

**STRATEGY
RESEARCH
PROJECT**

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AC / RC MIX: CHANGES NEEDED IN THE AMEDD

BY

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ABSTRACT

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The Army is made up of members of the Active and Reserve Component forces, a concept envisioned many years ago by the United States to ensure protection of its national and vital interest. This concept enhanced the U.S.'s ability to provide a credible answer to the Warsaw Pact. Now, in the midst of economic, political and strategic scrutiny brought on by the fall of the Soviet Empire, the leadership of the Army needs to re-look the nature and purpose of the Reserve and Active component forces. Furthermore, in the post-Cold War period, personnel downsizing and constrained budgets have focused the Department of Defense's attention on the appropriate size and mix of the Army.

This paper will address the Army Medical Department's need to re-look its AC/RC mix. It will focus on the current PERSTEMPO, AC/RC composition, medical mission, and deployments, and recommend ways to balance the AC/RC mix and suggest potential missions for the reserves.

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AC/RC MIX: CHANGES NEEDED IN THE AMEDD

Executing the current strategy places an unsuitable burden on parts of our force structure. We are faced with plenty of strategy, not enough forces. We should figure out what to do before we decide how we are going to do it. We were just unable to anticipate how high that demand [for the smaller forces] would be.¹

The Army leadership has emphasized that all components of the Army are essential parts of its organization and critical to success on the battlefield. This was certainly true and validated during Operation Desert Shield/Desert Storm. The employment of all components was the deciding factor of victory by the Americans and the coalition.

In the Cold War this nation had a defined enemy, a peer super power threatening the vital interest of the United States and its allies. This Cold War methodology was the main thrust behind current Army doctrine. This was the basis of all tactics, techniques and procedures. It was a dangerous world but the dangers were known, not only to the U.S. but also to its allies.

The world has developed into a global environment that is volatile, uncertain, complex, and ambiguous, marked by many opportunities and threats by adversaries wishing to disrupt the world's democratic way of life. This world is said to be less focused and, thus, presents huge challenges to the leadership of all components. The United States can no longer be allowed to rest on past successes, tactics, procedures and force structure and expect to be successful. The Army of today cannot rely on past practices to conduct the battles of tomorrow.

The United States requires the employment of all its components to ensure victory. This is why a look at the configuration of the force, not only in the number of units and personnel but also component, is essential. The Army can no longer ignore the cries of those that say the Army must change in order to meet the demands of this changing environment.

The current force structure makes it difficult to continue involvement in the growing number Smaller Scaled Contingencies with the flexibility to meet the demands of potentially two Major Theater Wars (MTW) simultaneously. In view of this, it is imperative that the Army leadership lay aside the parochialisms, politics, and indecision and focus on fixing the imbalance between the number of Active and Reserve units, especially if the OPTEMPO continues to accelerate. "You've got a smaller Army, busier Army, downsized Army, reduced in budget and tremendous increase in mission requirements."²

The traumatic period of the initial drawdowns is behind most of the Army, and while transformation is considered to be the ways, ends and means to having a force of presence and

one credibly shaped for combat, it still face a tremendous challenge of having the right size force and mix.

In many ways the Army Medical Department (AMEDD) reflects the concerns and issues of the total Army. Its current force structure is challenged by the tugs of a high OPTEMPO while posturing itself for the demands of an MTW. This paper will examine the AMEDD's mission, current AC/RC structure, and PERSTEMPO, and recommend ways to balance the active/reserve mix and potential missions for the Reserve Components.

NEW AZIMUTH

The President and the Secretary of Defense introduced an integrated strategic approach embodied by the terms Shape, Respond and Prepare now. This concept is the basis from which the United States is to remain globally engaged to shape the international environment and create conditions favorable to United States interest and global security. It emphasizes that the Armed Forces must respond to the full spectrum of crisis in order to protect the national interest of the United States. It further states that as we pursue shaping and responding to activities, we must also take the necessary steps to prepare now for an uncertain future.³

The President of the United States, in 1999, presented a National Strategy of Engagement, and the question is whether the United States has the requisite force to meet its intent. It has been debated on numerous occasions that the Army's current force structure is expensive to maintain, requires a large number of support personnel and strategic lift assets to deploy overseas, and suffers from an imbalance between Active and Reserve units. The United States military and its leadership's acceptance of a continuation of the engagement strategy remain as an objective that must be met. The current administration does not appear to have an agenda that contradict this philosophy. It is argued the U.S. must be involved in the world's affairs to main a degree to stability.

