

Army Regulation 40-4

MEDICAL SERVICE

**ARMY
MEDICAL
DEPARTMENT
FACILITIES
ACTIVITIES**

**Headquarters
Department of the Army
Washington, DC
1 January 1980**

Unclassified

SUMMARY of CHANGE

AR 40-4

ARMY MEDICAL DEPARTMENT FACILITIES ACTIVITIES

Effective 1 February 1980

MEDICAL SERVICE

ARMY MEDICAL DEPARTMENT FACILITIES ACTIVITIES

By Order of the Secretary of the Army:

E. C. MEYER
General, United States Army
Chief of Staff

Official:

J. C. PENNINGTON
Major General, United States Army
The Adjutant General

History.

Summary. This revision changes the definitions of the United States Army Medical Center, United States Army Community Hospital, United States Army Medical Department Activity, and United States Army

Medical Clinics; provides guidance for establishment, closure, curtailment, or expansion of major medical services or capabilities within the United States; defines the United States Army Dental Activity; changes the title of various United States Army Medical Clinics to reflect current terminology; and describes the Armed Forces Regional Health Services System. This regulation may be supplemented at the major Army command level only. One copy of each supplement will be furnished to The Surgeon General, HQDA(DASG-HCD), Washington, DC 20310.

Applicability. This regulation applies to the Active Army, the Army National Guard, and the US Army Reserve.

Proponent and exception authority. The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank

Forms) direct to HQDA (DASG-HCD-O)WASH DC 20310

Army management control process. Not applicable.

Supplementation. Not applicable.

Interim changes. Interim changes are not official unless they are authenticated by The Adjutant General. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. Not applicable.

Distribution. *Active Army, ARNG, USAR:* To be distributed in accordance with DA Form 12-9A requirements for AR, Medical Services—Applicable to Medical Activities Only—B

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* This regulation supersedes AR 40-4, 27 September 1974, and so much of DA message, DASG-HCO-D, 071430Z December 1977, as pertains to AR 40-4.

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Section I GENERAL

1. Purpose

This regulation sets forth organizational policy for Army Medical Department (AMEDD) facilities, activities, installations, and units. It also provides guidance for their establishment, designation, discontinuance, and other changes in status

2. Applicability

This regulation applies to the Active Army, the Army National Guard, and the United States Army Reserve.

3. Organizational policy.

a. Commanders of US Army Medical Centers (MEDCEN), US Army Community Hospitals (USACH), US Army Medical Department Activities (MEDDAC), US Army Dental Activities (DENTAC), and other AMEDD medical and dental treatment facilities will organize their commands in a logical and functional manner. Guidelines for organizational structure are in DA Pam 570-557 and in US Army Health Services Command (HSC) regulations.

(1) All staff elements will be organized in the simplest structure possible. They will not contain excess layers of supervision.

(2) Organization and position titles will conform to the standards in AR 5-3, AR 570-4, and, where applicable, HSC regulations.

b. Major oversea commanders will use DA Pam 570-557 as a guide for organizing TDA Army medical treatment facilities set up under AR 310-49 and AR 220-5.

4. Memorialization criteria and guidance.

a. Normally, AMEDD facilities are named for deceased AMEDD members whose military contributions were distinguished and who met the memorialization criteria in AR 1-33.

b. Installation commanders are responsible for naming a facility on their installation

c. Names chosen for memorialization will be selected from a list maintained by The Surgeon General.

d. Copies of orders naming a medical department facility will be sent to The Surgeon General.

5. Establishment, redesignation, or discontinuance of fixed AMEDD facilities, activities, and installations.

Requests to establish, redesignate, discontinue, or change the status of fixed AMEDD facilities, activities, and installations will be in accordance with AR 310-49 and AR 220-5. Changes in status requiring Headquarters, Department of the Army (HQDA) approval, as stated in AR 220-5, will be sent to The Surgeon General.

6. Establishment, closure, expansion, or curtailment of major medical services or capabilities within the United States.

a. *Proposals to open, close, expand, or curtail any health care service for 90 days or more.*

(1) Commanders will send such proposals through HSC to HQDA (DASG-HCZ) for review. HQ HSC will provide comments or recommendations for proposals to close or curtail care.

(2) All proposals will include the following documentation:

(a) Narrative description of services to be started, changed, or discontinued. Services to be curtailed will include impact on Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and any specific beneficiaries. Also, state the degree of permanence and number of patients/dollars involved.

(b) Similar capabilities existing locally (40 mile radius) in other Federal and civilian facilities.

