DEPARTMENT OF THE ARMY
OFFICE OF THE ASSISTANT SECRETARY
MANPOWER AND RESERVE AFFAIRS
111 ARMY PENTAGON
WASHINGTON DC 20310-0111

SAMR

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Implementation Guidance for Reserve Component (RC) Army Medical Department (AMEDD) 90-Day "Boots-on-the-Ground" (BOG) Rotation Policy

1. Reference Memorandum, ASA M&RA, 7 May 2018, Subject: Army Medical Department (AMEDD) Reserve Component (RC) 90-Day "Boots-on-the-Ground" (BOG) Rotation Policy.

2. Purpose. To provide specific implementation guidance for the approved AMEDD RC 90-Day BOG Rotation Policy.

3. Scope.

a. Individual orders should be processed for a 365-day period and will be annotated with remarks that the total mobilization period will not exceed 120 days door-to-door and 90 days BOG. This includes the necessary "right seat ride" or transfer of authority (TOA) in theater. All 90-day BOG rotations for Outside Continental United States (OCONUS) assignment starts the day of arrival in theater from CONUS and ends on the day of departure from theater. Deployment and redeployment airflow will be managed to keep the total length of mobilization for RC AMEDD providers to a maximum of 120 days. All involuntary extensions beyond 120 days require ASA (M&RA) approval. However, VOLUNTARY extensions do not require ASA (M&RA) notification and will be processed expeditiously according to individual component policy. All 90-day BOG rotations for CONUS assignments start the day after completion of Soldier Readiness Processing (SRP) and end on the day of departure from the assigned duty station. Reassignment to another or alternate duty location does not affect the start of the 90-day BOG.

b. The pre- and post-mobilization periods must be minimized to allow personnel to take accrued leave without exceeding the total 120 days door-to-door. Soldiers will be given every opportunity to take accrued leave within the 120 days of the mobilization. If the Soldier chooses not to take leave, he/she will have the option to cash-in leave.

c. The 120-day total duration of mobilization is a maximum. Every effort should be made to reduce this total mobilization time.

d. The Army will make every effort to manage AMEDD mobilizations such that the period between mobilizations will be at least twenty-four (24) months to the maximum extent possible, but in mission critical circumstances compressed to not less than

eighteen (18) months between deployments. The NGB and Office of the Chief, Army Reserve (OCAR) must initiate requests through the Office of The Surgeon General (OTSG) for approval by ASA (M&RA) to deviate from the 90-Day BOG Rotation policy to utilize certain providers earlier than the stated stabilization period

4. Responsibilities.

a. In a joint meeting ARNG, OCAR, OTSG, and Forces Command (FORSCOM) agreed that the United States Army Medical Command (USMEDCOM) would be the executive agent for management of the 90-day BOG rotation process.

b. The Combatant Commander will identify to FORSCOM and USMEDCOM any changing (or new) requirements no less than 270 days prior to the date when requirements are due in theater. For CONUS support, the installation will notify USMEDCOM of changing requirements. All requirements will be given to NGB/USARC no less than 210 days prior to Mobilization Station Arrival Date (MOBSAD) date.

c. Regional Health Commands (RHCs) must notify USMEDCOM (through chain of command) of any projected extensions for a 90-day (volunteer) BOG rotator. This will ensure that established management processes can effectively manage future rotations and preclude redundant requirement fills.

d. All clinicians identified for rotation to USMEDCOM must be pre-certified as fully deployable. NGB, USARC, and Human Resources Command (HRC) must ensure that each individual is medically deployable, credentialed, has an appropriate security clearance, and has completed Initial Entry Training (IET) requirements.

e. One hundred and twenty (120) days prior to a Soldier arriving at the mobilization station, the follow-on rotator will be identified by NGB, USARC, or HRC in accordance with (IAW) FORSCOM mobilization requirements guidance.

f. FORSCOM will ensure optimum pre-mobilization processing through CONUS Replacement Centers (CRC) is conducted as expeditiously as possible.

