



THE INSTALLATION
&
MEDCOM PERSPECTIVE



MOBILIZATION STATION RESPONSIBILITIES (DEPLOYMENT PLATFORMS)

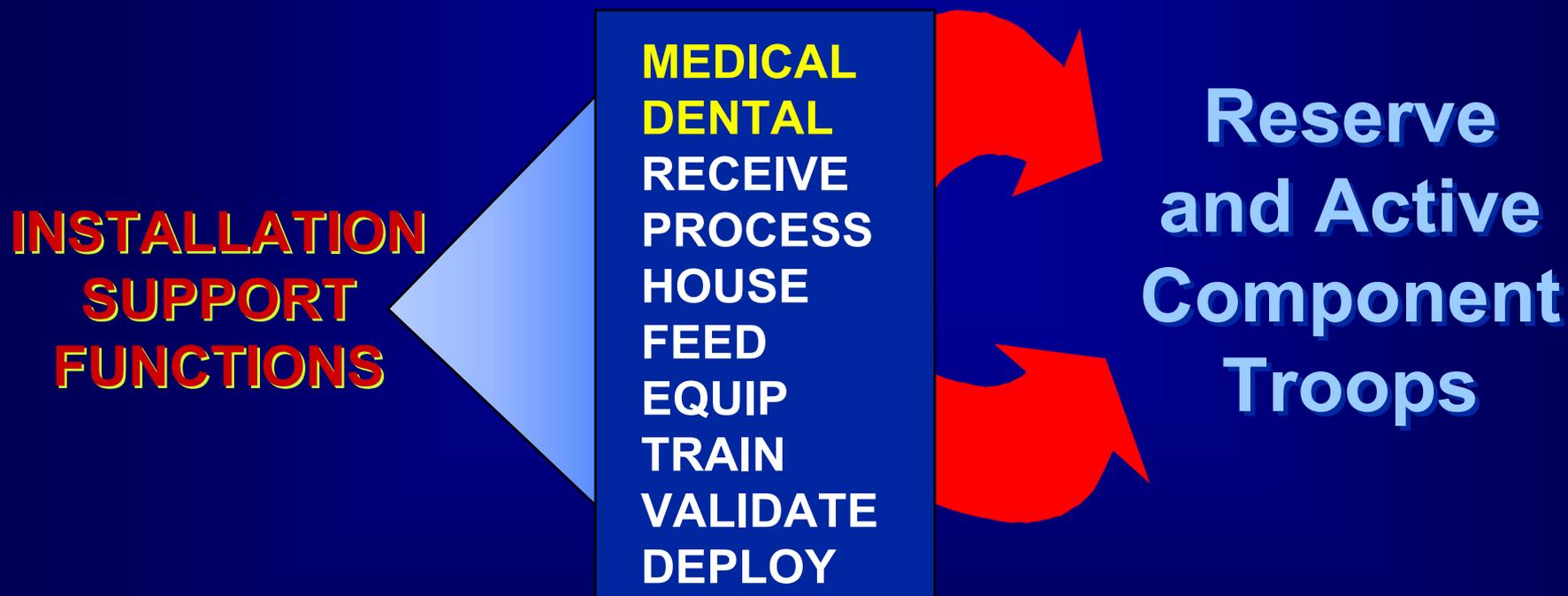
INSTALLATION SUPPORT FUNCTIONS

WHAT SUPPORT IS PROVIDED AT THE
POWER PROJECTION
AND POWER SUPPORT PLATFORMS ?





MOBILIZATION STATION RESPONSIBILITIES (DEPLOYMENT PLATFORMS)





INSTALLATIONS (PPPs/PSPs)

MOBILIZATION TASKS

- ★ PREPARE AND REHEARSE MOBILIZATION PLANS IAW FORMDEPS VOLUMES
- ★ TASK TENANT MTF WITH DEVELOPING ANNEX G (MEDICAL) IAW FORSCOM AND MEDCOM REGULATORY GUIDANCE
- ★ RECEIVE, HOUSE, SUPPORT, REDISTRIBUTE, TRAIN, AND VALIDATE UNITS FOR DEPLOYMENT
- ★ ASSUME COMMAND OF RC UNITS UPON ARRIVAL AT THE MOBILIZATION STATION, **EXCEPT MEDCOM WARTRACED UNITS**



