency of medical materiel support provided by various retail and wholesale sources to AMEDD activities authorized medical materiel; and
- ◆ Provide a vehicle for accomplishing follow-on evaluations for newly fielded or modified medical equipment items for field activities.

c. Market investigation and market surveillance is the responsibility of the MCMR-MMT-S, USAMMA. The intended audience is clinical subject matter experts from all services and decision makers within the Medical Command (MEDCOM), e.g., USAMMA leadership, MRMC Headquarters, and the U.S. Army Medical Department Center and School Directorate of Combat Doctrine and Development. Market investigations and market surveillance must be accurate because of their use in the decision-making process. These decisions are the basis for procurement of large quantities of medical equipment.

d. The **SB 8-75-S5** contains in-depth information about CSEA and similar topics.

e. For additional information contact the USAMMA, ATTN: MCMR-MMT-S, Fort Detrick, MD 21702-5001; DSN 343-4344 or 301-619-4344.

3-2. AMEDD LIMITED SUPPORT ITEMS (ALSI) and NONSUPPORTABLE/ NONSUSTAINABLE AND OBSOLETE ITEMS (NNI)

a. The MCMR-MMT-S has an established program identifying medical equipment that cannot be maintained through manufacturer or USAMMA depot support channels. The ALSI/NNI program, as a component of the CSEA, is an integrated process that analyzes medical equipment assessments to anticipate the supportability and programs for the replacement of future nonsupportable equipment. One of the requirements of this program is ongoing market investigation and market surveillance to stay abreast of changing medical technologies. The specific goal is to identify and provide a list of NNI/ALSI and associated support items, and to develop a short and long-term replacement plan. This team conducts surveillances and evaluations of new and emerging technology for deployable MTFs and ensures the appropriate clinical proponents are advised of findings and recommendations.

b. The USAMMA identifies the Combat Developer's requirements in the Program Objective Memorandum (POM) that describes where and when resources will be spent. The POM is a planning and programming tool and is prepared three years in advance of procurement. When resources do become available, the USAMMA submits a requisition to the Defense Supply Center Philadelphia (DSCP). DSCP prepares the performance specifications in accordance with essential characteristics and completes the requisition. The effect of this three-year span is that items identified and agreed upon are not purchased for almost five years. In today's environment, the AMEDD runs the risk of acquiring legacy equipment. It is critical that our equipment purchases stay in line

with current clinical practices. The ALSI/NNI program is responsible for bridging the gap between the POM processes, clinical practices, and commercial industry's capabilities.

c. The **SB 8-75-S5** (20 May 2004) contains in-depth information about ALSI/NNI and similar topics.

d. For additional information contact, USAMMA, ATTN: MCMR-MMT-S, Fort Detrick, MD 21702-5001; telephone DSN 343-4330 or 301-619-4330.

3-3. LOGISTICS ASSISTANCE PROGRAM (LAP)

a. The USAMMA is revamping its AMEDD Logistics Assistance Program (LAP) to focus on vital medical logistics issues that affect the readiness of the deployable medical force. The USAMMA's theme is two-fold:

First, to assist Major Commands (MACOMs) and unit commanders in analyzing the true readiness posture of their units; and

Second, to ensure the USAMMA has sufficient medical logistics information to accomplish its missions.

b. Primary objectives for the Army include - but are not limited to:

- ◆ Establish a baseline of medical materiel readiness levels within various medical organizations,
- ◆ Identify potential factors that detract from logistics readiness,
- ◆ Recommend solutions to identified factors, and
- ◆ Develop a knowledge management network and disseminate useful information to organizations.

c. The USAMMA's LAP will be conducted in a two-phased operation.

(a) Phase one will focus on identifying those issues that impact the medical logistics readiness of the deployable medical force, and conducting analysis on those issues in order to provide appropriate measures to alleviate the impact.

(b) Phase two will focus on providing customer-oriented actions that increase medical logistics readiness. The direction and scope of the USAMMA LAP will be continually re-assessed in order to provide the MACOMs and unit commanders the most appropriate level of support. Characteristics of the LAP are:

(1) Provide a means to collect, correlate, assess, and disseminate information on those factors that have been found to result in decreased medical logistics readiness.

(2) Provide MACOMs and unit commanders with the technical guidance necessary to resolve medical logistics problems.

(3) Identify and provide reports through channels on all medical logistics functions that have been identified as having an adverse impact on medical logistics readiness including supply, maintenance, transportation, personnel, training, organization, systems, and doctrine.

(4) Provide improvements and sustain the readiness of medical materiel systems and medical logistics support of Active Army, National Guard, and Reserve Component Forces.

d. The goals of the USAMMA LAP are mutually supported by the Combat Support Equipment Assessment (CSEA) as outlined above.

e. The 2005 edition of **SB 8-75-S4** (20 April 2005) will contain in-depth information about LAP and similar topics.

f. For additional information contact the

USAMMA
ATTN: MCMR-MML, Suite 100
1423 Sultan Dr.
Fort Detrick MD 21702-5001
Telephone DSN 343-4355 or 301-619-4355

3-4. MEDICAL LOGISTICS SUPPORT TEAM (MLST)

a. The Army Materiel Command (AMC) created the Logistics Support Element (LSE) to address the requirement for a tailor-made unit to provide Reception, Staging, On-ward Movement, and Integration (RSO&I) support of Army War Reserve assets. Individuals from various Army materiel commodity commands staff the LSE. These individuals can be military, civilian or contractor personnel. Representing the AMEDD Class VIII commodity is the USAMMA's MLST.

b. The MLST is a 32-50-member team with a variety of skills necessary to facilitate the handoff of pre-positioned medical materiel and non-medical Associated Support Items of Equipment (ASIOE) at a port or land-based facility in any theater. This materiel includes Army Pre-position stocks and other materiel included in TSG contingency programs. Functions of the MLST include command and control, medical maintenance, general maintenance, fielding of materiel, automation support, and contracting support. The skills found within the MLST include medical supply, automation specialist, medical maintenance, and general maintenance technicians. This team is comprised of soldiers, DA Civilians, and fielding contractors. This team can deploy on short notice to any theater.

c. The MLST will normally operate in direct support of the SMC LSE. Once the MST completes the transfer of APS assets, it will redeploy to CONUS or prepare for follow-on missions as directed by the Commander, USAMMA.

d. *FM 100-17-1* details the requirement and responsibilities of the LSE and MLST.

e. *FM 63-11* gives an explanation on RSO&I.

f. *SB 8-75-S7* (20 July 2004) contains in-depth information about MLST and similar topics.