5. Pre-Deployment and Training.

a. Pre-deployment processing will make optimal use of home station to ensure the deploying provider is prepared for processing by the CRC. Soldiers must be screened at home station upon being identified/alerted. This must include medical, dental, credentialing, security clearance, and financial review. HRC is responsible for screening and processing Individual Mobilization Augmentee (IMA), Inactive National

Guard (ING), Individual Ready Reserve (IRR), and Retired Reserve personnel. All deficiencies must be addressed and corrected prior to reporting to CRC.

b. Collaboratively, HRC and USMEDCOM will ensure effective communication and processing of ING, IRR, IMA, Retired Reserve, and other non-unit personnel.

c. Ninety (90) day BOG rotators will complete all online training, security, credentialing, and travel requirements prior to arrival at CRC to ensure the 120-day door-to-door mandate will be achieved without affecting the BOG period.

d. Every effort will be made to optimize use of Annual Training (AT) to perform necessary training subsequent to a mobilization (MOB) order.

6. CONUS Replacement Center (CRC)

a. The 90-day BOG rotator will follow the CRC pre-deployment and post-deployment schedule. CRC processing will be conducted as expeditiously as possible to avoid unnecessary delays. The CRC will make every effort to expedite the process and decrease time spent at the mobilization station. All 90-day BOG rotators are required to complete a pre- and post-deployment health assessment and a Separation History and Physical Exam (SHPE).

b. Soldiers found medically non-deployable will be processed IAW appropriate medical and disability guidance. If a Soldier, reporting for active duty, fails to meet deployment medical standards within 25 days (due to a temporary or permanent medical condition), the Solider may be released from active duty and returned to his/her prior reserve status and home of record. Upon resolution of the disqualifying medical condition, the Soldier may be subject to a subsequent active duty order. If a Soldier, reporting for active duty, meets medical deployment standards, then he/she will continue on active duty for a period not to exceed 120 days.

c. All individual replacements mobilizing to OCONUS locations will go through Ft. Bliss CRC, unless the Department of the Army (DA) further modifies this requirement. All CONUS replacements will report directly to the installation of assignment or to a designated Mobilization Force Generation Installation (MFGI) location if required.

7. Transportation.

a. Department of the Army (DA), Deputy Chief of Staff G4 through United States Transportation Command (USTRANSCOM) will ensure expeditious travel from MOB station through CRC to the duty station. CRC quotas must be scheduled in coordination

with routine channel flights to eliminate unnecessary time between training completion and subsequent departure. This may require liberal use of commercial air.

b. Privately owned vehicle will be authorized IAW Joint Travel Regulation, paragraph 3310 for CONUS mobilizations only.

c. CONUS/OCONUS gaining commanders will coordinate timely travel from duty station to CRC through TRANSCOM.

8. Exceptions.

a. A waiver, through OTSG to the ASA (M&RA) Deputy Assistant Secretary of the Army (Military Personnel & Quality of Life), will be required if a mobilization period involuntarily exceeds 120 days. However, VOLUNTARY extensions do not require ASA (M&RA) notification and should be processed according to individual component policy.

b. If the gaining commands feel his/her mission is significantly degraded by following 90-Day BOG Rotation policy a request for exception (clearly justifying why they need to deviate from the established policy) must be approved by the ASA (M&RA).

9. Tracking.

a. Medical Protection System (MEDPROS) will be used to document all Individual Medical Readiness (IMR) and Dental Readiness.

b. Medical Operations Data System 90-Day BOG Rotator Module should be used to track 90-day BOG rotations. USMEDCOM will monitor data input and build Professional Filler System (PROFIS) requirements. NGB and USARC 90-day BOG program managers will build FORSCOM requirements and input resources for fill and management of all 90-day BOG AOCs.

c. AMEDD RC 90-day BOG rotators will review current clinical practice guidelines.

d. USMEDCOM is the executive agent for all 90-day BOG rotations. Tracking the rotations of 90-day BOG personnel and coordinating any necessary personnel backfill will be coordinated from NGB, USARC, or HRC by a designated 90-day BOG program manager through USMEDCOM.

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10. Points of contact for this memorandum are COL Scott T. Frazier at (703) 695-4402 and scott.t.frazier.mil@mail.mil and LTC Kim Kimberly DeJesus at (703) 695-7874 and kimberley.d.dejesus.mil@mail.mil.

WILLIAMS.MARSHALL.M.1044754718
Digitally signed by WILLIAMS.MARSHALL.M.1044754718
Date: 2018.05.07 18:31:05 -04'00'

Marshall M. Williams
Senior Official Performing the Duties of the
Assistant Secretary of the Army
(Manpower and Reserve Affairs)

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