The isolationists' argument in some circles that the United States has no business using its forces unless vital interest are at stake ignores the fact that any unraveling of the world economy from lost confidence in the United States commitment to regional stability will be devastating.⁴

The National Military Strategy, as it relates to responding to the full spectrum of crises, states that the US military will be called upon to respond to crises across the full range of military operations, from humanitarian assistance to fighting and winning Major Theater Wars, while possibly conducting concurrent Smaller Scaled Contingencies.

The Army has been involved in countless missions throughout the world and these operations across the globe have shown that the Post-Cold War cuts to the Army size and force structure have been too deep given the strategic environment.

If one needs an example of the mismatch between strategy and resources, missions and manning, one needs to look no further than the United States Army. It is over committed and under resourced. It has been cut 33% with an increase in missions of over 300 percent. The Army has provided over 60 percent of the forces for 32 of the last 36 deployments. This all boils down to the Army's ability to fight one region theater war, let alone two, is at an unacceptable risk, perhaps more than the American people realize.⁵

An Army with the demonstrated ability to rapidly respond and to decisively resolve crises provides the most effective deterrent and sets the stage for future operations if force must be used. Building the right force structure mix is a must to best support the National Strategy.

CURRENT SITUATION

Why is the PERSTEMPO high? When the leadership decides to deploy a unit, there are second and third order effects. It is necessary to understand that when one unit deploys it affects at least three others: the unit deployed, the unit to replace the deployed unit and the unit that is recovering from being deployed. A brigade size unit being deployed affects the entire division. The total effect on the Army is illustrated by the following:

The Active Army's 10 Divisions and 2 Cavalry Regiments are running at full pace with no relief in sight. The Association of the United States Army stated that the commitments of these as ranging from support Task Force (TF), Falcon in Kosovo, to TF Able Sentry and numerous NATO and Partnership for Peace (PFP) exercises for the 1st Armored Division. In the 1st Cavalry Division it is conducting Multinational Division-North (MND-N) operations in Bosnia, their CONUS based brigades are switching to Army XXI organization, which renders them nondeployable until the conversion is complete. The 1st Infantry Division is committed to TF Falcon, NATO/PFP operations and some of its CONUS base brigades have been stripped to man Europe-based units. All the remaining divisions have similar responsibilities that are very difficult to be relieved of. This was just a short synopsis of what they do on a regular bases in addition to other deployments on the Army's commitment list, support to the Sinai, Kuwait-Saudi Arabia, Peru and Ecuador, Central America, and Domestic counter narcotics support. The Army also provides for numerous of training mission / exercises and military-to-military contacts annually. The Army's Special Operations Forces are equally inundated with numerous deployments.⁶

When people criticize the Army for its difficulty in mustering 7, 000 deployable peacekeepers to Kosovo, they do so unaware that the Army must identify and deploy a brigade plus of soldiers without abandoning other deployments and still retain the ability to respond to two MTWs.

The fact is that current war fighting units have been stretched so thin with deployments that responding to the outbreak of even a single major theater war would be problematic.

To muster a five-division minimum, numerous other commitments around the world would be ignored and units that are not fully trained, manned or equipped would be deployed. The deployment may be further delayed while reserve units train up to relieve active units with other commitments or to participate directly in the MTW. A second, nearly simultaneous MTW would be even riskier and require extensive activation and deployment of reserve units. With the current Army manning and force structure, the Army cannot fight and win two nearly simultaneous MTWs, when it just barely meet the commitments of the current strategy of engagement. The Army will have a tough time trying to do both without serious risk to the men and women of the Armed Forces. The question is does the Army move to adjust the system now or wait until the its indecision to make a decision reveal itself as an inability to meet the requirements of the National Military Strategy and Defense Planning Guidance? The Army unquestionably would not want to answer that in the form of countless lives unnecessarily lost on the battlefield. The Army must redefine its baseline force structure before bursting the OPTEMPO margin.

By heeding its political masters request to be ready to prepare for everything, it [the Army] is not able to do a great deal of any one thing. Because so many assets are in the reserve components, it is not in particularly good shape to execute a world wide "Strategic Concept" of multiple contingencies.... Yet neither is it well postured to use its active duty forces to deal rapidly with a single but significant threat. The combat service support for them ---- counting host nation support... could probably sustain no more than ten to twelve divisions for more than a week.⁷

The indication in the above statement is that it is imperative that the United States defines the roles and missions of the Active and Reserve forces. The Army can no longer assume the fact that the reserves are 100% ready to go and their capability to perform their mission is equally ready to go. This view point is not intended to belittle the reserve components' importance but it is a way to expose a reality that the United States can no longer expect future adversaries to sit idly by and allow the military to build forces as was done in Operation Desert Shield/Desert Storm.