INSTALLATION MOBILIZATION PLAN

ANNEX G (MEDICAL) FORMAT

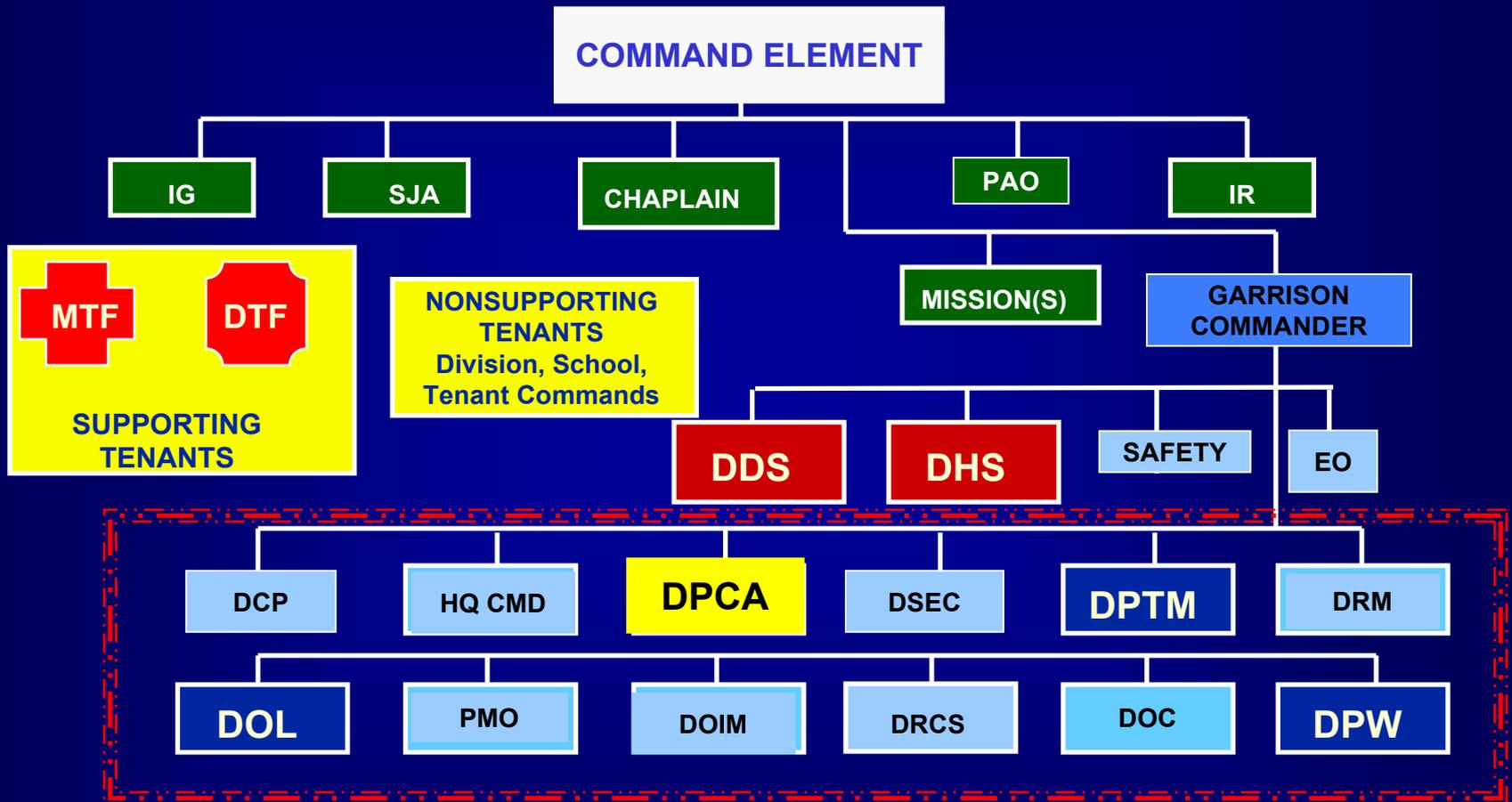
(see FORSCOM Reg 500-3-4, Annex G for details)

- 1. General**
- 2. Health Care Services for Mobilization**
- 3. Health Care Facilities**
- 4. AMEDD Logistics Support**
- 5. AMEDD Personnel**
- 6. Soldier Readiness Processing**
- 7. Medical Care Enroute**
- 8. Intraservice Support Agreements**
- 9. Memorandums of Agreement/Understanding**

Note: This Annex must be tailored to the specific installation and “written for the customer units” that will be processing through prior to deployment. It should explain all requirements of the units and where medical/dental services may be obtained in conjunction with the above paragraphs



