



Final Stage of Medical Reengineering Initiative Completed at Sierra Army Depot (SIAD)

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Operation Desert Storm [ODS] revealed many weaknesses in medical capabilities of U.S. forces. In response to these problems, DOD and the services embarked on initiatives to correct shortfalls in wartime medical capabilities and improve medical readiness (excerpted from GAO/NSIAD [Government Accountability Office/National Security and International Affairs Division]-96-224 *Wartime Medical Care*).

38th CSH Soldiers conduct an inventory of assets prior to changing custody from one commander to another. The new USAMMA RCHD Reconstitution Program will greatly improve the medical community's responsiveness to future combat operations, humanitarian and disaster relief operations and peacekeeping support missions. (Photo courtesy of SIAD.)

Report Documentation Page

*Form Approved
OMB No. 0704-0188*

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1. REPORT DATE DEC 2007	2. REPORT TYPE	3. DATES COVERED 00-00-2007 to 00-00-2007			
4. TITLE AND SUBTITLE Final Stage of Medical Reengineering Initiative Completed at Sierra Army Depot (SIAD)		5a. CONTRACT NUMBER			
		5b. GRANT NUMBER			
		5c. PROGRAM ELEMENT NUMBER			
6. AUTHOR(S)		5d. PROJECT NUMBER			
		5e. TASK NUMBER			
		5f. WORK UNIT NUMBER			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) Army Acquisition, Logistics & Technology (AT&L),9900 Belvoir Road Suite 101,Fort Belvoir,VA,22060-5567		8. PERFORMING ORGANIZATION REPORT NUMBER			
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)		10. SPONSOR/MONITOR'S ACRONYM(S)			
		11. SPONSOR/MONITOR'S REPORT NUMBER(S)			
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release; distribution unlimited					
13. SUPPLEMENTARY NOTES					
14. ABSTRACT					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT Same as Report (SAR)	18. NUMBER OF PAGES 4	19a. NAME OF RESPONSIBLE PERSON
a. REPORT unclassified	b. ABSTRACT unclassified	c. THIS PAGE unclassified			

Shortly after *ODS*, the Army Medical Department (AMEDD) began its Medical Reengineering Initiative (MRI). This initiative addresses medical unit restructuring so that AMEDD can fulfill its mission to “conserve the fighting strength.” One of MRI’s final stages is taking place at SIAD where the U.S. Army Medical Materiel Agency (USAMMA) is overseeing Reserve Component Hospital Decrements (RCHD) downsizing. With a combined effort between SIAD and USAMMA, the 32 RCHDs under SIAD’s care will be condensed down to 21. SIAD’s mission is to “provide worldwide expeditionary logistics support for the defenders of our Nation through long-term storage, maintenance, care of supplies in storage, reset and container management.” SIAD is demonstrating many of these key initiatives as it strives to fulfill a significant role in supporting USAMMA’s RCHD Reconstitution Program.

MRI

AMEDD’s MRI began in 1993 in an effort to streamline the Active and Reserve medical units with the purpose of increasing flexibility, deployability and mobility while reducing the medical footprint. As a result, the MRI transformed the obsolete Medical Force 2000 (MF2K) to a 248-bed Combat Support Hospital (CSH). The MF2K concept was designed to support the casualty streams from the worst possible scenarios imagined during the Cold War. The MF2K is comprised of three hospitals: the general hospital, the field hospital and the CSH. It is cumbersome and lacks the ability to enter a war,

humanitarian relief operation or peace-keeping operation early.

The MRI force structure is comprised of two hospitals: Company A and Company B. As outlined in *Field Manual [FM] 4-02.10, Theater Hospitalization*, Company A is an 84-bed hospital that can be split up into an “early entry” hospital element of 44 beds and an augmentation element of 40 beds. Company B is a 164-bed hospital that supplements Company A by adding two extra operating rooms, two Intensive Care Units, seven Intensive Care Wings and dental capabilities. The early entry hospital element (44 beds) can quickly deploy

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32 RCHDs sit on a hardstand at SIAD waiting for the Reserve Component units to deploy or for the MRI’s final stage. (Photo courtesy of SIAD.)

48th CSH Soldiers perform preventive maintenance on small generators prior to placing them back in storage for the next deployment. (Photo courtesy of SIAD.)



and operate as a self-contained unit for 72 hours without any other logistical support. If additional assistance is needed, the augmentation element (40 beds) and Company B (164 beds) can deploy. This structure provides a medical force that has early entry capabilities and a reduced footprint.

Reserve Component Hospital Decrement Reconstitution Pilot Program (RPP)

USAMMA manages the RCHDs as long-term storage assets. Currently, 32 RCHDs are being stored at SIAD and have not been upgraded since the mid-1990s. As a part of the MRI, the 32 RCHDs from the old MF2K concept are being downsized to 21 hospitals that follow the new MRI concept. The Scope of Work Pilot Program for the 352nd CSH mandates that USAMMA develop a plan to reconstitute the remaining RCHDs on a 5-year cycle. The plan will be similar to the 5-year long-term storage program, but with additional requirements.