(c) Current efforts seeking shared service agreements and any associated costs. Such agreements include, but are not limited to, interservice or interagency agreements to improve the quality, availability, and accessibility of patient care considering patient comfort, convenience, and satisfaction. Also include the exploration of joint planning and sharing of scarce health resources with other Federal providers and with non-Federal health care institutions. Send copies

of correspondence seeking sharing agreements with Federal treatment facilities with the proposal.

(d) Other similar capabilities in Federal facilities within the DoD health services region. When distance is a significant factor, it will be so stated.

(e) Recommendations (based on telephonic surveys or formal meetings) of the Regional Review Committee of the Armed Forces Regional Health Services System. See section VI.

(f) Workload projections and how present workload is accomplished.

(g) Cost/benefit analysis, except in the case of curtailments.

(h) Fiscal and manpower resource requirements for establishment and expansion of services.

(i) Staffing projections and ratios.

(j) Cost of facility expansion or modifications.

(k) Cost of medical equipment needed to establish and expand services.

(l) Attempts to provide coverage through civil service hire, contract surgeon, or contractual services.

b. *Plans to curtail any health care service for less than 90 days.* Commanders will send these proposals through HSC to HQDA (DASG-HCZ). Appropriate comments/recommendations will be made by HQ HSC. These proposals will include the following documentation:

(1) Narrative description of services to be changed or discontinued.

(2) Recommendations or comments of the appropriate Regional Review Committee if the loss will—

(a) Cause curtailment or denial of services to specific beneficiaries.

(b) Impact on another military medical facility in the geographic area.

(c) *Public announcement of closure or curtailment.* Commanders will notify The Surgeon General before making any public announcements on closures or curtailment of services.

Section II

TYPE, DESIGNATION, AND GENERAL FUNCTIONS OF FIXED AMEDD FACILITIES, ACTIVITIES, AND UNITS

7. General

This section describes fixed AMEDD facilities, activities, and units as pertains to their identification, designation, and functions. Major oversea commanders who operate fixed medical facilities or activities with TOE units will adopt to the extent practicable, the provisions of this section. When oversea hospitals are designated as shown in paragraph 8, 9, or 14, follow the guidance below.

a. Medical holding unit, records of installed property, medical records and reports and mail, for patients will bear the name of the facility. For example, US Army Community Hospital, Frankfurt, Germany.

b. Records and mail for operating personnel will bear the designation of the operating unit. For example, 97th General Hospital.

c. Clinical records (AR 40-400) and certain medical reports (AR 40-418) will bear the name of the facility and the operating unit. For example, US Army Community Hospital, Frankfurt, Germany (97th General Hospital).

8. United States Army Medical Center (MEDCEN)

a. *Functions* A MEDCEN is a large hospital, staffed and equipped to perform the following:

(1) Provide health care for authorized persons. Such care includes a wide range of specialized and consultative support for all medical facilities within the assigned geographic area.

(2) Provide specialized medical care to other patients referred to the MEDCEN by appropriate authority.

(3) When designated, conduct post graduate education in health professions.

(4) Serve as a referral hospital, to include laboratory, for the Medical Department Activity (MEDDAC) within its Health Service Region (HSR).

(5) Conduct professional training programs as specified in its assigned mission.

(6) Provide administrative and logistical support, as required, to other TDA and TOE units satellited on the installation or post for support.

b. TDA organization In addition to the hospital facility, the MEDCEN TDA organization normally includes on and off post medical, dental, veterinary, and health and environment activities.

c. Designations

(1) *Memorially named MEDCEN* The designation of such a MEDCEN will contain the full or last name of the individual after whom the center is named, followed by "Army Medical Center." For example, Walter Reed Army Medical Center.

(2) *Unnamed MEDCEN* An unnamed MEDCEN will be designated "US Army Medical Center" and identified by adding the location. For example, US Army Medical Center, Fort Alpha, Fort Alpha, Utah. For official correspondence, hospital publications, and other administrative actions of the unnamed MEDCEN, repetition of the location may be deleted. For example, US Army Medical Center, Fort Alpha, Utah.

9. United States Army Community Hospital(USACH).

a. Functions

(1) A USACH is a health treatment facility which provides definitive inpatient care. It is staffed and equipped to provide diagnostic and therapeutic services in the field of general medicine and surgery, and preventive medicine services.

(2) A USACH may also discharge the functions of a clinic.

(3) When a MEDDAC has a hospital, the USACH is the primary medical treatment facility of that MEDDAC and is separately identified in the TDA of the MEDDAC.