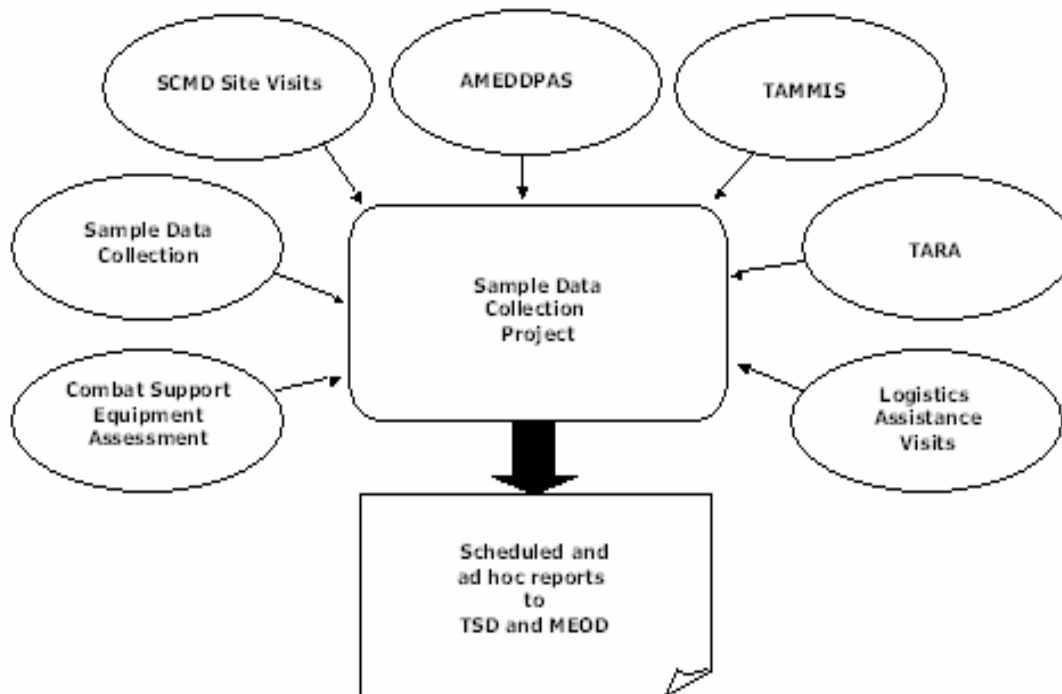
g. For additional information contact USAMMA, ATTN: MCMR-MMR-M, Fort Detrick MD 21702-5001; telephone DSN 343-3464 or 301-619-4364.

3-5. SAMPLE DATA COLLECTION PROGRAM

a. To enhance the strengths of Maintenance Engineering and Operations Directorate (MEOD) and Technology Support Division (TSD), the USAMMA has implemented a sample data collection program for targeted medical devices. This program is a comprehensive and cohesive data collection and analysis program. MEOD and TSD groups are supplied with scheduled reports and have the ability to request ad hoc reports enabling them to respond to changes in medical technology in a more timely manner and help identify significant trends in the maintenance of medical equipment. This program supports the USAMMA in supplying medical field equipment and DEPMEDS facilities with current, sustainable, cost-effective medical technology.

b. To obtain a cross-sectional data sample and take advantage of the expertise and functionality of existing staff, a number of sources of data are used to populate the sample data collection database (Figure 3-1).

Figure 3-1. Sources of data for sample data collection project



c. Data from the Combat Support Equipment Assessment (CSEA), Strategic Capabilities and Materiel Directorate (SCMD) visits, Technology Assessment and Requirements Analysis (TARA), and Logistic Assistance Visits (LAV) are taken from the final written reports from these groups. Relevant data from these reports are manually entered into the SDC database. Data can also be imported from the Army Medical Department Property Accounting System (AMEDDPAS) and Theatre Area Maintenance Management Information System (TAMMIS), if needed.

d. Scheduled reports list the data source to ensure each source is credited for their work.

3-6. SUPPLY CLASS VIII CENTRALLY MANAGED PROGRAMS

a. The DA has established specific programs to support contingency operations as part of its overarching strategic mobility program. The APS is one of them. Complementing the APS program is the OTSG's Contingency Stocks that support areas not covered by the APS.

b. The DA DCSLOG owns APS materiel. The DA directed that AMC manages the non-SC VIII and OTSG manage the SC VIII. OTSG delegated the responsibility for SC VIII to the USAMMA. HQDA authorizes the approval of the release of APS stocks. Once released, AMC/ USAMMA will direct movement as necessary. Program elements within APS are:

- ◆ Brigade/Unit Sets
- ◆ Operational Projects
- ◆ Army War Reserve Sustainment

(1) Overall APS Program Management, contact the USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4428 or 301-619-4428.

(2) APS-1 (CONUS) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4421 or 301-619-4421

(3) APS-2 (Europe) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-6901 or 301-619-6901.

(4) APS-3 (Afloat) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4430 or 301-619-4430.

(5) APS-4 (Korea and Japan) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4427 or 301-619-4427.

(6) APS-5 (Bahrain, Kuwait and Qatar) contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-6901 or 301-619-6901.

c. OTSG owns contingency stock materiel. The USAMMA centrally manages various programs elements. OTSG authorizes the release of the OTSG contingency stock. Program elements are:

- ◆ Medical Nuclear, Biological, Chemical Defense Materiel (MNBCDM)
- ◆ Medical Potency & Dated (P&D) Materiel
- ◆ Reserve Component Hospital Decrement (RCHD)

(1) For additional information pertaining to the USAMMA's SC VIII Centrally Managed Programs contact any of the offices in the following list:

(a) For MNBCDM Program, contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4421 or 301-619-4421/4428.

(b) For Centrally Managed Medical P&D Program, contact USAMMA, ATTN: MCMR-MMS-P, Fort Detrick, MD 21702-5001; telephone DSN 343-4422 or 301-619-4422/4461.