INSTALLATION ORGANIZATION



These may be found in a variety of combinations depending on the installation



DIRECTORATE OF PERSONNEL & COMMUNITY ACTIVITIES

★ PROPONENT FOR INSTALLATION SRP

★ MOBILIZATION CROSS-LEVELING

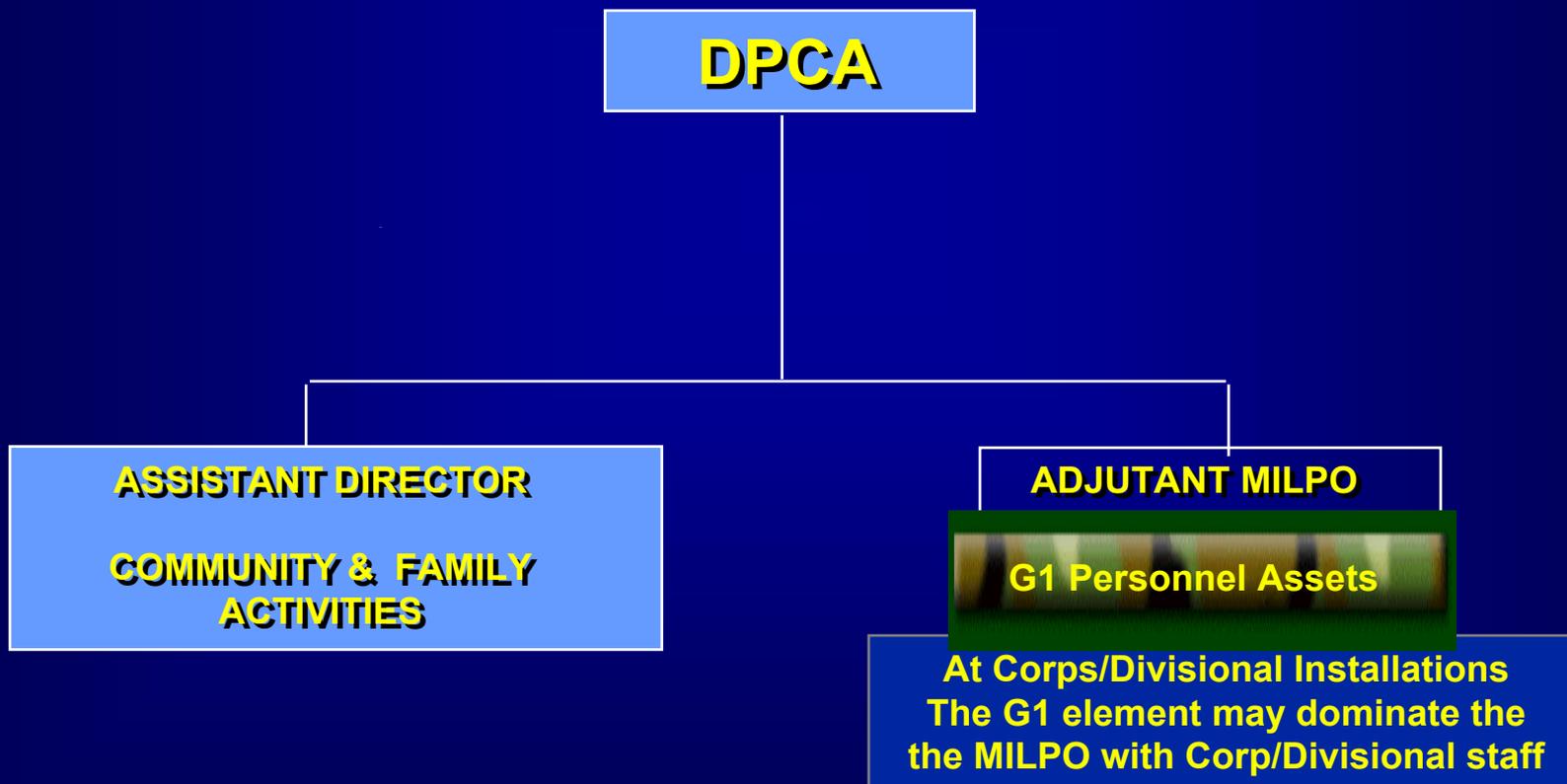
★ FAMILY ASSISTANCE

The
“One”
Function





DIRECTORATE OF PERSONNEL & COMMUNITY ACTIVITIES



But if they deploy . . .

There are a lot of empty chairs in the MILPO shop when cross leveling skills are needed!



SOLDIER READINESS REQUIREMENTS

★ MEDICAL DATA

PHYSICAL PROFILES
HIV SCREEN
GLASSES / INSERTS
IMMUNIZATIONS
PREGNANCY TEST
DNA
MEDICATIONS

★ DENTAL DATA

PANOGRAPH
SCREENING
TREATMENT (CLASS 3)

- ★ LEGAL ISSUES
- ★ FINGERPRINT CARDS
- ★ EMERGENCY DATA
- ★ FAMILY CARE COUNSELING
- ★ FINANCE
- ★ SGLI ELECTION
- ★ ID CARDS / TAGS
- ★ **Special Briefings**

Medical/Dental are only part of the Installation SRP operation;
a very important parts!