(4) A USACH may serve as a specialized treatment or teaching facility when specified in its assigned mission.

b. Designations

(1) Memorially named USACH will contain the full or last name of the individual after whom the hospital is named, followed by "US Army Community Hospital." For example, Silas B.Hayes US Army Community Hospital, Fort Ord, California. Although US will be used in the TDA designation of the hospital, the abbreviation US may be deleted from official correspondence, hospital publications, and other administrative actions. For example, Walson Army Community Hospital, Fort Dix, New Jersey.

(2) Unnamed USACHs will be designated "US Army Community Hospital" and identified by adding the location. For example, US Army Community Hospital, Fort Carson, Colorado. For official correspondence, hospital publications, and other administrative actions of the USACH, repetition of the location may be deleted. For example, US Army Community Hospital, Fort Carson, Colorado.

10. United States Army Medical Department Activity (MEDDAC)

a. Functions A MEDDAC is an organization encompassing a USACH or designated US Army Health Clinic and the associated activities which are responsible for providing health services to authorized persons within an assigned Health Service Area (HSA). It normally has command and control over AMEDD facilities, activities, or units (other than TOE units) located within its HSA. The MEDDAC may also be tasked to provide administrative and logistical support to other AMEDD organizations over which it does not exercise command or operational control. These may include US Army Medical Laboratories or US Army Dental Activities.

b. Designation A MEDDAC will be designated "US Army Medical Department Activity" and identified by adding its location. For example, US Army Medical Department Activity, Fort Hood, Fort Hood, Texas.

11. United States Army Dental Activity (DENTAC)

a. Functions A DENTAC is a dental treatment organization which—

(1) Provides professional dental care and services to authorized persons.

(2) Supervises the preventive dentistry program

(3) Conducts educational programs.

(4) Supervises clinical investigations and research and development activities when needed.

b. TDA, command, and support structures.

(1) The DENTAC is included on the MEDCENMEDDAC TDA.

(2) The MEDCENMEDDAC does not command the DENTAC. The DENTAC is commanded by the major medical headquarters.

(3) Officer evaluation reports are rendered in accordance with AR 623-105.

(4) The supporting MEDCENMEDDAC will provide all administrative and logistical support to the assigned DENTAC.

c. Designation A DENTAC will be designated "US Army Dental Activity" and identified by adding its location. For example, US Army Dental Activity, Fort Hood, Fort Hood, Texas.

12. United States Army Regional Dental Activity(RDA)

a. Functions An RDA provides broad range dental support for patient care and treatment to all eligible persons within a specified geographic area. It is responsible for planning, coordinating, supervising, and performing dental laboratory support, research, and training for oral health services of the Army and, as directed, for other departments, agencies, and organizations. An RDA may be attached to a MEDCEN or MEDDAC for administrative and logistical support. TB MED 148 prescribes types of services and uses of RDA in CONUS and in oversea commands.

b. Designations

(1) Memorially named RDAs will comply with guidance in paragraph 3.

(2) If an RDA is not memorially named, it will be designated "US Army Regional Dental Activity" and further identified by its location. For example, US Army Regional Dental Activity, Fort Gordon, Georgia. In oversea areas the propriety of stating the location will be determined by the major oversea commander.

13. United States Army Dental Clinic

a. Functions A US Army Dental Clinic is a treatment activity or facility which provides diagnostic, preventive, and therapeutic outpatient dental services.

b. Designations

(1) A dental clinic located in a separate building may be memorially named. For example, Rhodes US Army Dental Clinic, Fort Sam Houston, Texas.

(2) If the dental clinic is not memorially named, it will be designated "US Army Dental Clinic" and further identified by its location. For example, US Army Dental Clinic, Fort Black, Texas.

(3) If there are two or more unnamed dental clinics located on the same installation, they will be further identified by number. For example, US Army Dental Clinic No. 1, Fort White, Texas.

(4) Dental clinics are the major element of a DENTAC. If they are located in a hospital as an integral part of a Department of Dentistry, they will not be separately identified.

