



DEPARTMENT OF THE ARMY  
OFFICE OF THE DEPUTY CHIEF OF STAFF, G-1  
300 ARMY PENTAGON  
WASHINGTON DC 20310-0300

DAPE-MPE-RC

20 JUL 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Policy and Implementation Guidance for Reserve Component (RC) Army Medical Department (AMEDD) 90-day Rotation Policy

1. Enclosed is the RC AMEDD 90 day rotation policy and implementation guidance. Widest dissemination is requested.
2. The DCS, G-1 responsible officer for RC 90-day Rotation Policy is LTC Mary P. Sherman, 703-695-7874 or DSN 225-7874. Please contact her for more detailed information or assistance.

FOR THE CHIEF OF STAFF, G1

Enclosure  
as

  
SEAN J. BYRNE  
Brigadier General, GS  
Director of Military  
Personnel Policy

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



October 2, 2003

REPLY TO  
ATTENTION OF

MEMORANDUM FOR DEPUTY CHIEF OF STAFF, G-1

SUBJECT: Army Medical Department Reserve Components' 90-Day Rotation  
Policy

The following 90-day "Boots-On-The-Ground" Rotation Policy for Army Medical Department (AMEDD) Reserve Components' (RC) Medical Corps, Dental Corps, and Nurse Anesthetist officers is effective the date of this memorandum.

Under the provisions of a Presidential Reserve Call-Up or a Partial Mobilization, RC physicians, dentists, and nurse anesthetists (AOCs 60, 61, 62, 63, and 66F) will deploy for a period not to exceed 90 days "Boots-on-the-Ground" in theater or at a CONUS duty station. Every effort will be made to expedite pre and post deployment processing such that the total duration of mobilization will not exceed 120 days. Officers in the key leadership positions of Commander, Deputy Commander for Clinical Services (or equivalent), Officer-in-Charge of a Forward Surgical Team, and those Command Surgeon positions at the Corps, Division and Brigade level (including Special Operations Command equivalent), are excluded from this policy and will remain for the duration of the mobilization. The Army will make every effort to manage AMEDD mobilization such that the period between mobilizations will be at least 18 months to the maximum extent possible, but in mission critical circumstances may be compressed to not less than twelve months between deployments.

United States Army Reserve Command and the National Guard Bureau will ensure timely by-name identification of rotators and timely alert and processing to meet the timelines established above.

This policy does not preclude AMEDD-RC officers from volunteering to extend beyond the 90 days or for more frequent rotations. Such requests for extension will be encouraged to provide continuity and to minimize turbulence and replacement pool requirements.

Continued support to on-going operations may require periodic revisions to this policy. This policy will be reviewed annually to ascertain impacts on operational continuity and effect on subsequent recruiting and retention. Exceptions to this policy will not be made unless approved by the undersigned.

Reginald J. Brown  
Assistant Secretary of the Army  
(Manpower and Reserve Affairs)

## Implementation Guidance for Reserve Component (RC) Army Medical Department (AMEDD) 90-day Rotation Policy

**Purpose:** To provide specific implementation guidance for the approved 90-day (Rotation) Boots on the Ground (BOG) Policy.

**Background:** On 2 October 2003, the Assistant Secretary of the Army for Manpower and Reserve Affairs (ASA (M&RA)) approved the Army Medical Department RC 90-Day Rotation Policy. This policy was approved as a means of retaining RC AMEDD providers in response to the findings of the AmerInd study, which indicated that physicians were able to deploy for 90 days without substantial financial impact to their civilian practices.