(c) For RCHD Program, contact USAMMA, ATTN: MCMR-MMS-M, Fort Detrick, MD 21702-5001; telephone DSN 343-4421/4428 or 301-619-4421/4428.

(d) The **SB 8-75-S7** (20 July 2004) contains in-depth information about the APS and Centrally Managed Programs.

3-7. TECHNOLOGY ASSESSMENT AND REQUIREMENTS ANALYSIS (TARA)

a. In an environment of constrained resources, it is imperative that sound commercial business practices be applied to our capital investment equipment programs. The decision makers at the U.S. Army Medical Command (USAMEDCOM) and the MTF level must have a means of acquiring the management information they need to effectively balance dwindling resources against clinical requirements. The ultimate goal for the TARA program is to establish a standardized methodology for assessing, planning, and pursuing the acquisition of technology within the AMEDD.

b. As proponent of the TARA, the MCMR-MMT, USAMMA, is responsible for coordinating the TARA process and site visits with the facility to be assessed, as well as the appropriate specialty consultants. The on-site TARA visit consists of four major components:

- ◆ Assessment of Clinical Operations
- ◆ Assessment of Requirements
- ◆ Assessment of Operations
- ◆ Assessment of Equipment

c. TARA Specifics.

(1) A TARA provides a snapshot of the facility's diagnostic imaging and clinical laboratory processes for the period during which the site survey is conducted. However, the TARA is not intended as a substitute for the facility's own routine evaluation of their operations. Because changes in a facility's strategic vision could alter diagnostic imaging or laboratory requirements, the MCMR-MMT recommends that the requirements for the MTF be periodically reevaluated, especially in the event of a major change in mission.

(2) Using the data collected from site visits and from MEDCASE program requirements, the TARA team has constructed a database to assist in providing guidance for approving future MEDCASE requests. The TARA database is used to front-load MEDCASE requirements for routine replacement of diagnostic imaging systems. The USAMMA Materiel Acquisition Directorate generates MEDCASE requirements and assigns an Asset Control Number (ACN) that is sent to the MTF and Regional Medical Command (RMC) for approval. Once approved by the MTF and RMC, the requirement receives 1A approval when it is returned to USAMMA. After 1A approval, funding is allocated from the USAMEDCOM at two levels:

MEDCASE (currently) those requirements greater than \$250,000) and Super CEEP (requirements those between \$100,000 and \$250,000).

The USAMEDCOM is responsible for approving and prioritizing requirements.

(3) Once the system is funded, a Requisition Form (DD Form 1348-6, *DOD Single Line Item Requisition System Document [Manual - long form]*) and quotes from the MTF for the system wanted (may be the MTFs vendor of choice) must be sent to the USAMMA for final approval. Once the USAMMA concurs with the quoted system, the quote is forwarded to the Department of Veterans Affairs or the DSCP, for purchase from their schedules.

(4) MPRs submitted for changing mission requirements or expanded business opportunities still require that the facility to submit a MEDCASE requirement. The justification should be no more than one page and address at a minimum the following questions:

- ❖ What is the intended purpose of the item?
- ❖ Why is the item needed?
- ❖ How will the item be used with other equipment?
- ❖ What are the advantages of the item compared with equipment currently in use or available?
- ❖ Why are these advantages needed?
- ❖ Have specific details been presented regarding cost-benefits, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?
- ❖ What will be the impact on mission accomplishment if the requested item is not acquired?
- ❖ Is the anticipated workload provided?
- ❖ Has consideration been given to the use of available excess assets to satisfy this requirement?

d. The **SB 8-75-S5** contains in-depth information about TARA, as well as more detailed projects and programs.

e. For additional information contact:

USAMMA
ATTN: MCMR-MMT-S
Fort Detrick MD 21702-5001
Telephone 301-619-4330 or DSN 343-4330

CHAPTER 4. GENERAL MEDICAL MATERIEL INFORMATION

4-1. ACQUISITION ADVICE CODE (AAC) 'W' AND 'J' RELATIONSHIPS

a. National Stock Numbers (NSN) and AAC 'W' are assigned to generic end-items of equipment that are initially identified for use. This process provides a method to develop authorization documents, e.g., MTOE and UAs, and for procurement planning (development of essential characteristics). On-hand stocks should never be recorded against AAC 'W' NSNs.

b. As manufacturers are identified, contracts awarded, and items developed, each item is assigned a new NSN with AAC 'J'. Data plates and container markings reflect the specific NSN for that manufacturer.

c. DOD Army Logistics Systems/Publications further identify AAC 'W/J' relationships through the use of Phrase Codes '3' and 'S':

The Phrase Code '3' is assigned to the actual item manufactured (AAC 'J').
The Phrase Code 'S' is assigned to the generic NSN (AAC 'W').

d. *AR 40-61*, paragraph 3-63 (25 January 1995), provides additional requisitioning instructions and information on provisioned medical equipment. Regular updates to *SB 700-20* (Army Adopted/Other Items Selected for Authorization/List of Reportable Items) and the AMDF reflect specific and current items of production data (AAC 'J') as authorized substitutes for the generic end item (AAC 'W') reflected on the requisitioner's authorization document.

e. W&J listings are available via the Internet in the Medical Services Information Logistics System (MEDSILS) database, located and accessible by using the address:

<http://www.usamma.army.mil/html/medsils.htm>

f. The POC for additional information is the USAMMA, ATTN: MCMR-MMT-D, Fort Detrick, MD 21702-5001; telephone 301-619-4308 or DSN 343-4308.

4-2. ADDRESS INDICATOR GROUPS (AIGs)

a. There will no longer be a published listing of Address Indicator Group (AIG) addressees in the *SB 8-75 Series*. AIG Listings are no longer used for disseminating Department of Defense Medical Materiel Quality Control (DOD MMQC) and Army Medical Materiel Information (MMI) messages. DOD MMQC and MMI messages are currently disseminated via email, and the USAMMA has begun using Decision Agent software for this purpose.

b. Customers are encouraged to visit the USAMMA's website at **<http://www.usamma.army.mil>** and register to receive DOD-MMQC and Army MMI messages via email. Additionally, all messages are available for viewing and downloading from our website. Select DOD-MMQC on the sidebar and follow the prompts.

c. Call the following number if there are any questions or concerns about the MMQC messages 301-619-4055/4389.

