

Medical Logistics in Regional Command North

BY CAPTAIN MARILYN M. FRISE

During its deployment to Afghanistan, the 170th Infantry Brigade Combat Team's brigade medical supply office implemented a number of changes to medical supply operations to improve the medical services offered to troops in Regional Command North.

In early spring 2011, the Brigade Medical Supply Office (BMSO), C Company, 24th Brigade Support Battalion (BSB), 170th Infantry Brigade Combat Team (IBCT), from Baumholder, Germany, arrived at Camp Deh Dadi II in Balkh Province, Afghanistan, as a part of the International Security Assistance Force supporting Operation Enduring Freedom. The seven-person BMSO team hit the ground running, putting into practice much that it had learned in predeployment training.

Because of its close proximity to the Army Medical Materiel Center, Europe (USAMMCE), the BMSO was able to participate in several medical logistics training opportunities. This training prepared the BMSO staff for setting up a functional office and warehouse in Afghanistan.

It was important to ensure that all of the main areas of operations were running smoothly and could fully sustain the units that they supported. The areas important to BMSO medical logistics operations included setting up the Defense Medical Logistics Standard Support (DMLSS) Customer Assistance Module (DCAM), distributing supplies throughout Regional Command North (RC North), managing an authorized stockage list (ASL), completing customer assistance visits, and providing medical maintenance support across the brigade.

Establishing DCAM Use

One of the biggest functions of medical logistics is requisitioning supplies. This requires communication. Before the 170th IBCT BMSO took over medical logistics operations across RC North, Department of the Army Form 3161, Request for Issue or Turn-in, was the primary means of requesting supplies.

Once the BMSO took over operations, streamlining the ordering process required the use of DCAM. How-

ever, only six units in RC North used DCAM level 1. The BMSO had to work hand-in-hand with the medical support operations section and a civilian Medical Communications for Combat Casualty Care (MC4) team to get DCAM up and running on the MC4 computers.

The MC4 team was quickly sent out to customers across five forward operating bases (FOBs) in RC North to begin setting up DCAM level 1. The process was slow but in the end made a huge difference in supply operations. With DCAM level 1, a unit could send orders to the BMSO, which in turn could screen orders and pull from its ASL or send requests to the supporting medical logistics (MEDLOG) company in Bagram.

For the most part, connectivity was fine; however, when DCAM connection problems occurred, the MC4 team was sent out to assist outlying units and the BMSO.

Class VIII Distribution

Class VIII (medical materiel) distribution was done solely by logistics convoys before the 170th IBCT BMSO took over operations. Logistics convoys generally ran every 1 to 2 weeks. This became too much of a wait for the BMSO and the units it supported.

With the goal of decreasing customer wait time, the BMSO decided that air assets would be the most expeditious means of transportation. Fortunately, RC North had two options for air—a civilian company, Molson Air, and the combat aviation brigade's shuttle—to distribute class VIII across the five FOBs that the BMSO supported.

Initially, the BMSO had some issues trying to request air assets because it did not handle air movement requests. These issues went away once the BMSO was able to fully control class VIII distribution by taking over air movement request submissions. Being able to transport by both air and ground made the process of supporting units much more efficient.

ASL Review

The initial ASL used by the BMSO had 251 lines. Having an ASL with items that the customer actually wants and orders is essential to meeting the main goal of decreased customer wait time. If an item was stocked at the BMSO, the customer did not have to wait for 2 weeks for the BMSO to receive it from Bagram and then another week to receive it from the BMSO. This meant supplies could be pushed out to units that much faster, which in turn increased customer satisfaction.

In early April, it became apparent that the BMSO

would need to do a major reorganization of its ASL to better meet its goals. In coordination with the medical support operations section, the BMSO decided to conduct an ASL review. Reviewers scrubbed the requisitions and the ASL to see what was moving, what was not, and what needed to be deleted. They also scrubbed the transaction register to see what should be added to the ASL.

Working with the brigade surgeon cell and the providers and medical officers throughout the brigade, the BMSO determined what needed to be deleted and what needed to be added to the ASL. After completing the review, all additions and deletions were approved by the 24th BSB commander and 203 lines were added to the ASL, increasing it to 454 lines of supplies.

Another aspect of refining the ASL was increasing the operating levels for high-demand items. In doing so, more supplies could be pushed out without going through the MEDLOG company. The BMSO completed two ASL reviews during its time in Camp Deh Dadi II.

Customer Assistance Visits

Customer assistance visits were a huge part of the BMSO's operations. In early April, the biomedical equipment specialist and pharmacy technician began going out and servicing medical equipment and checking pharmacy practices, respectively. All medical equipment in the brigade had been serviced right after the mission rehearsal exercise in Hohenfels, Germany, before deployment. So, by April the equipment was ready for services again.

Customer assistance visits were coordinated by the

The brigade medical support office of C Company, 24th Brigade Support Battalion, 170th Infantry Brigade Combat Team, was located at Camp Deh Dadi II, Regional Command North, Afghanistan.





A biomedical equipment specialist conducts services on not-mission-capable equipment.

the 170th IBCT BMSO biomedical equipment specialist was a skill level 1 technician right out of advanced individual training. Being skill level 1 and the only biomedical equipment specialist in the brigade gave him a steep learning curve.

Getting the biomedical equipment specialist well-versed on the scope of his job in the BMSO became essential. Fortunately, some training opportunities at USAMMCE with more senior biomedical equipment specialists were available. He began performing services as soon as he arrived in theater. With the assistance of contact repair teams (CRTs) from the MEDLOG company and on his own, he completed all services throughout the brigade in the allotted time.