If the United States wants to lessen the risk on the battlefield and be ready to deploy, fight and sustain itself without heavy reliance on the reserve, it must balance the force now in accordance with its strategic objectives. The Army's ability to execute its assigned mission must have a top priority. This can best be described by the following:

Do what is best for the Army team. One team, One fight, and One future are not just a slogan. It is a guiding principle. Integration is a worthwhile goal that requires our best efforts in both active and the reserve components.⁸

RESERVE COMPONENTS

From its inception in 1908 as a tool to increase the efficiency of the Army Medical Department of the United States Army, the Army Reserve structure has grown and has been tested in every major war or conflict in the nation has found itself since World War I. They are a significant portion of the total force as highlighted by Mr. Ronald Sorter:

Today, the Army Reserve makes up 20% of the Army's organized units, but provides 46% of the Army's combat service support, and 30% of the Army's combat support. As the United States, and indeed the world, emerged from the Cold War at the end of the 1980's with the fall of the Berlin Wall, the Army knew that, with its passing, so too must go Cold War thinking, Cold War force structure, Cold War equipment and Cold War ideas. This new decade represents the beginning of new concepts as to how we deploy and employ reserve forces.⁹

The Army Reserve has a proud tradition of being a diverse force comprising soldiers from numerous socioeconomic and professional backgrounds. They constantly seek new opportunities to better serve the nation. They are key elements in the power projection Army and make significant efforts toward meeting the challenge of Army transformation. With just 5% of the total Army budget, the Army Reserve provides 41% of the Army's total personnel, 43% of the Army's total combat service support, 29% of the Army's total combat support, 100% of the training and exercise and enemy prisoner of war brigades, and over 90% of the judge advocate general and civil affairs units. The Army Reserve has a large mission and its impact on the active component is immeasurable.

The AMEDD has over 50 percent of its wartime structure in the Reserves. In terms of hospitals and patient beds, that figure grows to over 65 percent. Without its Reserve structure the Army Medical Department would be unable to provide the appropriate care to U.S. military personnel.

The large number of reservists needed to support just one MTW, and the fact that they would be needed overseas shortly after a conflict begins, raises concerns about the feasibility of relying so heavily on the reserve support units, especially medical, in such an operation.

One way to address the Army's shortage of support units is to create additional combat service support units in the Active Component while corresponding decreasing the size of the RC.

In today's Army the Reserve forces outnumber the Active Duty forces in all TO&E, Echelon Above Corps, medical units. (See table 1 below)

TYPE UNIT	%	TYPE UNIT	%
TRAINING AND EXERCISE DIVISIONS	100	THEATER AREA ARMY CMDS	40
RAIL WAY UNITS	100	HOSPITALS	54
ENEMY PRISONER OF WAR BDES	100	TERMINAL BATTALIONS	50
JUDGE ADVOCATE GENERAL	81	MEDICAL GROUPS	66
CIVIL AFFAIRS	97	THEATER SIGNAL CMDS	66
PSYCHOLOGICAL OPERATIONS	85	TRANSPORTATION GROUPS	80
CHEMICAL BRIGADES	75	WATER SUPPLY BATTALIONS	33
CHEMICAL BATTALIONS	64	PETROLEUM SUPPLY BATTALIONS	69
MEDICAL BRIGADES	85	MOTOR BATTALIONS	60
PETROLEUM GROUPS	50	TRANSPORTATION COMMANDS	50
PUBLIC AFFAIRS	42		

TABLE 1. CSS AND CS RESERVE UNITS. TOTAL ARMY LAYDOWN ¹⁰

During the Persian Gulf War, the first reserve units were not called up until 20 days after the conflict started. For the rest of the units, even longer periods, averaging 100 days, elapsed before their activation. Increasing the number of active duty support forces would lessen the Army's reliance on reserve support forces and avoid the risk that they may not be available in time. Based on a RAND analysis, the reserves could not provide the level of support that the Army assumes for a major regional conflict if the call up of units was delayed by as little as 20 days.¹¹

Leaders of all services must realize the negative impact of long deployments on active forces, but more so in the reserve. During peacetime the majority of these soldiers are civilians who practice weekend drills and only called upon in the event of a crisis. The greatest question is the effect on recruiting and retention. While many reserve leaders yearn for the opportunity for greater responsibility, the increased possibility of deploying for all type of contingencies could cause some of those who signed up to rethink their commitment. Bosnia and Kosovo have expanded the roles of the reserves, but have created significant strains on their families and employers. The concept of weekend warrior became no longer relevant to reservist.