4-3. ARMY MEDICAL LOGISTICS OVERVIEW

a. To better appreciate Army Medical Logistics (MEDLOG) it is important to understand the different perspectives surrounding our commodity. One viewpoint of MEDLOG may differ from another depending on variables such as logistical support for field medicine versus MTF, wholesale supply versus retail supply, acquisition logistics versus operational logistics. Accordingly, the following information discusses the definition, characteristics, organizations and functions associated with Army MEDLOG.

b. Logistics is defined in many areas. The following descriptions apply to the MEDLOG:

(1) In lay terms, logistics is the science of planning, organizing and managing activities that provide goods or services. An expanded definition includes implementing the acquisition and use of resources necessary to sustain the operation of a system. Generally, logistics considers supply, maintenance, transportation, facilities, services, and related information systems functions.

(2) According to the DOD Dictionary, logistics is the science of planning and carrying out the movement and maintenance of forces. In its most comprehensive sense, those aspects of military operations which deal with:

- ◆ Design and development, acquisition, storage, movement; distribution, maintenance, evacuation, and disposition of materiel;
- ◆ Movement, evacuation, and hospitalization of personnel;
- ◆ Acquisition or construction, maintenance, operation;
- ◆ Disposition of facilities; and
- ◆ Acquisition or furnishing of services.

(3) MEDLOG within the AMEDD is a subset of Army logistics. Therefore, Army MEDLOG operates within HQDA DCSLOG policy and guidance. At the same time, MEDLOG is a discipline of a larger and fully integrated MHS that supports the healthcare delivery mission throughout the DOD during peacetime and wartime.

c. MEDLOG, often referred to as Supply Class VIII (SC VIII), has the following attributes/characteristics:

- ◆ Focus on the needs of the patient and provider;
- ◆ Reliance on commercial sources and business practices;
- ◆ Non-standard products (versus military-unique);
- ◆ Potency dating and special handling requirements;
- ◆ Differing expectations based on varying missions, clinician preference, and Service focus;
- ◆ High-dollar value; and
- ◆ Susceptibility to rapid changes in technology and practices.

d. The organizations and functions of the Army MEDLOG integrate with Army and defense logistics and distribution practices from the factory to foxhole. Several MEDLOG domains exist and are described in the following paragraphs with examples of the types of organizations and primary functions.

(1) In the Combat Health Logistics (Tactical) area, MEDLOG relates to field logistics as an integral part of the Army's combat health support. MEDLOG functions at this level include:

- ◆ SC VIII
- ◆ Medical equipment maintenance
- ◆ Blood storage and distribution, and
- ◆ Optical fabrication.

Examples of MEDLOG organizations are:

- ◆ Medical logistics battalions,
- ◆ Companies and detachments,
- ◆ Combat support hospitals, and
- ◆ The Medical Logistics Management Center.

(2) MTF HEALTHCARE LOGISTICS (RETAIL). MEDLOG at the Regional Medical Commands focuses on management, readiness support, and economics. At the fixed treatment facilities retail MEDLOG functions include:

- ◆ Inventory management
- ◆ Contracting
- ◆ Biomedical maintenance
- ◆ Property management, and
- ◆ Facilities management
- ◆ Other services

(3) ARMY INSTITUTIONAL LOGISTICS (FORCE MANAGEMENT). The MEDLOG in this arena centers on the Army major processes of Force Management and Force Integration, including the Tri-Service arena as part of the MHS. Major functions include:

- ◆ MEDLOG policy; planning, programming and budgeting;
- ◆ Requirements determination; Acquisition logistics and lifecycle management of medical materiel and equipment, MEDLOG information systems, and healthcare facilities;
- ◆ Field medical systems maintenance, sustainment, and recapitalization; and
- ◆ Force projection and force sustainment programs support.

Principal MEDLOG organizations at the Institutional Army are the:

- ◆ Office of The Surgeon General
- ◆ U.S. Army Medical Command
- ◆ Regional Medical Commands
- ◆ AMEDD Center and School, and
- ◆ U.S. Army Medical Research and Materiel Command

In addition, the USAMMA, USAMMDA, and USAMMCE also operate at this Force Management level.

(4) DEFENSE LOGISTICS (WHOLESALE). Defense MEDLOG serves as a national provider and supports sister Services and Army missions and organizations. Primary functions at the wholesale level are:

- ◆ Wholesale Supply Including Inventory Management Of Military Unique Items;
- ◆ Development And Fostering Of A Variety Of Commercial Materiel Acquisition Strategies; Contract Services;
- ◆ Transportation And Distribution; and
- ◆ Force Sustainment Support To The Theater Of Operations

MEDLOG organizations include the DSCP and DLA depots.

4-4. ARMY TRANSFORMATION AND MEDLOG SUPPORT

a. The intent of the Army as stated in the Army Vision Statement is to transform the most respected Army in the world into a strategically responsive force that is dominant across the full spectrum of operations. To accomplish the transformation the Army will proceed along three major paths -- the Objective Force, the Legacy Force, and the Interim Force (see Figure 4-1).

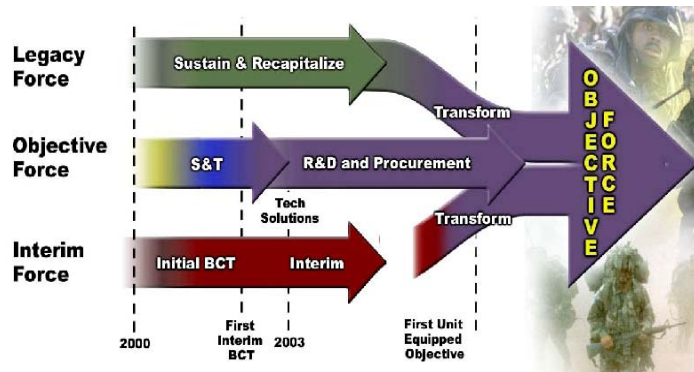


Figure 4-1

b. Recapitalization is the cornerstone of the Army's strategy to sustain its legacy warfighting capability throughout the fielding of the objective force.

