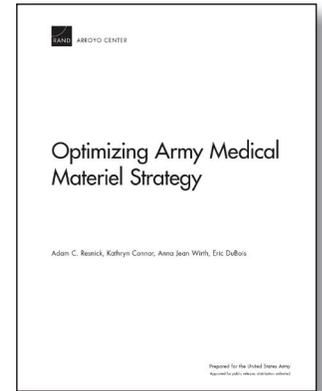




# Optimizing Army Medical Materiel Strategy

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Faced with budgetary constraints, the U.S. Army must decide how to best invest for readiness. It cannot afford to modernize all units with current medical equipment and sustain all units with consumable medical items at all times. This report describes the current Army medical materiel strategy, equipping costs, readiness levels, and recommendations for optimizing the Army medical materiel strategy.



## RESEARCH QUESTIONS

- How can the Army use current levels of funding to generate the highest level of readiness in medical materiel?
- What policies are in place for the Army to manage shelf-life medical items?
- What are the risks associated with deferred procurement?
- How would changes in funding from currently budgeted levels affect readiness even further?



## KEY FINDINGS

The Army cannot deploy its full force structure within a short period

- Currently, the Army funds sustainment of medical materiel readiness to a level that supports less than 33 percent of Army units with the ability to deploy rapidly. The deficit is most acute for brigade combat teams (BCTs), for which the only centrally managed medical supplies are in Army Pre-Positioned Stocks.
- By shifting the current resources available for medical materiel sustainment to support deployment readiness, up to 40 percent of units in the force structure can be made ready to deploy rapidly.

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Equipping units with medical materiel is a costly requirement for the Army

- Annual costs to sustain expiring shelf-life items are about \$1 million to \$2 million per unit.
- Even with deferred procurement, the Army still faces a large annual cost to sustain updated medical materiel—a cost its current expenditures might not be covering.

The Army can rely on a strategy of prepositioning equipment and shelf-life items to reduce deployment time lines

- A unit with equipment and shelf-life items either prepositioned or ready for immediate shipment from the contiguous United States (CONUS) could deploy within 30 days.
- A unit with equipment and shelf-life items that are immediately accessible in CONUS could deploy in 60 days.
- A unit with equipment immediately accessible in CONUS but needing to buy shelf-life items could deploy in 90 days.
- Units needing to buy both equipment and shelf-life items would need more than 120 days to deploy.



## RECOMMENDATIONS

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- Although the Army does not currently budget sufficient funds to modernize medical equipment for the entire force structure, it does budget sufficient funds to modernize one-third or more of the force structure.
- The authors recommend that the Army craft its medical materiel strategy to focus on making medical equipment available for those units that need to be combat-ready to deploy rapidly.
- The authors recommend focusing available funds on shelf-life items for units that need to deploy rapidly, especially maneuver units. This can be accomplished through programs centrally managed by an agency or headquarters. For any shelf-life items fielded to units, replacement costs should be budgeted within unit training funds to ensure that units have sufficient funds to maintain their expiring medical materiel.
- The authors recommend that the Army improve visibility of all shelf-life items across the entire force by either putting into place a unit-level reporting system to monitor the status of shelf-life items or assigning responsibility to an agency or headquarters for centralized storage and management of shelf-life items for units.