This in no way alludes that reserve leaders are not committed to ensuring the best possible return to the American people on their investment and best possible support to citizen soldiers. It does say that the active Army is over committed and should not allow itself to continue the same old way of thinking that a large number of reserve forces are needed to meet the war fight, which was needed in the Cold War and ended the Cold War. Secretary of Defense William Cohen, stated that,

If, after we have structured for the tasks we must be ready to perform, we find ourselves short of formations to accomplish assigned missions, I am prepared to argue for increases in both force structure and end strength with the confidence that I will be able to gain the support of the defense leadership.¹²

From TAA03 to TAA07, the Army Medical Department had from 71% to 65% of its go-to-war facilities in the reserves. It does not reflect that many active units are caretaker hospitals with low manning levels. These hospitals' equipment and go-to-war personnel must be pulled from existing fixed facilities (Active Component) to be mission capable. This creates an unacceptable burden on peacetime health care facilities when health care professionals and soldier medics are pulled to augment these units to conduct the mission. This shuffling of active component personnel, many times on short notice, coupled with an over reliance on the Reserves to get to the war fight, is unrealistic and unacceptable. The AMEDD's footprint has changed significantly since Operation Desert Shield/Storm as illustrated by Table 2.

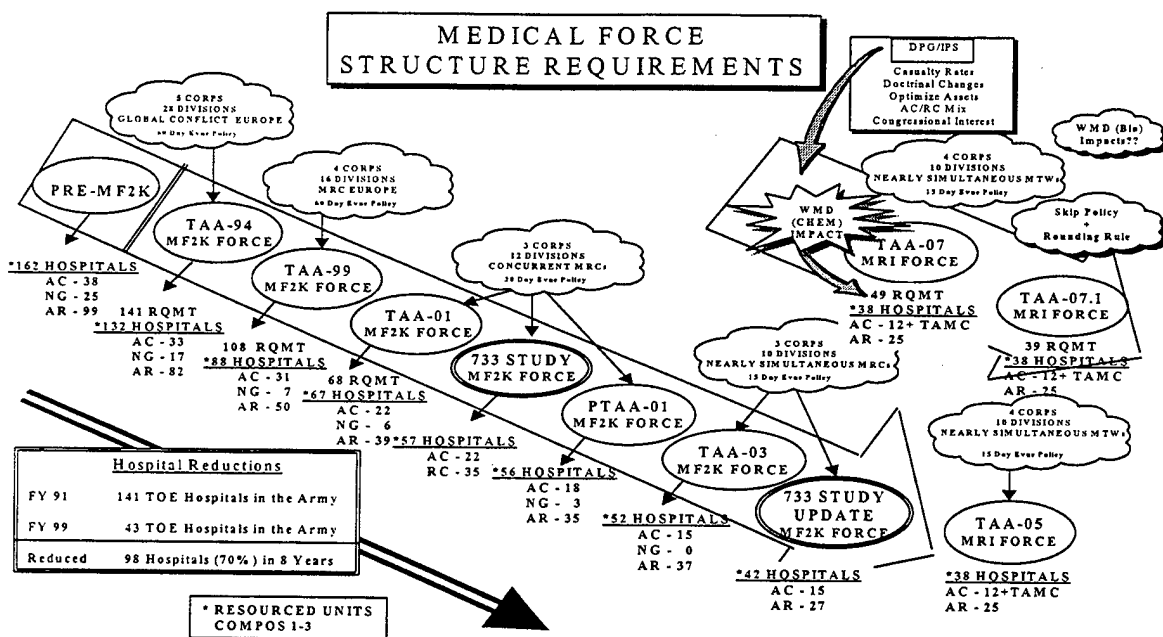


TABLE 2. MEDICAL FORCE STRUCTURE REQUIREMENTS, TAA07 ¹³

The above table illustrates a downward swing in the number of medical units to support the war fight and indicates the heavy reliance on Reserve Component medical units that must be activated to support the active component medical units from TAA94 to TAA07.

After an examination of the Total Army Analysis process of medical units, the conclusion can be drawn that access to reserve units is a definite limiting factor to the Army Medical Department in the early stages of deployment.