(1) It addresses the negative reliability, sustainability, readiness, and cost effects of over-age equipment. Accordingly, recapitalization is defined as "the rebuild and selected upgrade of currently fielded systems to ensure operational readiness and a zero-time/zero-mile system." Rebuild restores a system to a like-new condition in appearance, performance, and life expectancy and inserts new technology to improve reliability and maintainability. Selected upgrade is the rebuild of a system plus the addition of warfighting capability improvements to address capability shortcomings.

(2) The other key component of Army Transformation is modernization. Modernization is defined as the development and/or procurement of new systems with improved warfighting capabilities. The key element in modernization is that it involves new weapon systems. For example, the Abrams tank was a modernization program to replace older tanks, as Deployable Medical Systems (DEPMEDS) was an

equipment modernization program for Medical Unit Self Transportable (MUST) equipped units. Today, DEPMEDS is a legacy system in the sustainment phase of its life cycle. As part of its role in materiel acquisition and lifecycle management, the USAMMA plays a key role in the AMEDD's recapitalization and modernization efforts. Among the USAMMA's key roles are being responsive, deployable, agile, versatile, lethal, survivable, sustainable.

c. OBJECTIVE FORCE: The critical transformation path leads to the Objective Force that will encompass the entire Army and possess capabilities that will enable the Army to accomplish the following:

- ◆ Place a combat-capable Brigade anywhere in the world in 96 hours;
- ◆ Put a Division on the ground in 120 hours;
- ◆ Ensure five Divisions are on the ground in theater in 30 days.

The Army will develop new systems based on technologies that are expected to mature in the next eight to ten years. The science and technology (S&T) community continues working diligently to achieve these Objective Force criteria and has prepared a set of technological solutions for the research and development plans in 2003. The AMEDD is no different, and must conduct science and technology exploration as well as research and development initiatives to produce future medical systems capabilities for the objective force. Accordingly, to achieve the objective force we will have to plan and execute the modernization of the interim force followed by innovative methods to sustain this objective force.

d. LEGACY FORCE: At the same time, the Army will retain portions of today's force by recapitalizing existing systems such as the M1 Abrams tank, M2/M3 Bradley, and the M88 Recovery Vehicle and continuing current modernization programs, such as the insertion of digital technologies. The Legacy Force will remain viable for war should someone miscalculate our capabilities anytime in the next 15 years or so. To compare, the AMEDD's legacy force is Medical Force 2000 (MF2K) and the medical components within division and non-division units. This legacy force is primarily equipped with DEPMEDS, modular medical (MODMED) sets and associated equipment.

e. INTERIM FORCE: The interim force bridges the gap in capabilities between today and the Objective Force.

(1) This Interim Force will possess those characteristics of the Objective Force that are obtainable with today's technology. The Army will field the Interim Force, centered on the recently selected Light Armored Vehicle (LAV) III Interim Armored Vehicle. Our AMEDD interim force is Medical Force 21 via MRI and the medical pieces the STRYKER Brigade Combat Team (SBCT), formerly known as the Interim Brigade Combat Team (IBCT) and Interim Division (IDIV).

(2) As we move toward this interim force, the AMEDD must concurrently sustain and modernize our legacy force and synchronize the reorganization of legacy force to MRI. Once converted, we must also sustain and modernize our interim force in those years prior to attaining the objective force.

4-5. DEFENSE LOGISTICS AGENCY (DLA) CUSTOMER SUPPORT ASSISTANCE REPRESENTATIVES

a. The DLA is a combat support agency and part of the DOD. They provide supplies to the military services, federal agencies, and allied forces.

b. The Headquarters office is located at the DLA, Fort Belvoir, VA; representatives are on duty between 0745 and 1615 (Eastern Time). If a geographic area representative is not at the duty station, call the numbers below for assistance.

c. The single point of contact for information relating to the location and telephone number of HQ DLA Customer Field Representatives can be contacted at the toll-free number 1-877-352-2255. The mailing address is:

Defense Logistics Agency
ATTN: DLA Customer Service Representative
USMC – Materiel Branch
2010 Henderson Rd, Suite 228
Quantico VA 22134-5045

d. To contact the Defense Supply Center Philadelphia for assistance, please call 1-800-413-6789.

4-6. DRUG ENFORCEMENT ADMINISTRATION (DEA) BIENNIAL CONTROLLED SUBSTANCE INVENTORY

a. The Controlled Substances Act (21 USC 801 to end) requires that each registrant of the DEA conduct a total inventory of all controlled substances once every two years and maintain this inventory for two years.

b. The DEA has granted an exception to all Medical Department Activities (MEDDACs), Medical Centers (MEDCENS) and supported activities of the DA that follow inventory procedures outlined in *AR 40-2* (Medical Treatment Facilities General Administration, 15 Mar 83) and *AR 40-61* (Medical Logistics Policies and Procedures, 25 Jan 95).

c. Activities will continue to conduct and maintain inventories according to Army regulations. This information is the authority for activities to disregard DEA notices to conduct special biennial inventories. Authorized users are currently listed in Table 4-1.