### Scope.

1. The 90-day Rotation Policy is applicable to the Army Reserve, to the Army National Guard (ARNG) and to RC United States Army Special Operations Command (USASOC) officers in the following specialty skills: all 60, 61 and 62 series Medical Corps Officers, all 63 series Dental Corps Officers and 66F's (Nurse Anesthetists). Officers in the key leadership positions of Commander, Deputy Commander for Clinical Services (or equivalent), Officer-in-Charge of a Forward Surgical Team, and those Command Surgeon positions above the Battalion level (including Special Operations Command equivalent as determined by USASOC, DCS Surgeon), are excluded from this policy and will remain for the duration of the mobilization.
2. Every effort will be made to minimize the mobilization process time for 90-day BOG rotators.
3. Individual orders should be processed for a 365-day period and will be annotated with remarks that total mobilization period will not exceed 120 days door-to-door and 90 days BOG. 90 day BOG includes the necessary "right seat ride" or transfer of authority (TOA) in theater. 90 days BOG for OCONUS assignment starts the initial day of arrival in theater from CONUS and ends on the day of departure from theater. Deployment and redeployment airflow should be managed to keep the total length of mobilization for RC AMEDD providers to a maximum of 120 days. All extensions beyond 120 days require ASA (M&RA) approval. Ninety day BOG for CONUS assignments starts the day after completion of Soldier Readiness Processing (SRP) and ends on the day of departure from assigned duty station. Reassignment to another or alternate duty location does not impact the start of the 90-day BOG.
4. Pre-mobilization and post-mobilization time should include only those activities that cannot be accomplished at home station. This period 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 soldier chooses not to take leave, he/she will have the option to cash-in leave.

5. The 120-day total duration of mobilization is a maximum. Every effort should be made to reduce this total mobilization time, especially to CONUS assignments.
6. The Army will make every effort to manage AMEDD mobilization such that the period between mobilizations will be at least 18 months to the maximum extent possible, but in mission critical circumstances may be compressed to not less than twelve months between deployments. Office of the Chief, Army Reserve (OCAR), ARNG and USASOC must initiate requests through the Office of The Surgeon General (OTSG) for approval by ASA (M&RA) to deviate from the 90 day BOG policy to utilize certain providers earlier than the stated stabilization period.

### **Responsibilities.**

1. In a joint meeting OCAR, OTSG, ARNG, and Forces Command (FORSCOM), agreed that the United States Army Medical Command (USA MEDCOM) would be the executive agent for management of the 90-day rotation process.
2. The Theater Combatant Commander will identify to FORSCOM and MEDCOM any changing (or new) requirements 120 days prior to the date when requirements are due in theater. For CONUS support, the installation will notify MEDCOM of changing requirements. Requirements should then be given to OCAR/ARNG no less than 100 days prior to in-theater date.
3. The senior AMEDD Commander (TOE and TDA, CONUS and OCONUS MTFs) must notify USA MEDCOM (thru chain of command) of any projected extension of a 90-day (volunteer) rotator so the established management process can effectively manage future rotations and preclude redundant fill of requirements.
4. All clinicians identified for rotation must be pre-certified for deployment. United States Army Reserve Command (USARC)/ARNG/Human Resources Command (HRC)/USASOC/7<sup>th</sup> Army Reserve Command (ARCOM)/9<sup>th</sup> Regional Readiness Command (RRC) must ensure before a name is provided to the MEDCOM that the individual is medically deployable, has a current physical exam, is credentialed, has appropriate security clearance, has completed the Officer Basic Course (OBC), and is otherwise deemed fully deployable.
5. Concurrent with a soldier arriving at the mobilization station, the follow-on rotator will be identified by USARC/ARNG/USASOC/7<sup>th</sup> ARCOM/9<sup>th</sup> RRC IAW FORSCOM mobilization requirements guidance.
6. FORSCOM will ensure optimum pre-mob processing thru the CONUSA is conducted as expeditiously as possible to avoid unnecessary delays.

## **Pre-Deployment.**

1. Pre-deployment processing requirements-will make optimal use of home station to expedite the process and decrease the time spent at the mobilization station. All 90-day rotators are required to complete a pre- and post-deployment health assessment. The original copy of the assessment will be placed in the soldier's health record. Copies of pre- and post-deployment health assessments will be sent to: Army Medical Surveillance Activity, Building T-20, Room 213 (ATTN: Deployment Surveillance), 6900 Georgia Ave NW, Washington, DC 20307-5001.
2. USARC/ARNG/MEDCOM/HRC/USASOC/7<sup>th</sup> ARCOM/9<sup>th</sup> RRC must ensure effective communication and processing of IRR members, IMAs, retiree recalls and, other non-unit personnel.
3. Soldiers will be screened at Home Station upon being identified (alert); this will include medical, dental, credentialing and privileging. HRC-St. Louis is responsible for screening IMAs, IRR members, and Retiree recalls.