14. United States Army Medical Clinics

Clinics are medical treatment activities that are staffed and equipped to provide emergency treatment and ambulatory services. They also perform nontherapeutic activities related to the health of the personnel served. These activities include physical examinations, immunizations, medical administration, and preventive medicine services. A clinic may be equipped with beds for observation of patients awaiting transfer to a hospital. The beds are also used for care of patients who cannot be cared for on an outpatient status, but do not require hospitalization. Such beds shall not be considered in calculating occupied bed days by hospitals. Normally, medical clinics will be elements of the Department of Primary Care and Community Medicine in a MEDCEN or USACH. In special cases, they may operate independently, but will be assigned to an appropriate MEDCEN-MEDDAC. US Army medical clinics are described in *a* through *e* below.

a. US Army Troop Medical Clinic

(1) *Functions*

(a) A troop medical clinic is a medical treatment activity which performs sick call, provides limited treatment within the capability of the activity, and refers patients to a health clinic, hospital, or dental clinic when needed.

(b) Provides limited treatment, immunization services, medical examinations, physical profiling, and limited pharmacy dispensing services.

(2) *Designations*

(a) A troop medical clinic will be identified by its location. For example, US Army Troop Medical Clinic, Fort Black, New York.

(b) If there are two or more troop medical clinics located on the same installation, they will be further identified by number. For example, US Army Troop Medical Clinic, No. 1, Jones Arsenal, Missouri.

(c) Troop medical clinics operated by TOE units in overseas areas will bear the facility designation, followed by the operating unit designation. For example, US Army Troop Medical Clinic, Yongsan, Korea (548th Medical Detachment).

b. US Army Health Clinic

(1) *Functions* A health clinic is a medical treatment activity of facility designed, equipped, and staffed to provide ambulatory health services to eligible personnel.

(a) It normally has general radiology, laboratory, and pharmacy capabilities, and offers specialty care in one or more of the specialties of medicine. Services provided will depend on the availability of space and facilities and the capability of the assigned professional staff.

(b) It also provides medical administrative and logistical functions as directed by the MEDCEN or MEDDAC (USACH) to which it is subordinate when authorized by The Surgeon General.

(c) It may be equipped with beds (normally less than 25) for observation of patients to be transferred to a hospital. These beds are also used for care of patients who cannot be cared for on an outpatient status, but who do not require hospitalization. Such care normally will not exceed 72 hours.

(2) *Designations*

(a) Health clinics may be memorially named. For example, Andrew Rader US Army Health Clinic, Fort Myer, Virginia.

(b) If a health clinic is not memorially named, it will be designated "US Army Health Clinic" and identified by adding its location. For example, US Army Health Clinic, The Pentagon, Washington, DC. If there are two or more unnamed US Army Health Clinics located on the same installation, they will be further identified by number. For example, US Army Health Clinic, No. 1, Island Depot, Maine.

c. US Army Occupational Health Clinic

(1) *Functions*

(a) These health clinics are medical treatment activities which coordinate and implement the occupational health program (AR 40-3 and AR 40-5) for military and civilian employees of the Federal Government. They are equipped and staffed to treat on-the-job illness or injury and dental conditions requiring emergency treatment, to perform preplacement and work-related medical examinations, and to refer employees to private physicians and dentists. They carry on preventive activities related to health and industrial hygiene programs.

(b) Where possible, the functions of these clinics will be combined with a MEDCEN, MEDDAC (USACH), Troop Clinic, or Army Health Clinic.

(2) *Designation* Occupational health clinics will be identified as "US Army Occupational Health Clinic," followed by the location.

d. General Outpatient Clinic A General Outpatient Clinic is a medical treatment activity, integral to an Army Health Clinic or to the Department of Primary Care and Community Medicine of a MEDCEN or MEDDAC (USACH). It is designed to accomplish health screening, preliminary diagnosis and treatment of illness or injury, and referral of patients to specialty clinics within the medical

treatment facility or admission of the patient to the MEDCEN or USACH.

e. Specialty Clinic A Specialty Clinic is a medical treatment activity established as part of an Army Health Clinic or of a special department or service of a MEDCEN or MEDDAC (USACH).

15. Veterinary Animal Disease Prevention and Control Facility

A Veterinary Animal Disease Prevention and Control Facility is a veterinary treatment facility which provides veterinary medical support to Government-owned animals, control of animal diseases transmissible to man, and other veterinary services authorized by AR 40-1.

**Section III
NONFIXED MEDICAL TREATMENT FACILITIES**

16. General

a. Nonfixed medical treatment facilities normally are organized under MTOEs.

b. In CONUS the location will be added to all identifications, except when facilities are engaged in exercises that simulate combat conditions. During these exercises, the manner and propriety of stating the location is left to the discretion of the exercise commander.

c. In overseas areas, the propriety and manner of stating the location is left to the discretion of the major commander.

d. When using the designation and identification of a facility on medical department records, reports, and other patient administrative documents, the term "US Army" will be added. (This requirement implements NATO STANAG 2132 and ABCA QSTAG 470.)

