USAMMA Medical LBE Program
Frequently Asked Questions

1. I am the commander of a Combat Support Hospital and need to know what the purpose of the Left Behind Equipment Program is.

The purpose of the LBE program is to relieve the commander of maintenance responsibilities and accountability of equipment left at home station while deployed.

2. I have been appointed as the CSH's Medical LBE OIC/NCOIC. What things should I do to prepare my unit for the LBE process?

First, it is imperative that you contact your Medical LBE regional manager at USAMMA (usammaeoc@amedd.army.mil). FORSCOM has a responsibility to notify USAMMA of any unit requiring LBE support at least six months prior to deployment, however, the sooner we know the better, so please contact USAMMA as early as possible. Second, your PBO, S4, or designated representative must conduct a property book scrub to identify medical excess or unserviceable equipment and make every effort to turn-in these items prior to the start of the LBE process. Once completed, this individual must conduct a second property book scrub with FORSCOM to ensure that unit is postured for LBE. Third, your 670A and/or senior 68A must identify medical maintenance significant items and begin technical inspection (T/I) of these items prior to the arrival of the Medical Materiel and Maintenance Team (M3T). Fourth, establish contact with the local AFSBn or LSE to begin discussion and coordination for the lateral transfer and storage of LBE while your unit is deployed. Fifth, identify and secure a Consolidated Staging Area (CSA) of adequate size (6,000 sq. ft or greater) that is required to conduct the 100% inventory and technical inspection.

The same steps above also hold for the 164 Bed slice at Sierra Army Depot except that a Building 211 can be used for the CSA if coordination has been done well in advance. Additionally DRMO at Sierra show be coordinated for at the same time as the rest of the mission is planned so that the unit can turn in any equipment that is found to be unserviceable during the TIs and inventories.

3. I am the company commander of the 84-bed slice of our hospital. During the 100% joint inventory, my unit will identify a significant number of short-shelf-life (i.e., potency & dated) items that may or may not expire while stored in the Medical LBE program. How do I know what items should remain in the medical sets and what items should be removed? What is the process for disposition of items that have been removed?

Based on a 12-month deployment, your unit should retain all potency & dated items with a shelf life of greater than 20 months. Those items identified as having a shelf life of 20 months or less should be removed from the medical sets during the 100% joint inventory. Your Installation Medical Supply Activity (ISMA) will assist in the disposition of displaced potency & dated items. USAMMA will assist in the coordination between your unit and the IMSA to ensure these items are turned in properly.

4. I am the biomedical maintenance technician for my unit. I understand that I must identify all maintenance significant items for T/I under the Medical LBE program. Who is responsible for bringing the equipment to 10/20 standards? Will parts and/or equipment be ordered to make these items fully mission-capable (FMC)?

Your unit should make every effort to identify and pull medical maintenance significant items and conduct a T/I prior to the arrival of the M3T. Prior to the arrival of the M3T the unit should coordinate with the local IMSA for consumables that are needed conduct the TIs. If the local IMSA is unable to provide the consumables then the unit should contact the maintenance depot POC at least 2 weeks prior to the mission to coordinate the for the necessary consumables. IF During the LBE process, a USAMMA depot-level biomedical repairer on occasion may procure a small number of expendable items that are required to bring a piece of equipment to FMC status. However, the intent is of the Medical LBE program is not to order/fill all of your shortages. Your unit must create a shortage annex that identifies missing or damaged items and components. Once deployed, a USAMMA medical maintenance team will return at the 10-12 month mark to conduct an additional maintenance cycle to ensure that all of your medical maintenance significant items remain in tolerance.

5. My CSH maintains a significant amount of Non-Medical Associated Support Items of Equipment (ASIOE) that is required to establish healthcare operations. Can ASIOE be included in the Medical LBE program with medical sets and equipment?

No. USAMMA will conduct 100% joint inventory and full maintenance T/I of medical sets and equipment only. ASIOE will not be included in the Medical LBE program. Your unit must coordinate directly with your supporting AFSBn or LSE to conduct the inventory and lateral transfer of ASIOE separately.

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6. I am the S4 officer of an active duty CSH that is scheduled to deploy and will soon indoctrinate the sets and equipment that comprise our 84-bed package into the Medical LBE program. I also possess a 164-bed package that is stored at Sierra Army Depot (SIAD) in Herlong, CA. Will I be able to include this 164-bed package in the Medical LBE program as well?

Yes. However, there may be several resource-intensive requirements that must be met prior to placing your 164-bed package into the Medical LBE program, which underscores the need for prompt communication with USAMMA upon deployment notification.

7. I am the commander of an Area Support Medical Company and am expected to deploy in the upcoming months. I have split my property book and have identified a number of medical equipment sets and items that the unit will not deploy with. Do these stay-behind items qualify for induction into the Medical LBE program?

No. Currently, the Medical LBE program is focused on Role 3 CSHs who fall in on Theater Provided Equipment (TPE) and leave their organic equipment at home station. Several courses of action are currently being analyzed at USAMMA to determine if Role 2 and below units should be included in the program. Stay tuned to http://www.usamma.army.mil/ or https://www.us.army.mil/suite/kc/9725124 for updates.

8. What other resources are available for more information on the LBE program?

Visit https://www.us.army.mil/suite/kc/9725124 for real-time information. Recommend saving this site as a favorite for future reference.

9. If I have any additional questions concerning the LBE program, who should I contact?

Contact the USAMMA Emergency Operations Center (EOC) at DSN (312) 343-4408, Commercial (301) 619-4408 or usammaeoc@amedd.army.mil. There is also a USAMMA LBE OIC and an LBE Coordinator available to answer more complex questions and coordinate LBE actions with the unit, AFSBn/LSE, IMSA MedLog Division, and FORSCOM. They can be reached at DSN (312) 343-4060. They will align you with your regional manager who will coordinate the specifics of your unit's LBE mission. You may also visit the USAMMA website and click on the LBE hyperlink for further information.