To fix this problem, all the planning factors and allocation rules for all units during the next Total Army Analysis conference must be reviewed. Upon completion of this process, the AMEDD and the Army must determine the correct number of units for each component, with the risk being in the Reserve Component late deployers. In an article published at the conclusion of Operation Desert Shield/Desert Storm, the Army's deployment schedule would require mobilizing, activating, training, and transporting hundreds of units from the Reserve Components in a very short time to provide sufficient support forces for the initial support of a Major Theater War. It states:

Congressional Budget Office estimates that it will take approximately 90 days to assemble the 90,000 reservists and their equipment in theater. Delivering all the reserve units needed for one Major Theater War could take as many as 140 days from start to finish. An example of this process took place during Operation Desert Shield where units did not arrive until about 200 days after Operation Desert Shield began.¹⁴

MISSION

When the Army's field hospitals deploy, most clinical professional and support personnel come from the Army Medical Department's fixed facilities. Typically, these deployments are not in support of traditional combat scenarios; rather, they deploy for humanitarian assistance, peacekeeping, and other stability and support operations. Under the Professional Officer Filler System (PROFIS), the Army Medical Department sends up to 26 percent of their physicians and 43 percent of nurses to field units during a full deployment. To replace PROFIS losses, Reserve units and Individual Mobilization Augmentees (non-unit reservists) are mobilized to work in medical treatment facilities. The Army Medical Department also provides trained medical specialists to the Army's combat medical units, which are assigned directly to combatant commanders. Many Army Reserve and Army National Guard units deploy in support of the Army Medical Department.

The mission of the AMEDD is to ensure Force Health Protection on the battlefield and conduct peacetime health care operations for soldiers and families of all categories, whether active, retired or reserve. Medics must be ready and equipped to perform health care operations in all spectrums. The Army Medical Department must be ready to deploy its personnel and equipment to regions throughout the world and be ready to acquire, assess and evacuate casualties across the spectrum of military operations while still maintaining peacetime health care.

The end of the Cold War has resulted in a significant change in the way the Army Medical Department executed combat Health Service Support. In the changing world order, the Army Medical Department has been utilized as a non-threatening tool for foreign diplomacy while continuing to respond to the calls of CINCs to support Theater Engagement Plans. The Army Medical Department's emphasis on health, preventing injuries and illness, while maintaining a viable go-to-war readiness posture, has placed an enormous burden on the assets of the military health care system. These competing missions threaten the military ability to maintain and sustain a viable medical entity. Medical readiness in a theater of operations continues to be defined by deployments in the Balkans and Southwest Asia where the role of the medical department has progressively increased not only for the active component but also the reserves.

The Army Medical Department must be ready to deploy on short notice anywhere in the world, which makes it imperative to adopt the initiatives and key ideas of Joint Vision 2010. The Army Medical Department health strategy calls for transformation of the doctrine and organizations and a stabilized investment program in robust modernization.

WHERE FROM HERE?

We think we have it sized about right, but if we continue to have more peace-keeping missions, that is going to require us to have a bigger force. We don't want to overstress the forces that we've got right now. We are at the limit of where we can go with out putting undue stress on our forces.¹⁵

The goal of the Army should be to move into the 21st Century with a force that provides the National Command Authority the flexibility and interoperability to conduct a full range of operations. This must be accomplished by a force that is united, absent of parochial bias, and deeply concerned with the unavailability of units to meet National Military Strategy objectives.

The AMEDD must be restructured to support the Army in this full range of operations. A shift of 10 percent of the Reserve force to the Active side would significantly increase the AC's capability and capacity. A realignment of 500-1000 medical personnel would enable the AMEDD to adequately support current operations, train for the future ones, and increase readiness while decreasing the PERSTEMPO for the individuals. In view of this one ask,

Is there still a viable mission for the Reserve Components? Yes, a very big one but the implications are that they are best suited for short duration or humanitarian assistance missions throughout the continental United States. New roles for the RC should include:

1. Homeland Defense/Security. Given the increasing threats to the territory, population, and infrastructure of the United States, the Reserve Components should play a more extensive role.
2. Dual role with the Active component in handling weapons of mass destruction in the homeland.
3. Increased support to counter drug operations.
4. Integrate the Reserve Components into the national preparedness office.

The additional challenge for the Services is how to keep the force attractive and keep quality people around. This is becoming very difficult for the all Services, given the great opportunities in the world and an economy that is providing stiff competition. The Secretary of Defense has recognized this and has promoted initiatives to improve the quality of living, monetary compensations in addition to family and community support programs.

