

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 500-5-10

1 JUNE 2000

Emergency Employment of Army and Other Resources
U.S. ARMY MEDICAL COMMAND MEDICAL MOBILIZATION READINESS PROGRAM (MMRP)

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from Headquarters, U.S. Army Medical Command, ATTN: MCOP-P.

1. HISTORY. This is the first printing of this publication.

2. PURPOSE. The purpose of the Medical Readiness Training Programs is to provide an educational training tool for commanders and staff. To ensure fixed base commanders and staff are knowledgeable concerning the systems, e.g., personnel; logistical; patient evacuation; administration; etc., that are critical to bringing the U.S. Army Medical Command (MEDCOM) activities from peacetime operations to a contingency/wartime footing.

3. REFERENCES. None.

4. EXPLANATION OF ABBREVIATIONS AND TERMS. Abbreviations and special terms used in this publication are explained in Appendix A.

5. PROCEDURES.

a. General. This section presents an overview of the MEDCOM Medical Readiness Training Programs available for major subordinate commands (MSC), U.S. Army Medical Centers (MEDCEN), and U.S. Army Medical Department Activities (MEDDAC) to provide staff training in

mobilization and contingency readiness and preparedness.

b. Scope. The MEDCOM Readiness Training Programs are structured so as to be available in several modes, at the option of the Commanders of MSCs, MEDCENs, and MEDDACs to best fit the needs of the activity/personnel concerned. Recognizing that MEDCOM and its activities are not funded to directly support the participation of U.S. Army Reserve (USAR) WARTRACE Army Medical Department (AMEDD) Table of Distribution and Allowances (TDA) unit personnel, every effort should be made to include these personnel in any readiness training activity in which the MEDCOM is involved. Involvement of USAR personnel requires maximum diligence in lead-time forecasting, direct communications, and cooperation to achieve the anticipated benefits.

6. POLICY. The MEDCOM policy requires all MSCs, MEDCENs, and MEDDACs to involve appropriate personnel, to include organic dental and veterinary personnel in readiness training on a not less than biennial basis. Training records should be maintained by the Plans,

Training, Mobilization, and Security (PTMS) or equivalent function at the activity.

7. MEDICAL READINESS TRAINING PROGRAMS. The medical readiness training programs described herein are not intended to be restrictive in nature, and can be supplemented locally. Additionally, MEDCOM activities can and should avail themselves of locally generated readiness training programs, such as National Disaster Medical System (NDMS) disaster drills, emergency preparedness exercises, and emergency deployment readiness exercises (EDREs). MEDCOM sponsored readiness training programs are supported with resources by the MEDCOM Plans Division in conjunction with the local MSC/MEDCEN/MEDDAC.

a. Mobilization Planning Workshop (MPW).

(1) Background. The MPW was developed in 1991 to provide a didactic course of instruction available to commanders and selected staff in AMEDD TDA activities; the course provides training in the complexities of mobilization concepts and interactions. The course is of five days duration and is conducted quarterly in San Antonio at a local hotel; the instructors represent subject matter experts from the MEDCOM staff plus contractor personnel.

(2) Target Audience. Commanders, mobilization planners, and staff from MSCs, MEDCENs, MEDDACs, MEDCOM installations, Regional Dental Commands (RDC), U.S. Army Dental Activities (DENTAC), as well as personnel from supporting USAR AMEDD TDA units. For MEDCOM attendees, travel funding should be source from the "command directed travel" account; for USAR attendees, funding must be provided from the parent Reserve command.

(3) Program of Instruction. The first three lessons cover the mobilization process and key players.

The "core medical planning topics" are presented in lessons 4 to 15, with a comprehensive practical exercise designed to bring together the information discussed in the first 14 lessons. The remaining six lessons consist of other general topics of interest to plans personnel in the readiness arena.

(4) Quotas. The schedule for courses (conducted quarterly, normally in February, June, August, and November.) and quotas are available by contacting the MEDCOM Plans Division at DSN 471-6425 or commercial (210) 221-6425.

b. Medical Mobilization Readiness Program (MMRP) Seminar.

(1) Background. The MMRP was initially developed in 1988 to provide a forum for the involvement of MEDCENs and the MEDDACs in their Health Service Regions in a concentrated 2-day seminar intended to reinforce the participant's professional knowledge and understanding of the mobilization process. During the period 1988 through 1997, MMRPs were conducted on a regional basis at each MEDCEN in CONUS. At the time of Operation DESERT SHIELD/STORM, the MMRPs were cited as a major factor in the success of the MEDCENs/MEDDACs in preparing for and executing the required medical support.

(2) Concept. The seminar program follows the tested methodology of self-study, structured situations, discussion topics, and follow-up improvement actions. The seminar program is conducted in three distinct phases.

(a) Phase 1 is the Pre-seminar Phase and involves a half-day of orientation for the participants at the host MSC and a follow-up self-study with the seminar handbook on the current state of the mobilization process.

The handbook includes the seminar topics, associated background information, and procedures for the conduct of the seminar. This phase requires the participants to elicit review and input from various members of their staffs.

