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Headquarters, U S Army Medical Command
Operation Directorate, Plans Division
2050 Worth Road
Fort Sam Houston, TX 78234-6007
19 September 2003

WARNING ORDER

References: FORSCOM Message 120330Z Aug 03, Subject: Reduction of CONUS Support Base Personnel.

1. SITUATION:

a. General. The Vice Chief of Staff of the U.S. Army (VCSA) approved the U.S. Army Forces Command's (FORSCOM) plan to reduce the number of Power Projection Platforms/Power Support Platforms (PPP/PSP) that receive CONUS based support (CSB) augmentation. MEDCOM has met and continues to meet the intent of the above reference, and is providing required reports to FORSCOM.

b. Assumptions.

(1) The CSB support to MEDCOM (MSUs, PAs, 91 series, backfill, case managers, etc.) can be extended as needed.

(2) First and Fifth Army will provide guidance on the shift of workload as they draw down the CSB at PPPs/PSPs.

(3) The OIF2 population will be provided for planning details at the remaining PPPs/PSPs.

(4) Long term plans for support must shift to resources other than mobilized RC, (e.g. contracts, civilian employees, etc.).

2. MISSION: To transition CSB medical support to ensure uninterrupted mobilization and deployment processing at the CSB PPPs/PSPs identified in the referenced FORSCOM message.

3. EXECUTION:

a. Concept of Operations.

(1) This warning order provides planning guidance to Regional Medical Commands (RMC) for the reduction of PPP/PSP support.

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(2) FORSCOM's plan calls for an initial reduction of CSB PPPs/PSPs to 16 after October 2003 with a goal of reducing to 9 PPPs/PSPs by the April-May 2004 timeframe. The CONUSA plans have delayed this reduction to the 16 CSB PPPs/PSPs until the December 2003-January 2004 timeframe. Deployed units supporting OEF and OIF1 will redeploy back through the PPP/PSP from which they deployed with the exceptions of Ft Leonard Wood, Ft Rucker, and Ft Sill. Current CONUSA operations plans are for OIF1 units that mobilized at Fort Leonard Wood to demobilize at Ft Polk, the units that mobilized at Ft Rucker will demobilize at Ft Benning, and the units that mobilized at Fort Sill will demobilize at Ft Hood after the December 2003-2004 timeframe. Units deploying in support of OIF2 will deploy through one of the remaining PPPs/PSPs.

(3) Anticipate CSB draw-down at the following mobilization stations in the April-May 2004 timeframe: Ft Benning, Ft Buchanan, Ft Campbell, Ft Drum, Ft Eustis, Ft Jackson, and Ft Knox. These mobilization stations will be authorized to retain RC CSB medical augmentation until completion of OIF1 demobilization operations, estimated to be approximately the April 2004 timeframe.

(4) The following mobilization stations will be authorized to retain or receive RC CSB medical augmentation, and will receive workload for OIF2 and other major rotational force missions: Camp Atterbury, Ft Bragg, Ft Carson, Ft Dix, Ft Hood, Ft Lewis, Ft McCoy, Ft Riley, and Ft Stewart.

(5) Ft Benning and Ft Bliss will retain their CONUS Reception Center (CRC) mission, and will require continued RC CSB medical augmentation support.

(6) The Reserve Component (RC) CSB medical units located at PPPs/PSPs losing their CSB mission may be required to staff PPPs/PSPs that have no CSB medical support, and to augment others as required by the projected workload.

(7) Regional Medical Commands will follow MEDCOM guidance on REFRAD, and will not REFRAD RC personnel based on directions received from the Armies or installations. The MEDCOM has REFRAD a significant number of RC CSB personnel, and will continue the REFRAD process in a manner consistent with support requirements.

b. Tasks. Regional Medical Commands will:

(1) Review the PPP/PSP CSB mission reduction, and evaluate the impact the reductions will have on providing medical support to mobilizing and deploying forces.

(2) Determine the future requirements for RC CSB medical units and personnel at the PPPs/PSPs losing their CSB mission. Determine if the RC CSB units/personnel can be REFRAD without an adverse impact on deployment operations, or if the RC

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CSB units/personnel will be required for augmentation at other locations within the region.

(3) Direct the MEDCENS/MEDDACs with mobilized MSUs to survey the MSU personnel to determine the number of personnel who are willing to volunteer for extension with the MSU. Based on current and future operations all MSUs will probably be extended on active duty beyond the initial 12 months.

(4) Provide an initial draft CSB support plan to MEDCOM not later than 10 October 2003. The plan will contain an evaluation of the medical CSB at each installation, to include MSU requirements identifying the number of required RC personnel (e.g. PAs, 91 series, etc.). The plan will also include full justification for retention of the RC CSB in the event the CSB needs to be extended.

c. Coordinating Instructions

(1) The RMCs will coordinate CSB medical support within the RMC's area of responsibility during the reduction of CSB PPPs/PSPs.

(2) HQ, MEDCOM will coordinate CSB medical support across the RMCs areas of responsibility during the reduction in CSB PPPs/PSPs.

4. SERVICE SUPPORT: NA

5. COMMAND AND SIGNAL:

a. Command. No change.

b. Signal. NA

ACKNOWLEDGE: Upon receipt to MEDCOM EOC: DSN: 471-7828/7288 or by e-mail at: medcomeoc@cen.amedd.army.mil

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Lieutenant General

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