Can the burden of mission creep be lessened for soldiers and families? General Shinseki has laid out what he calls his six major priorities during his tenure:

1. Increasing strategic relevance.

2. Developing a clear, long-range strategy to improve the Army's ability to operate in a joint environment.
3. Develop leaders for joint war fighting.
4. Complementing the full integration of the Active and Reserve components.
5. Manning the war fighting units.
6. Providing for the well being of soldiers, families and civilians.

As an AMEDD AC/RC team, the contributions that can be made by both components can only be realized in better partnerships, better training, more people in the active component, a better quality of life, and by providing the best resources to get the missions done by the leadership. To meet the imperatives of the future requirements of the AMEDD whether on the battlefield or a Small Scale Contingency the forces must be reliant, highly trained and rapid deployable.

CONCLUSIONS

The continued high pace of operations, the continued turbulence in the force, the continued need to assign hundreds and even thousands of people to temporary duty, the need for others to work harder to make up the short falls – all of this is eroding the readiness of our force. The Army needs to work with Congress beginning today to fix the problem. We need to add enough personnel to the force to meet the demands of the post – Cold War without wearing out so many of the wonderful men and women on whom our security depends. We are wearing them out and it is up to congress to correct the problem.¹⁶

America's Army has embraced power projection platforms across the United States and has done so with the pride and dedication of the Army's Active and Reserve components. When the United States deploys for any type of contingency, units in the Reserve component must meet several of the initial mission requirements. As discussed throughout this paper, the Active Army is from suffering the problem of being undermanned in the number of soldiers it must deploy. This must be fixed, as indicated in the Army's 2000-2005 POM:

In fiscal year 1989 a Desert Storm size deployment of 261,000 active troops would have required 53% of the deployable end strength and only a sixth of the forward – stationed troops. Today, that same deployment would require 86% of the CONUS deployable personnel, all overseas-deployed personnel, and most of the forward - stationed personnel.¹⁷

In short there are fewer deployable soldiers covering more deployments. The size and composition of the reserve forces should no longer be determined by how many are needed to fight 2 Major Theater Wars or by the sequence in which they flow in a conventional fight. It should

be determined by what capabilities they have and can it be used as part of the continuous engagement and sustainment of the geographical CINCs.

The requirements must be articulated clearly for a rational and reasonable force mix, one that will assure success on the battlefield and in peacekeeping environments. The next QDR needs to do better, "so we have a proper balance and acceptable risk, and we are not trying to carry out a strategy with a force that is not large enough." ¹⁸

The Army must now, not tomorrow, express to the leaders of this country with all honesty and sincerity that it needs a desperate re-look at the composition of the Active and Reserve Forces.

Integration of the Army components is, at its heart, about achieving the bedrock of the Total Army idea - a quality force. Total Army integration is not about how reserve component units can supplement or replace Active units - it is a process of combining the three components to create the force our nation needs - it is all about quality - ensuring we all have the best mix of forces available to get the job done. ¹⁹

The Army leadership must be visionaries in this pursuit, because our adversaries would say: "You have a great Army, don't change. The Army has great leadership - don't change. The Army has great vision - don't change." The leadership of today cannot idly sit by and listen to that rhetoric. The Army leadership must fight, embrace and encourage change while spending the necessary funds to get it done. Freedom and democracy is priceless.

The Army Medical Department must be realigned by shifting force structure from the Reserve Components to the Active Component. The increased involvement in theater engagement activities, support of peacekeeping/peacemaking operations, and readiness for contingency operations demand an active force structure that is ready, trained, and capable of rapid response. This proposed shift of AMEDD structure would achieve a more balanced force, one able to execute the broad spectrum of missions facing the Army's medical units. The issue of the proper mix of AC/RC forces must be fixed now, or be faced with the agonizing decision to articulate the risk of not having the right mix to the professional soldiers that are put in harms way each day to preserve the security and strength of this great nation.

In this paper an attempt has been made to address the importance of a right mix, mission, deployment challenges, and recommended ways to balance the AMEDD mission among the reserve components. The AMEDD, in spite of the many challenges ahead it must make its force structure better suited to its current mission obligations by converting some of its reserve structure to the active component.

“ While we cannot foresee all the changes that will occur, we can act now to shape the future, rather than be shaped by it”²⁰

WORD COUNT: 5081

ENDNOTES

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