Table 4-1. AS OF 11/13/2004
 AUTHORIZED RECIPIENTS OF CONTROLLED SUBSTANCES
 DODAAC REQUISITIONERS

DODAAC	ACTIVITY
W16BFB, W81F22 W73K83 W16BCY, W801KG W22PEZ, W22XTT W23A74, W80069	IMSA, FT DRUM, NY FT BELVOIR, VA MED ACCT US MIL ACAD, WEST POINT, NY IMSA, FT KNOX, KY MSO, FT GEORGE G. MEADE, MD
W23G1L W23MWR, W25MWY W25BDZ, W807YG W26AAJ, W26MKX W26AL3, W801KF	USAG, FT DETRICK, FREDERICK, MD USAMMA, FREDERICK, MD MED SUP, CARLISLE BKS, PA IMSA, FT BELVOIR, VA IMSA, FT EUSTIS, VA
W26AD4, W81AJE W31G1Z W31NWT, W31XV9 W31P0Y W33BRA, W33XTL	IMSA, FT LEE, VA ANNISTON ARMY DEPOT, ANNISTON, AL IMSA, FT RUCKER, AL MSO, REDSTONE ARSENAL, AL IMSA, FT BENNING, GA
W33DME, W33XWA W33M8S, W33XTF W34GNC, W81B1B W36N0P, W36XTM W37N03, W37XTS	USAH, FT STEWART, GA IMSA, FT GORDON, GA IMSA, FT CAMPBELL, KY IMSA, FT BRAGG, NC IMSA, FT JACKSON, SC
W42NU3, W801EP W44DQ6, W44XTX W45MXE, W81NWY W45NQ8, W45XTR W45PEA, W45XTK	IMSA, FT POLK, LA IMSA, FT SILL, OK IMSA, BROOKE ARMY MED CEN, SAN ANTONIO, TX MSO, FT HOOD, TX MSO, WILLIAM BEAUMONT GH, EL PASO, TX
W51XTP, W51HVA W55C7D, W81CRX W55CWA, W55XTW W58NQ2, W58XTU W61DEW, W801FT	IMSA, FT CARSON, CO IMSA, FT LEAVENWORTH, KS IMSA, FT RILEY, KS IMSA, FT LEONARD WOOD, MO IMSA, RAY BLISS AH, FT HUACHUCA, AZ
W62G2W W67K2Q W68MX4, W808LN W71PEC, W8003K W80FU5, W801A5	SIERRA ARMY DEPOT, HERLONG, CA USPFO WAREHOUSE, UTARNG MADIGAN GEN HOSP, FT LEWIS, WA CON PROP ACCT, WRAMC, WASHINGTON, DC MSO, FT IRWIN, CA
W80KVY W8033C	147 TH MEDLOG BN, FT SAM HOUSTON, TX HQ ARMY FORCES, JOINT TASK FORCE BRAVO, APO AA 34042
WT4J8S W80MAX	16 TH MEDLOG BN, WAEGWAN, KOREA MAT BR 121 ST EVAC HOSP, YONGSAN SOUTH POST, APO AP 96301
W81C4T	MSO, FT WAINWRIGHT, AK

(continued) Table 4-1. AS OF 11/13/2004 – Authorized Recipients

DODAAC	ACTIVITY
W81EFP W81RNH W90KEW	32 ND MEDLOG BN (FWD), FT BRAGG, NC IMSA, REDSTONE ARSNAL, AL COMBAT EQUIPMENT GROUP AFLOAT – USAMMA, GOOSE CREEK, SC
W90M7B W90M7G	HHB 2 ND BN 222 FIELD ARTY, UTARNG HHB 1 ST BN 145 FIELD ARTY, UTARNG
W90M7W W90M79 W90M8H W90M8P W90M81	HHD 1 BN 19 TH SF, UTARNG SPT CO 19 TH SF GROUP, UTARNG HHC 211 TH AVIATION GROUP, UTARNG TROOP MEDICAL CLINIC, 140 TH RTI, UTARNG DET 5 UT STARC MEDICAL DETACHMENT, UTARNG
W91DUX W91QU1	OEF, CAMP ARIFJAN, KUWAIT CITY, KUWAIT SR0003 HQ HHC OEF AWCF SSF, PRINCE HASSEN AF, JORDAN
W91QTU W91R2L WC1JUG	3 RD MEDCOM, JORDAN CAMP AS SAYLIYAH, DOHA, QATAR MED SUP ACCT, FT WAINWRIGHT, AK
WK4FDK WK4FV1, WK4FV7 WK4FW0 WK4FZW WK4F3M	USA MED DEPOT, PIRMASENS, GERMANY USAMMCE, PIRMASENS, GERMANY USAH, LANDSTUHL, GERMANY USAH, HEIDELBERG, GERMANY USAH, WUERZBERG, GERMANY
WK7Q6R WK9GHH WN4Q76 WN5Q77 WP4Q8G	US EMB, VIENNA, AUSTRIA MSO, VICENZA MIL POST, VICENZA, ITALY US EMB, ALGIERS AMEMB, TUNIS, TUNISIA MILMIS, CO, AMEMB, MONROVIA, LIBERIA
WT0J3Y WT5J0F WX3JN7, WX3JN8	AFRIMS, BANGKOK, THAILAND USAMEDDAC, JAPAN IMSA, TAMC, HAWAII

d. For additional information contact HQDA, ATTN: DASG-LOZ, telephone DSN 761-8065 or 703-681-8065, or contact the USAMMA, ATTN: MCMR-MMT-A, Fort Detrick MD 21702-5001; telephone 301-619-4305 or DSN 343-4305.

4-7. EMERGENCY OPERATIONS CENTER (EOC) AT THE USAMMA

a. The USAMMA's EOC serves as the medical materiel gatekeeper that prioritizes requirements for any given theater of operation. The EOC is a single focal point for customers.

b. The reengineered EOC centralizes and analyzes multi-directorate information to facilitate a timely decision process. The EOC also identifies and distributes tasks and gains information through decentralized functional directorates. The EOC will track and monitor the movement and requests for low-density stocks.

This Center ensures that the right materiel is in the right place at the right time. The EOC has SIPRNET capability to gain access to classified materiel and classified email.

c. The MCMR-MMS Operations and Plans Division is responsible for the operation of the EOC.

d. For additional information on EOC activation and operations, contact the USAMMA, ATTN: MCMR-MMS-P, Fort Detrick, MD 21702-5001; telephone DSN 343-4408 or 301-619-4408. The EOC's SIPRNET email address is
ladethrs@force1.army.smil.mil

4-8. ENTERPRISE RESOURCE PLANNING (ERP)

a. Defense and Army strategic visions and long-range planning are mandating revolutionary changes in MEDLOG business affairs. Three publications that are shaping the government's business affairs are:

- (1) *Joint Vision 2020*
- (2) the *Defense Reform Initiative* and the
- (3) *Army Transformation*

Accordingly, institutional logistics organizations are reengineering business practices and related automated information systems. Examples of these initiatives are DLA's Business System Modernization and the AMC's Wholesale Logistics Modernization Program. AMEDD logistics is also pursuing accelerated change with the ERP solution.

b. The intent of the ERP is to significantly improve the USAMMA's automated information technology capability by integrating core processes and internal systems applications across the enterprise (organization) into a single computer system that links all organizational elements and delivers best value to stakeholders, customers, partners, and suppliers.

c. In May 2002 the USAMMA implemented Stage I of the EPR solution. Stage I introduced sweeping changes in business processes for controlling funds and for managing requisitions, inventory and assemblages.

(1) In FY 2003 the USAMMA extended the ERP solution to business processes that support the Programming, Planning, Budgeting and Execution System and medical equipment maintenance programs.