17. Hospital

a. Functions A hospital is a Medical Treatment Facility (MTF) primarily used to provide inpatient care. It is properly staffed and equipped to provide diagnostic, therapeutic, and support services. A hospital may also perform the functions of a clinic.

b. Designation A hospital will be designated and identified in the same manner as the operating unit. For example, 15th Field Hospital; 150th Evacuation Hospital.

18. Convalescent center

a. Functions A convalescent center is a unit which contains approximately 1,500 to 3,000 beds. It receives from hospitals within a theater of operations ambulatory patients needing no further hospital treatment but requiring further reconditioning. Such reconditioning must be under medical supervision, prior to return of patient to duty status.

b. Designation A convalescent center will be identified by numerical designation. For example, 890th Convalescent Center.

19. Clearing station

a. Functions A clearing station is an operating field medical facility established by a medical company which receives, sorts, and provides emergency or resuscitative treatment for field troops with minor illnesses, wounds, or injuries. Such treatment is given until the patient is evacuated.

b. Designation A clearing station will be designated "Clearing Station" and identified by the unit with operational responsibility. For example, Clearing Station, Company B, 12th Medical Battalion, 38th Infantry Division; 3rd Clearing Station, 314th Medical Company (Clearing)(Sep).

20. Aid station

a. Functions An aid station is a forward MTF where reception, sorting, emergency treatment, and disposition of the sick and wounded are performed by medical personnel.

b. Designation An aid station will be designated "Aid Station" followed by the unit designation. For example, Aid Station, 1st Battalion, 53d Field Artillery

21. Clinics

All MTFs previously referred to as “dispensary” will be redesignated as a “clinic.” Specific wording for naming the clinic will be as described in paragraphs 13 and 14. Clinics operated by TOE units which have the word “dispensary” in the TOE title will be designated as follows: US Army Health Clinic, Fort Blank (operated by the 120th Medical Detachment (Gen Disp)).

22. Dental clinics

a. Dental clinics will be designated and identified by the Dental Service Detachment with operational responsibility. For example, Dental Clinic, 5th Medical Detachment (Den. Svc).

b. If there are two or more dental clinics operated by the same detachment, they will be identified by number. For example, Dental Clinic No. 1, 5th Medical Detachment (Den Svc).

23. Veterinary dispensary

a. *Functions* A veterinary dispensary is an animal treatment activity or facility which provides dispensary type veterinary medical services to Government-owned animals, control of animal diseases transmissible to man, and other veterinary services on an area basis.

b. *Designation* Veterinary dispensaries will be designated and identified by the Veterinary Service Detachment with operational responsibility. For example, Veterinary Dispensary, 2080th Medical Detachment (Veterinary Small Animal Dispensary).

24. Veterinary hospital

a. A veterinary hospital is a treatment activity or facility that provides surgery, definitive treatment and hospitalization for Government-owned animals, control of animal diseases transmissible to man, and other veterinary services on an area basis.

b. *Designation* Veterinary hospitals will be designated and identified by the Veterinary Service Detachment with operational responsibility. For example, Veterinary Hospital, 2075th Medical Detachment (Veterinary Small Animal Hospital).

Section IV

MEDICAL LABORATORY FACILITIES

25. General

The following are types of medical laboratory facilities within the Army:

- a. Clinical laboratories.
- b. US Army medical laboratories.
- c. Numbered medical laboratories.
- d. Research laboratories, facilities, and activities.

26. Clinical laboratory

A clinical laboratory is organic to an MTF and operates under the control of the facility commander. It may service other installations and facilities when proper support agreements have been made between the commanders concerned. To the extent of its capability, a clinical laboratory will assist in the detection and identification of biological, chemical, and radiological warfare agents. A clinical laboratory may refer examinations which it cannot perform to other laboratories.

27. United States Army Medical Laboratory

a. Functions

(1) A US Army Medical Laboratory serves as a reference, consultation, and investigative laboratory for AMEDD and other Army installations and activities within a certain geographic area. These services may be furnished to other Armed Forces facilities and Federal agencies as prescribed in AR 40-441.

(2) The facilities and services of a US Army Medical Laboratory may supplement, but not be a substitute for, services normally performed by clinical or medical research and development laboratories, and the US Army Environmental Hygiene Agency.

b. Organization

(1) The laboratory may be attached to a MEDCEN or MEDDAC for administrative and logistical support.