Keeping up with test, measurement, and diagnostic equipment (TMDE) services and repairs was also important. After completing all medical maintenance services, the TMDE that the biomedical equipment specialist used for services had to be sent to USAMMCE in Germany for its own services and repairs. Staying up to date on these services and managing them ensured no loss in assistance to the units that the BMSO supported.

Fortunately, CRTs could be sent out from the MEDLOG company if any maintenance issues arose while the TMDE was being serviced. Since the BMSO's biomedical equipment specialist was the only one in RC North, it was imperative that he received support from the CRTs.

Many of the initial challenges faced by the 170th IBCT BMSO team when it arrived in Afghanistan were soon resolved. The BMSO updated many processes to create a more streamlined operation. This allowed it to reduce customer wait times and increase customer satisfaction. Many of the initial issues faced were resolved through hard work and diligence. Some issues, like weather and connectivity, continued to pose slight problems.

As the BMSO team began redeployment operations, it shared its knowledge with the incoming BMSO replacements to ensure a smooth transition.

CAPTAIN MARILYN M. FRISE IS THE OFFICER-IN-CHARGE OF THE BRIGADE MEDICAL SUPPLY OFFICE, C COMPANY, 24TH BRIGADE SUPPORT BATTALION, 170TH INFANTRY BRIGADE COMBAT TEAM, FROM BAUMHOLDER, GERMANY. SHE HOLDS A B.S. DEGREE IN KINESIOLOGY FROM CALIFORNIA POLYTECHNIC STATE UNIVERSITY, SAN LUIS OBISPO. SHE IS A GRADUATE OF THE ARMY MEDICAL DEPARTMENT (AMEDD) OFFICER BASIC COURSE AND THE AMEDD MEDICAL LOGISTICS OFFICER COURSE.

support operations medical operations section and executed by the biomedical equipment specialist, pharmacy technician, and medical logistics specialist. For the initial customer assistance visit, the BMSO's biomedical equipment specialist received assistance from a more senior biomedical equipment specialist from the MEDLOG company. This was a good mentoring opportunity and set the tone for future visits.

The pharmacy technician and biomedical specialist visited the five FOBs and four combat outposts in RC North. The pharmacy technician checked the pharmacy at each location to ensure that narcotics were being accounted for and documented properly and all pharmaceutical procedures were being followed.

In late May, the BMSO's senior medical logistics specialist provided training and guidance to ensure that medical logistics operations were fully capable at two FOBs that were having DCAM and warehouse management issues. During the following quarter, the medical logistics specialist and pharmacy technician conducted customer assistance visits to ensure that DCAM was running properly and all ordering questions were addressed and to make sure that the pharmacy practices put in place during the previous quarter were being continued. They also checked on each aid station's storage procedures and made suggestions on ways to improve their stocking methods. Customer assistance visits were used to ensure that medical logistics throughout the brigade was at its very best.

Medical Equipment Maintenance

Medical equipment maintenance is a crucial part of medical readiness. Having fully mission capable equipment can be the difference between life and death. Therefore, the importance of keeping up with medical equipment services within the 170th IBCT was paramount. This was made difficult at times by the geographic dispersion of the supported units.

Typically, the biomedical equipment specialist in a BMSO is slotted as a skill level 2 technician. However,

Supply Support Activity Operations in Regional Command North

BY CAPTAIN SEAN M. CHERMER

Working with Afghan locals and using liaison officers allowed a brigade support battalion's distribution company to support all of its customers while maintaining property accountability.

A Company, 24th Brigade Support Battalion (BSB), 170th Infantry Brigade Combat Team, assumed operational control of the Regional Command North (RC North) multiclass supply support activity (SSA) at Camp Deh Dadi II, Afghanistan, in early March 2011. The SSA's primary mission was to receive, process, and issue classes II (clothing and individual equipment), IV (construction and barrier materials), VII (major end items), and IX (repair parts) in support of Operation Enduring Freedom.

As RC North's ground support warehouse, the SSA maintained an authorized stockage list (ASL) comprising 5,157 lines with 163 customer units. Using Afghan trucks helped to enhance efficient throughput, which enabled the SSA to maintain the highest level of customer support. Local nationals subsidized the workforce by providing manual and operator labor; this freed Soldiers to perform counterinsurgency duties inside the wire and injected money into the local economy. The use of liaison officers (LNOs) located at the SSA made it possible to streamline the receipt and issue of equipment and supplies to outlying battalions. Support operations were conducted bilaterally by retrograding excess or unserviceable items through coordinated operations and the routine turn-in of items for onward movement. The mission always came first, allowing commanders to plan and execute their wartime missions with logistics support serving as a combat multiplier, not as a hindrance.

Partnering With the Locals

Supply distribution throughout RC North increasingly relied on Afghan trucks to sustain a continuous logistics



A Soldier of A Company, 24th Brigade Support Battalion, loads class IX (repair parts) onto a load-handling-system trailer for movement to a forward operating base in Afghanistan.

pipeline to the warfighter. The relative stability of northern Afghanistan permitted the SSA to routinely use Afghan trucks to move equipment and supplies across the RC. Most delivery of class II, III, IV, and IX items was made by unescorted Afghan trucks moving 20- or 40-foot containers that were fixed with one-time seals.

The relative stability of RC North allowed emerging standard operating procedures to be executed with a 100-percent success rate. Afghan trucks were given 7 days to travel from their point of origin to their destination. In many cases, the suspenses were met, but the timeliness of a delivery was not guaranteed without an escort. Class VII, mail, sensitive items, priority supplies, and parts traveled with the A Company convoy security platoons on Afghan and military trucks.

SSA capabilities were further enhanced through the