Medical Left Behind Equipment (LBE) Program

Information Brief

11 January 2008

Unclassified

Briefing Outline

PURPOSE: **To inform USAMMA customers, stakeholders and partners of the Medical Left Behind Equipment (LBE) Program**

1. Introduction
2. Medical LBE Talking Points
3. Medical LBE Strategy
4. Medical LBE Timeline
5. Medical LBE Summary
6. Frequently Asked Questions (TBD)
7. Points of Contact

Introduction

The Army Sustainment Command (ASC) is tasked to manage the maintenance and care of deployed unit Left Behind Equipment in Service Support Order 07-01 Left Behind Equipment Operations dated 11 MAY 07. Also in May of 2007, FORSCOM published a Memorandum of Instruction (MOI) for LBE which intended to set forth structure and basic operational procedures for FORSCOM units deploying to OEF and OIF to account for, transfer and maintain LBE in conjunction with the ASC. Annex C to the FORSCOM LBE MOI addresses handling procedures for medical equipment and supplies.

USAMMA is the lead MEDCOM organization to facilitate the Medical LBE Program

Medical LBE Talking Points

- Army Sustainment Command (ASC) is the overall LBE process owner for the Army
- The Medical LBE Program is primarily focused on Role 3 Combat Support Hospitals (CSH)
- Currently, there are almost no Medical LBE requirements for units Role 2 and below, since they typically deploy with all of their organic medical equipment
- LBE-eligible units will conduct a lateral transfer of all non-deployed medical materiel sets (MMS) and equipment to an ASC property book officer prior to deployment; USAMMA assists in the transfer
- ASC will have full responsibility and accountability for storage of these LBE sets and equipment during the unit's deployment
- FORSCOM notifies USAMMA of any unit requiring LBE support at least 6 months prior to deployment
- LBE mission will require a 100% joint inventory and maintenance cycle on all equipment
- A USAMMA medical maintenance team, in concert with the ASC, will return at the 10-12 month mark to conduct another complete medical maintenance cycle on LBE.
- USAMMA may assist upon unit re-deployment with reintegration of equipment

Medical LBE Strategy

- **Strategy: Assist in 100% joint inventory and maintenance cycle between ASC and deploying unit; return at 10-12 month mark for maintenance cycle.**
  - **USAMMA will support by using Medical Materiel and Maintenance Team (M3T) to serve as "honest broker" between LBE unit and ASC**
  - **FORSCOM should notify USAMMA of LBE mission at least 6 months prior to unit deployment**
  - **USAMMA will work closely with LBE unit, local Army Field Support Battalion (AFSBn) or Logistics Support Element (LSE), FORSCOM and other key stakeholders to ensure mission success**
  - **Maximum use of organic 68A/670A medical maintainers is encouraged**
  - **USAMMA intends to return to assist with reintegration upon unit re-deployment**

Medical LBE Timeline

Medical LBE: 100% Joint Inventory and Maintenance Cycle to 10/20 standards

D-180
FORSCOM notifies USAMMA of unit requiring LBE support; USAMMA begins initial coordination

D-120
USAMMA conducts site assessment of storage facilities and ability to conduct maintenance cycle; individually meets with unit staff, AFSBn/LSE, and Med Log Div of supporting MTF; hosts roundtable discussion for all stakeholders (2-3 days)

D-60
USAMMA provides final brief to unit (site visit or TELCON); reviews and gains concurrence of Logistics Support Agreement (1-2 days)

D-45
USAMMA conducts 100% joint inventory and full maintenance cycle; AFSBn/LSE signs for unit equipment; maintenance items stored in climate-controlled environment (2-3 weeks)

D-day

D+365
USAMMA conducts follow-on maintenance cycle at 10-12 month mark (1-2 weeks)

R+120
USAMMA assists unit with reintegration of equipment (2 weeks)

Medical LBE Summary

Medical LBE Strategy will…

- Help sustain CSH sets and equipment during long deployments
- Assist deploying units and the ASC in placing medical equipment and sets in a low usage program
- Relieve Rear Detachments with the burden to account for and maintain Left Behind Equipment
- Increase readiness status of Role 3 units

Frequently Asked Questions (1 of 4)

- **Question:** 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?

- **Answer:** First, it is imperative that you know how to 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, so please contact us as early as possible. Second, your PBO, S4, or designated representative needs to 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 needs to conduct a second property book scrub with FORSCOM to ensure that unit is postured for LBE. Third, your 670A and/or senior 68A need to identify medical maintenance significant items and begin technical inspection (T/I) of these items prior to the arrival of the M3T. Fourth, you need to 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, you must 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 maintenance T/I.

- **Question:** 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?

- **Answer:** Based on a 15-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.

Frequently Asked Questions (2 of 4)

- **Question:** 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)?

- **Answer:** 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. 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.

- **Question:** 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?

- **Answer:** 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.

Frequently Asked Questions (3 of 4)

- **Question:** 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?

- **Answer:** No. The 164-bed package that you store at SIAD falls under the AMEDD Hospital Optimization Standardization Program (HOSP) that is managed by FORSCOM. The HOSP program organizes and equips standardized hospital capability and reduces the maintenance burden on Role 3 units. Because these 164-bed packages assist FORSCOM in responding to interim force needs, you will not be allowed to incorporate your 164-bed package in the LBE program and instead will be required to continue to maintain accountability and responsibility for the equipment.

- **Question:** 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?

- **Answer:** No. The Medical LBE program is primarily focused on Role 3 CSHs who fall in on Theater Provided Equipment (TPE) and leave their organic equipment at home station. Currently, there are almost no requirements for medical LBE of Role 2 units and below since they typically deploy with all of their organic medical equipment. Even though you have identified a number of sets and equipment as stay behind, you do not qualify for the LBE program as previously outlined. Your rear detachment and/or higher headquarters will retain accountability and responsibility for these items while you are deployed.

Frequently Asked Questions (4 of 4)

- **Question:** **If I have any additional questions concerning the LBE program, who should I contact?**

- **Answer:** **You would first contact the USAMMA Emergency Operations Center (EOC). They can be reached at DSN (312) 343-4408 or (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. The USAMMA EOC 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.**

Points of Contact

- **USAMMA EOC at DSN 312-619-4408 or COMM 301-619-4408 or email usammaeoc@amedd.army.mil**