DIRECTORATE OF PLANS, TRAINING & MOBILIZATION

DPTM

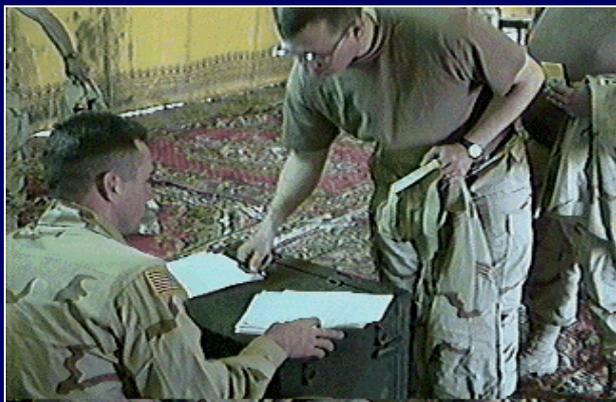
- ★ INSTALLATION MOBILIZATION PLAN
- ★ ANNEX G
- ★ INSTALLATION MOBILIZATION PLANNING
- ★ VALIDATION (MAT)
- ★ EMERGENCY OPERATIONS CENTER
- ★ RC RECEPTION CENTER (MUIC, RCRC)
- ★ MOBEXs
- ★ TRAINING REQUIREMENTS
- ★ GLOBAL COMMAND AND CONTROL SYSTEM

AND SECURITY

DPTMS

The
“Two-Three”
Function





Soldier Readiness Processing . . .



. . . the MEDCOM perspective



Objective/Purpose of the Medical/Dental actions during Soldier Readiness Processing

1. Ensure that deploying soldiers are fit to deploy and in the best possible medical/dental condition **prior** to deployment.
2. Ensure that **preventive measures** i.e. immunizations, etc have been completed and that the soldier has received a medical briefing regarding the potential medical hazards that are present in the deployment AOR.
3. Establish a **pre-deployment medical baseline** such that a comparison may be made, to identify any change in the soldier medical status while activated, during the demobilization process.
4. For **forensic purposes**.



Characteristics of Types of Mobilization/Activation

1. Complex Contingency Operations.

Cyclic Force Structure Packages (rotations)

Known far in advance who will be supporting

Predetermined participants

A single SRP location

Pre-SRP prep

As much as a year

2. Mobilization for HLS purposes.

Force Protection missions

Majority of Deployment within CONUS

Medical and Dental facilities available at AOR site

SRP at mission location

3. Classic Mobilization in support of a MCO.

Little Warning, possibly rapid deployment

OCONUS deployment of significant force

Involves multiple PPP/PSP

PROFIS/CT PROFIS staff losses

Without Advanced Prep, SRP may be a war stopper



Power Projection and Power Support Platforms

PPP - 15

Ft. Benning, GA
Ft. Bliss, TX
Ft. Bragg, NC
Ft. Campbell, KY
Ft. Carson, Co
Ft. Dix, NJ
Ft. Drum, NY
Ft. Eustis, VA
Ft. Hood, TX
Ft. Lewis, WA
Ft. McCoy
Ft. Polk, LA
Ft. Riley, KS
Ft. Sill, OK
Ft. Stewart, GA

PSP - 12

Aberdeen PG, MD
Ft. Buchanan, PR
Ft. Huachuca, AZ
Ft. Jackson, SC
Ft. Knox, KY
Ft. Lee, VA
Ft. LWood, MO
Ft. Rucker, AL
Cp Atterbury, IN
Cp Roberts, CA
Cp Shelby, MS
Gowen Field, ID

 = No Inpatient Capability

 = Semi-Active Federal

 = State Operated

1. These installations have a small support staff compared to active Army installations.
2. Medical and Dental facilities are limited, if available at all.
3. Special planning will be needed to provide medical and dental support to RC units reporting during a contingency, i.e. medical and dental emergencies, evacuation, inpatient support, definitive dental treatment in support of “discovered Class 3” prior to deployment.



Medical/Dental Operational SRP Concerns

1. Some RC soldiers do not have a current physical examination so that “**fitness for duty**” is unknown prior to departing HS.
2. During a deployment for a MCO there will be **little time** at the mobilization station to complete extensive physical examination and follow on referrals prior to deployment.
3. At many of the PPP/PSP there are **little or no existing medical/dental facilities** to support large numbers of deploying soldiers.
4. Professional **staff losses** through the PROFIS system may reduce existing capability to provide support.
5. RC SRP support (MSUs) **may be initially unavailable**; due to “No Mob” or competition from theater/services requirements.



SRP Responsibilities:

- Overall responsibility is the Installation
- Installation lead is normally with the DPCA.
- MEDCEN/MEDDAC/DENTAC must pro-active members of the Installation SRP Team.

What about MTOE (Divisional) involvement ?