(2) The USAMMA strives to ensure that critical MEDLOG support continues while the organization revamps its core business processes and systems.

d. For additional information on the ERP solution, contact:

USAMMA
ATTN: MCMR-MMB-I
Fort Detrick MD 21702-5001
Telephone DSN 343-4463 or 301 619-4463

4-9. EXCESS MEDICAL MATERIEL

a. The USAMMA's Force Sustainment Directorate, Assembly Management Division (MCMR-MMR-A) is in charge of the Excess Medical Materiel Information. To access additional information, please use the USAMMA website at

<http://www.usamma.army.mil/>. At the left margin, select **Excess**. At the bottom of that page, select **Search**. A listing of excess medical materiel will be shown on the screen.

b. For additional information on Excess Medical Materiel contact the

USAMMA
ATTN: MCMR-MMR-A
Fort Detrick, MD 21702-5001
Telephone DSN 343-4161 or 301-619-4161
Telefax number is DSN 343-2270 or 301-619-2270

4-10. MEDICAL REENGINEERING INITIATIVE (MRI)

a. The Medical Reengineering Initiative (MRI) is the AMEDD process that reorganizes the ten functional areas of Combat Health Support (CHS) to conform to Army Force XXI principles. The Vice Chief of Staff of the Army approved MRI in 1996. This process ensures the AMEDD's force remains relevant and viable for future land operations. The ten functional areas are:

- | | |
|------------------------|-----------------------|
| ◆ Hospitalization | ◆ Preventive Medicine |
| ◆ Evacuation | ◆ Laboratory |
| ◆ Area Medical Support | ◆ Veterinary |
| ◆ Dental | ◆ Medical Logistics |
| ◆ Combat Stress | ◆ Command and Control |

Under the Army Transformation, MRI is generally considered part of the legacy force with some MRI force structure acceptable as part of the interim force.

b. MRI was initiated due to changes in our national military strategy, lessons learned from the Gulf War deficiencies, and projected changes to casualty estimates. The MRI force is modular and more mobile. It requires a smaller medical footprint on the battlefield and possesses wartime information compatible architecture while introducing Telemedicine that provides a "reach back" capability. Other MRI enhancements include the capability of early entry, split-based, tailored and full-spectrum military operations.

c. Hospitalization Functional Area. MRI converts the current MF2K three-hospital system (General, Combat Support and Field) to a one-hospital concept. The MRI Combat Support Hospital (CSH) has two, 248-bed variations. One has split-based operational capability with an HHD, 164- and 84-bed Companies. The other version will not be split-based operational. Both configurations will continue to utilize their existing DEPMEDS equipment, although some of the Medical Materiel Sets in the 84-bed company will be established in Tent, Expendable Modular, Personnel (TEMPER) versus the current ISO Shelters. Minimal care capability is removed from the hospitals and is provided in separate, 120-bed Minimal Care Detachments.

d. Non-Hospital Arena. Mobility for functional areas remains critical. Small, completely mobile, Far Forward Surgical Teams (FFST) will provide Level III trauma surgical support where it is needed. Dental companies, on the other hand, will become larger and more oriented toward the area support concept; however, they, too, will be composite of six treatment teams that have the ability to provide far forward emergency and preventive dental care. Most of the non-hospital functional areas are modularly designed to provide smaller, flexible, capability-based organizations.

e. Timetable. The MRI reorganization process commenced first quarter, fiscal year 2000. Continuing conversions, activations and inactivations will gradually transform the AMEDD into an Army XXI Combat Service Support functional area. The AMEDD will be capable, streamlined, and ready to support the fight and peacetime contingency operations.

f. For additional information about MRI, contact USAMMA, ATTN: MCMR-MMR-L, Fort Detrick, MD 21702-5001; telephone DSN 343-4355/4396 or 301-619-4355/4396.

4-11. BASE X MEDICAL SHELTERS, NSN 6530-01-508-5638, MODEL 305

a. Manufacturer Bea Maurer Incorporated has been awarded GSA Contract GS-07F-0173J for the BASE X Medical Shelter.

b. The BASE X Shelter is a lightweight, rapid-deploying tactical shelter. Model Number 305, provides an interior clear span of 18' wide and can house between 12-14 personnel. It is ideal for brigade and regiment-size command and control, medical, communication, and logistics operations.

c. The Surgeon General recommends use of the BASE X Shelter as the standard FST Shelter.

d. Activities may requisition the Base X Shelters through local procurement process, from DSCP, located in Philadelphia. For additional information, go to Bea Maurer website at <http://www.base-x.com>.

4-12. REPORTS OF SUSPENDED OR DESTROYED ITEMS

a. When the USAMMA requires reports of items suspended or destroyed, these reports will indicate specific quantities suspended for each applicable Lot Number(s) and Contract Number(s). When several Lot Numbers under a single Contract Number are involved, show quantity suspended for each Lot Number.

b. Reports of suspended or destroyed items provide a basis for claims against contractors or assist in determining replacement purchase quantities. This detailed information is essential when warranty clauses are involved and also in those instances when it is necessary for the USAMMA to publish different disposition instructions for various Lots under a single contract number. It is imperative that all activities submit requested reports on or before the given suspense date. If the quantities are not reported by the suspense date, your activity may forego credit/replacement for the suspended materiel.

4-13. RESERVE COMPONENT MEDICAL MATERIEL MANAGEMENT INFORMATION

a. The Reserve Component Liaison Officer serves as the AMEDD focal point for all aspects of medical materiel readiness that directly affect the United States Army Reserve (USAR). The Liaison Officer is responsible for the coordination of medical equipment fielding, sustainment, and modernization efforts on behalf of Reserve Component medical units. The Liaison Officer also provides input on USAR policy issues, advises the Commander on USAR policy decisions and performs operational and administrative duties in support of the USAR medical force.

b. Additionally, the Reserve Component Liaison Officer serves as the Chief, Medical Reengineering Initiative Support Team, and Chief, Logistics Assistance Program.

c. For additional information about the Reserve Component issues, contact USAMMA, ATTN: MCMR-MMR-L, Fort Detrick, MD 21702-5001; telephone DSN 343-4355 or 301-619-4355.