(b) Phase 2 is the Seminar Program Phase and is a series of concentrated discussions structured and driven by realistic situations. The seminar director (normally the MSC Commanding General) will introduce each situation; there may be briefings about related topics of importance, and open discussion will follow to develop courses of action. The seminar phase will build on a common base to enhance the total professional development of all commanders and staffs. The situations presented involve a hypothetical scenario involving:

1 Situation 1: Planning, Preparation, and Increased Preparedness.

2 Situation 2: RMC Operations.

3 Situation 3: Initial Professional Filler System (PROFIS) Deployment and Residual Capability.

4 Situation 4: Presidential Selected Reserve Call-Up (PSRC) and start of Partial Mobilization.

5 Situation 5: Partial and Full Mobilization - Facilities and Logistics.

6 Situation 6: Patient Evacuation and Regulating.

7 Situation 7: Demobilization.

(c) Phase 3. Phase 3 is the Post Seminar Phase involving contractor structure of an after action report with remedial actions that have surfaced during the seminar.

(3) Target Audience. Commanders, mobilization planners, Chief Nurse, Personnel Officer, Logistics Officer, Patient Administration, DENTAC Commander, Vet Commander, Public Affairs Officers and Medical NCOs from participating activities; WARTRACE USAR AMEDD TDA units should send the Commander, mobilization officer, and Chief Nurse. The MMRP is normally conducted at a hotel in the city of the host MSC; funding for out-of-town MEDDAC/DENTAC participants is provided by the MEDCOM Plans Division (within the limitations of available resources at the time). The USAR participants must be funded by their parent Reserve command.

(4) Scheduling. The MMRP is a major contract supported activity conducted by HQ MEDCOM Plans Division, and needs to be scheduled at least six months in advance to provide adequate time for procuring a suitable location, develop the scenario, and develop and print the seminar workbooks. This activity is normally set in motion by the MSC requesting the MEDCOM Plans Division to conduct an MMRP for the MSC. The request should include the suggested dates and location.

c. Medical Readiness Workshop.

(1) Background. The MSCs have been conducting periodic Medical Readiness Workshops involving their principal staff plus WARTRACE AMEDD USAR TDA unit staff which have been excellent vehicles for sharing information on readiness issues. HQ MEDCOM can now support integrated (contract-supported) readiness workshops in conjunction with the MSCs.

(2) Concept. The MEDCOM Plans Division supported readiness workshop for the MSCs would include, in addition to the normal

readiness topics of interest from the AC and RC, a half day practical exercise dealing with the mobilization situation at installations within the MSC's area of responsibility. This exercise is now conducted as part of the Mobilization Planning Workshop and involves a mobilization scenario with situations typical to the medical/dental support required.

(3) Target Audience. Same general target audience as for the MMRP, previously described.

(4) Funding. The MEDCOM Plans Division will provide funding for the workshop facility rental, and contractor support to develop the scenario, workbooks, capturing issues, and developing an after action report. The TDY/Per Diem for attendees will be the responsibility of the parent command, active component and reserve component.

d. Contingency Planning Assistance Visits Program.

(1) Background. Personnel turnover in the Plans, Training, Mobilization, and Security Office (PTMS) [or its equivalent] within MEDCOM activities places an excessive training burden on the activities. With the activities so involved in day-to-day operations, contingency planning is often delayed or sacrificed for immediate issues that seem to have higher priority.

(2) Concept. The MEDCOM Plans Division has established an assistance visit program that provides hands-on assistance to the activity in the area of contingency planning. The MEDCOM Plans Division uses two methods to provide this assistance to its MSCs and activities.

(a) The MEDCOM Plans Division uses the Command Logistics Readiness Team Program as a vehicle for periodic visits to MSCs and activities. These visits provide a review of contingency planning at the

activity and provide hands-on assistance when and where needed. A representative of the MEDCOM Plans Division spends approximately four days with the activity providing assistance and instruction as required. Each MSC and activity within the MEDCOM will be visited at least biennially.

(b) The MEDCOM Plans Division provides assistance in contingency planning when requested by MSCs and activities. This assistance is tailored to the request of the activity. Assistance may be provided by an individual or team from the MEDCOM Plans Division for as long as they may be required.

(c) Funding. The Per Diem and Travel costs for the assistance visits are funded by MEDCOM Plans Division.

APPENDIX A - EXPLANATION OF ABBREVIATIONS AND SPECIAL TERMS

GLOSSARY

AMEDD.....U.S. Army Medical
Department

DENTAC.....U.S. Army Dental
Activity

EDRE.....Emergency Deploy-
ment Readiness
Exercise

MEDCEN.....U.S. Army Medical
Center

MEDDAC.....U.S. Army Medical
Department Activity

MEDCOM.....U.S. Army Medical
Command

MMRP.....Medical Mobiliza-
tion Readiness
Program

MPW.....Mobilization
Planning Workshop

MSC.....Major Subordinate
Command

NDMS.....National Disaster
Medical System

PROFIS.....Professional Filler
System

PSRC.....Presidential
Selected Reserve
Call-up

PTMS.....Plans, Training,
Mobilization and
Security

RDC.....Regional Dental
Command

TDA.....Table of Distri-
bution and Al-
lowances

USAR.....U.S. Army Re-
serve

The proponent of this publication is the Office of the Assistant Chief of Staff for Operations. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCOP-P, 2050 Worth Road, Fort Sam Houston, TX 78234-6007.

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