## **CONUS Replacement Center (CRC)**

1. Soldiers found medically non-deployable will be processed IAW appropriate medical and disability guidance. IAW memorandum signed by ASA (M&RA) dated 24 October 2003, mobilization orders will contain the following language, "Pursuant to Presidential Executive Order Of (date), you are relieved from your present Reserve Component status and are ordered to report for a period of active duty not to exceed 25 days for mobilization processing. Proceed from your present location in sufficient time to report by the date specified. If upon reporting for active duty, you fail to meet deployment medical standards (whether because of a temporary or permanent medical condition), then you may be released from active duty, returned to your prior Reserve status, and returned to your home address, subject to a subsequent order to active duty upon resolution of the disqualifying medical condition. If, upon reporting for active duty, you are found to satisfy medical deployment standards, then you are further ordered to active duty for a period not to exceed 120 days, such period to include the period (not to exceed 25 days) required for mobilization processing.
2. All individual replacements will go through either the Ft. Bliss CRC (IRAQ) or Ft. Benning CRC (all other OCONUS missions) MOB sites to optimize standardization of processing. All CONUS replacements will report directly to the installation of assignment.

### **Training.**

1. With unit deployments requiring significant training time at CRC, 90-day rotators should be scheduled to arrive later in the unit-training period so that the 120-day door-to-door mandate can be achieved without shortening the boots on the ground period.
2. Refresher and proficiency training, for IRR members, Retiree recalls, and others requiring it, such as Deployable Medical System, familiarization may require more than 120 days of active duty. Every effort should be made to optimize use of Annual Training (AT) to perform necessary training subsequent to a MOB order. **A waiver, thru OTSG to ASA (M&RA), will be required if mobilization period exceeds 120 days.**
3. CRC will modify the training program of instruction for clinicians arriving with a deployment goal of 5-days or less. The pre-deployment validation representative should be flexible based upon the specific assignment of the clinician. Process should be tailored based upon where the unit will be located.
4. CONUSA and CRC should strive to complete validation of follow-on 90-day rotations in five days or less to avoid unnecessary addition to total mobilization period.

### **Transportation.**

1. The Deputy Chief of Staff, G4 through TRANSCOM, will ensure expeditious travel from MOB station thru CRC to 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 in lieu of TRANSCOM provided military air.
2. Use of commercial transportation is authorized in order to minimize MOB and DEMOB time.
3. Privately owned vehicle, will be authorized IAW Joint Travel Regulation, paragraph 3310 in CONUS only.
4. CONUS/OCONUS gaining commanders will coordinate timely travel from duty station to demobilization station thru TRANSCOM.

### **Exceptions.**

1. If mission requirements dictate an extension of an individual beyond the 90-day BOG, approval must be obtained thru OTSG from ASA (M&RA).
2. If the gaining commands feel their 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).

### **Tracking.**

1. MEDPROS will be used to document all Individual Medical Readiness (IMR) and Dental Readiness.
2. Medical Operations Data System 90-day rotator Module should be used, after making necessary systems modifications, to track 90-day rotations; MEDCOM will monitor data input. FORSCOM will input requirements. USARC/ARNG/USASOC/7<sup>th</sup> ARCOM/9<sup>th</sup> RRC will input their resources for fill. The MOB site will input arrival data. The gaining commander will input arrival dates and 90-day end dates.
3. MEDCOM is the executive agent for all 90-day rotations. Tracking the rotation of 90-day BOG personnel and coordinating any necessary personnel backfill will be coordinated from USARC/ARNG/USASOC/7<sup>th</sup> ARCOM/9<sup>th</sup> RRC thru MEDCOM.