4-14. UNIT ASSEMBLAGE LISTINGS

a. Unit Assemblages (UAs) [known as medical sets, kits, and outfits], are clinically reviewed and revised by the Army Medical Department (AMEDD) Combat Developer, AMEDD Center and School, Fort Sam Houston, TX. These revised updates are published after the new components identified in the new versions are approved for procurement and field purposes.

b. Once the new versions for the non-hospital sets are approved, they are published on the USAMMA web pages, <http://www.usamma.army.mil>. UA information can be obtained by accessing the index on the left-hand side of the homepage under the option of **DOD Unit Assemblages**. The set component data contains the most current catalog data for each materiel component of the sets as well as any maintenance changes to the set, such as deleted or replacement NSNs.

c. Activities will note the new versions are unique to the year they are approved and the year is identified in the set nomenclature. While the LIN for a particular set may remain the same from year to year, the NSN of the set will change each time the UA is updated. For the most accurate UA results, search for the UA listing using the NSN listed on your unit's property book listing.

d. The hospital set, known as the Deployable Medical System (DEPMEDS) sets, are not published on the web and the units are to maintain these sets based on the documentation they are provided when the USAMMA Fielding Office delivers the hospital sets (see *AR 40-61*, Chapter 5). The units are not required to update their hospital sets until the USAMMA upgrades a unit with the new version based on a USAMMA-established fielding schedule.

e. Activities without web access can request electronic copies of their UA listings for the approved versions of their sets. A request should be submitted in writing identifying the set NSN and the LIN to the address shown below. Telephone requests may also be made to the USAMMA Data Management Division at DSN 343-4312/4315 or Commercial 301-619-4312/4315.

COMMANDER, USAMMA
ATTN: MCMR-MMT-D
1423 SULTAN DR., SUITE 100
FORT DETRICK MD 21702-5001

GLOSSARY

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<u>Abbreviation</u>	<u>Definition</u>
AAC	Acquisition Advice Code
ACN	Asset Control Number
AIG	Address Indicator Group
AMC	Army Materiel Command
AMDF	Army Master Data File
AMEDD	Army Medical Department
APA	Army Prepositioned Afloat
APS	Army Prepositioned Stocks
ASIOE	Associated Support Items of Equipment
CANA	Convulsant Antidote Nerve Agent
CD	Compact Disc
CDM	Chemical Defense Materiel
CHS	Combat Health Support
CINC	Commander In Chief
CONUS	Continental United States
COSIS	Care of Supplies in Storage
CPSOS	Care of Supplies in Storage
CSA	Chief of Staff of the Army
CSEA	Combat Support Equipment Assessment
CSH	Combat Support Hospital
DA	Department of the Army
DCSLOG	Deputy Chief of Staff for Logistics
DEA	Drug Enforcement Agency
DEPMEDS	Deployable Medical Systems
DHP	Defense Health Program
DLA	Defense Logistics Agency
DLIS	Defense Logistics Information Services
DMS	Defense Message System
DOD	Department of Defense
DOD-MMQC	Department of Defense Medical Materiel Quality Control (message)
DFP	Deployable Force Package
DSCP	Defense Supply Center Philadelphia
EOC	Emergency Operations Center
ERP	Enterprise Resource Planning
FEDLOG	Federal Logistics
FLIS	Federal Logistics Information System
FMS	Foreign Military Sales
FY	Fiscal Year
HQDA	Headquarters, Department of the Army
IMSA	Installation Medical Supply Activity
ISM	Individual Service Member

<u>Abbreviation</u>	<u>Definition</u>
JMAR	Joint Medical Asset Repository
LAP	Logistics Assistance Program
LSE	Logistics Support Element
MC4	Medical Communications for Combat Casualty Care
MDEP	Materiel Readiness Management Decision Package
MEDCASE	Medical Care Support Equipment
MEDCEN	Medical Center
MEDCOM	Medical Command
MEDDAC(s)	Medical Department Activity (ies)
MEDLOGTAV	Medical Logistics Total Asset Visibility
MEDSILS	Medical Services Information Logistics System
MHS	Military Health System
MICRAS ²	Medical Item Cross Reference And Sourcing System
MLST	Medical Logistics Support Team
MMM	Maintenance Engineering and Operations Directorate
MMO	Operations and Support Directorate
MMR	Force Development and Sustainment Directorate
MMS	Strategic Capabilities and Materiel Directorate
MMT	Materiel Acquisition Directorate
MNBCDM	Medical Nuclear, Biological, Chemical Defense Materiel
MPR	MEDCASE Program Requirements
MRI	Medical Reengineering Initiatives
MTFs	Medical Treatment Facilities
MTOE	Modified Table of Equipment
NNI	Nonsupportable/Nonsustainable and Obsolete items
OCONUS	Outside Continental United States
OPCON	Operation Control
OTSG	Office of The Surgeon General
PBAC	Program and Budget Advisory Committee
PBT	Pyridostigmine Bromide Tablets
POC	Point of Contact
POM	Program Objective Memorandum
RCHD	Army Reserve Decrement Hospitals
RMC	Regional Medical Command
RSO&I	Reception, Staging, Onward Movement, and Integration
S&T	Science and Technology
SICC	Service Item Control Center
SKO(s)	Sets, Kits and Outfit(s)
SLEP	Shelf Life Extension Program
SSA	Supply Support Activity

(continued) 2005 GLOSSARY For SB 8-75-S1

<u>Abbreviation</u>	<u>Definition</u>
TAMMIS	Theater Army Medical Materiel Information System
TARA	Technology Assessment and Requirements Analysis
TEMPER	Tent, Expendable Modular, Personnel
TMDE	Test, Measurement, and Diagnostic Equipment
TOE	Table of Equipment
TPFDD	Time-Phased Force Deployment Data
TSG	The Surgeon General
UA	Unit Assemblage
UDR	Universal Data Repository
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
USAMRMC	United States Army Medical Research and Materiel Command

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SB 8-75-S1

By Order of the Secretary of the Army:

PETER J. SCHOOMAKER
General, United States Army
Chief of Staff

Official:

Handwritten signature of Joel B. Hudson in black ink.

JOEL B. HUDSON
*Administrative Assistant to the
Secretary of the Army*

Distribution:

To be distributed in accordance with initial distribution number (IDN) 340016, requirements for the DA SB 8-75 Series.