The RPP took place at SIAD from April 1, 2007 to May 15, 2007. The

352nd RCHD was chosen for the pilot program because it was the next RCHD due in for its maintenance cycle. The program's purpose was to perform 100 percent inventory of all assets for the 352nd RCHD to determine:

- The accuracy of the Theater Enterprise Wide Logistics System information.
- How well plastic and metal items survive when placed in long-term storage.
- That all rolling stock and nonmedical Associated Support Items of Equipment (ASIOE) are present, serviceable and aligned properly.
- That at least one hospital can be easily readied for deployment.
- What future inventories, manpower and funds are needed.
- What would be more costly — purchasing a new hospital or modernizing the old ones?

According to the SIAD *Concept of Operations Plan*, the RPP's mission includes several directives. The plan outline states that once the Deployable Medical Systems containers, Military-owned Demountable Containers (MILVAN) and International Organization for Standardization shelters are downloaded, the following steps would be conducted:

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- Complete 100 percent inventory on medical and non-medical assets.
- Complete medical maintenance cycle on all medical maintenance items.
- Relocate the medical maintenance items to newly assigned MILVANs.
- Complete the Care

of Supplies In Storage (COSIS) on all ASIOE.

- Complete an 84-bed and 164-bed hospital.
- Obtain 100 percent Container Safety Certification (CSC) on all containers.

- Repack all containers and seal using long-term storage procedures.
- Stencil all containers.
- Complete the time study on all aspects of the inventory.

Many workers were needed to execute the RPP’s mission. Employees at SIAD provided the entire labor support. USAMMA provided RCHD Manager Robert Schaad and the Logistics Assistance Program’s Chuck Davis, the pilot program’s Quality Assurance Inspector. Medical maintenance support was provided by USAMMA Medical Maintenance Chief Rich Burlison. After successful pilot program completion, it remains to be determined if the RPP will become the future reality for the RCHD program. The number of hospitals that would be inducted into the RPP also remains to be determined. If implemented, the program would create an additional, year-round work effort at SIAD. When Schaad was asked why the RCHDs are being stored at SIAD, he stated, “Sierra Army Depot has an excellent environment for long-term storage.”

SIAD Operations and the RCHD Reconstitution Program

Maintenance, long-term storage, container management and COSIS are only a few of the operations that take place at SIAD, and these were the operations that provided primary support to USAMMA’s RPP.

During the RPP, SIAD’s employees unloaded the 352nd CSH’s RCHDs and moved all medical items to their respective locations for inventory and inspection. All empty containers went through a CSC inspection performed by Davis. If containers did not pass

inspection for maintenance reasons, they were taken to the Metal Working Shop for repair. The containers were then sent to the Paint Shop to have the end wall doors and side doors cleaned of old Chemical Agent Resistant Coating (CARC) paint and repainted with new CARC paint. All appropriate container information was then stenciled on both doors.

After the containers were repaired and painted, they were packed with the items that had been inventoried and passed material inspections. Once the containers were packed, they were prepared for long-term storage. All containers had their humidity indicators replaced, new desiccant

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was added for moisture control, and all door seals and container frames were sealed with caulk. The containers were then weighed and stenciled with the proper weight and returned to the SIAD staging area. The containers were arranged by the new 84-bed/164-bed hospital configuration with special attention given to container management by maintaining accurate inventories, preventing the recording of improper items and locations while keeping records of cycle times and repair information.

When all newly configured MRI units were finished and put into RCHD at SIAD, the COSIS process began. SIAD’s COSIS process is done to keep all materials in storage maintained and ready to issue and consists of checking the humidity and temperature for all containers, inspecting the container for any damage, examining the caulking for defective sealing and supporting medical maintenance cycles.

Along with maintenance, long-term storage, container management and COSIS, SIAD also provides expeditionary logistics support, transportation management, reset and retail supply. The depot’s infrastructure is ideal for performing multifunctional operations and providing Joint expeditionary logistics support to the warfighter.

ODS provided the experience that made AMEDD more aware of the direction it needed to pursue to keep up with the changing nature of combat. The lessons learned in that campaign highlighted the necessity to become more flexible, deployable and mobile while reducing the medical footprint. The old MF2K hospital that was used during ODS was large and hard to move. The MRI was able to learn from this experience and, as a result, transformed the aging hospital into a smaller and more innovative configuration. With SIAD’s help, USAMMA will be able to fulfill its obligation and bring the RCHD Reconstitution Program to completion.

SIAD is working hard at being the primary location and providing the workforce support for USAMMA’s RCHD Reconstitution Program, and will continue to play a significant role in programs such as this to ensure the readiness of future combat support, humanitarian efforts and peacekeeping operations.

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