(2) When such a laboratory is established overseas, the major overseas commander will prescribe its functions and responsibilities. Normally, it will be operated by personnel of one or more TOE medical laboratories.

c. Designations

(1) A laboratory overseas will be designated as “US Army Medical Laboratory.” It will further be identified with the major command that it services. For example, US Army Medical Laboratory (operated by the 21st Medical Laboratory), Europe. The major overseas commander will determine the propriety of ‘stating the geographic location.

(2) In CONUS, the laboratories will be designated “United States Army Medical Laboratory” and identified by adding its physical location. For example, United States Army Medical Laboratory, Fort Meade, Fort Meade, Maryland. For official correspondence, hospital publications, and other administrative actions of the laboratory, repetition of the location may be deleted. For example, United States (or US) Army Medical Laboratory, Fort Meade, Maryland.

28. Numbered medical laboratory

a. A numbered medical laboratory is a TOE unit assigned in support of corps areas and the communications zone in a theater of operations. In an overseas area, the commander of one of the numbered medical laboratories normally is appointed as consultant in pathology and laboratory services to the theater surgeon.

b. Numbered medical laboratories will be identified by their TOE numerical designation, followed by its geographical location if deemed appropriate by the theater commander. For example, 228th Medical Laboratory, Placburgh, Germany.

29. Medical research and development laboratory

a. A medical research and development laboratory or unit performs specialized research functions prescribed by The Surgeon General.

b. Special medical research laboratories, facilities, and activities are established when authorized and at locations specified by HQDA.

c. Medical research and development laboratories are under the command jurisdiction of the Commander, US Army Medical Research and Development Command.

Section V

ARMY HEALTH SERVICE REGION AND HEALTH SERVICE AREA

30. Health Service Region (HSR)

a. The continental United States (CONUS) and certain overseas areas are subdivided into geographic regions. These are designated by the CG, HSC and overseas commanders. Each region is composed of a grouping of States or overseas commands. These regions are titled Health Service Regions.

b. The HSRs provide the CG, HSC and overseas commanders with needed supervision over the delivery of health care to eligible persons within CONUS and overseas.

c. Each HSR is subdivided into Health Service Areas. (See para 31.)

d. A regional coordinator will be named by the CG, HSC or the overseas commander. This person normally will be the commander of the MEDCEN within the respective HSR. The coordinator will maintain close liaison with the MEDCEN, MEDDAC, and other AMEDD activities, facilities, and units within the assigned HSR.

31. Health Service Area (HSA)

a. An HSA is a geographic area within CONUS or overseas, specified by counties or other political entities.

b. A single MEDCEN or MEDDAC provides designated health care services to authorized persons within an HSA.

c. The terms MEDCEN and MEDDAC refer to the TDA organization itself. HSA refers solely to the geographical area for which the MEDCEN or MEDDAC has designated responsibility (see AR 5-9).

d. The HSA assigned to a MEDCEN or MEDDAC will be as directed by the commander involved. Normally, there will be two or more HSAs assigned to an HSR.

e. An HSA will be named after the installation on which the MEDCEN or MEDDAC is located. For example, the HSA assigned to Madigan Army Medical Center, Fort Lewis, Washington, is Fort Lewis Health Service Area. The HSA assigned to the MEDDAC, Fort Dix, New Jersey, is Fort Dix Health Service Area.

Section VI ARMED FORCES REGIONAL HEALTH SERVICES SYSTEM

32. Armed Forces Regional Health Services System (AFRHSS)

a. The Department of Defense has established the AFRHSS as the principal means of coordinating the organization and management of health care delivery on an integrated tri-service basis within CONUS and certain oversea areas.

b. The Assistant Secretary of Defense and the Surgeons General of the Military Departments provide policy and guidance and coordinate implementation of the AFRHSS.

c. The basic goal is to assure continued availability of quality health care to the maximum number of beneficiaries.

d. The objectives of AFRHSS are as follows:

(1) Identification and elimination of unnecessary duplication of services.

(2) Improved planning and delivery of health services through regional cooperation.

(3) Cost containment.

(4) Effective and productive use of health professions manpower.

(5) Development of cooperative arrangements for early acquisition of high cost advanced technology.

33. Military Medical Regions (MMRs)

a. CONUS is divided into nine MMRs as shown in the appendix. The activities of each MMR are under the control of a Tri-Service Regional Review Committee. This committee reviews and assesses health services capability and operations for its MMR. In particular, it acts on requests for expansion or reduction of services, proposals to establish new services, and related manpower and major equipment requirements.

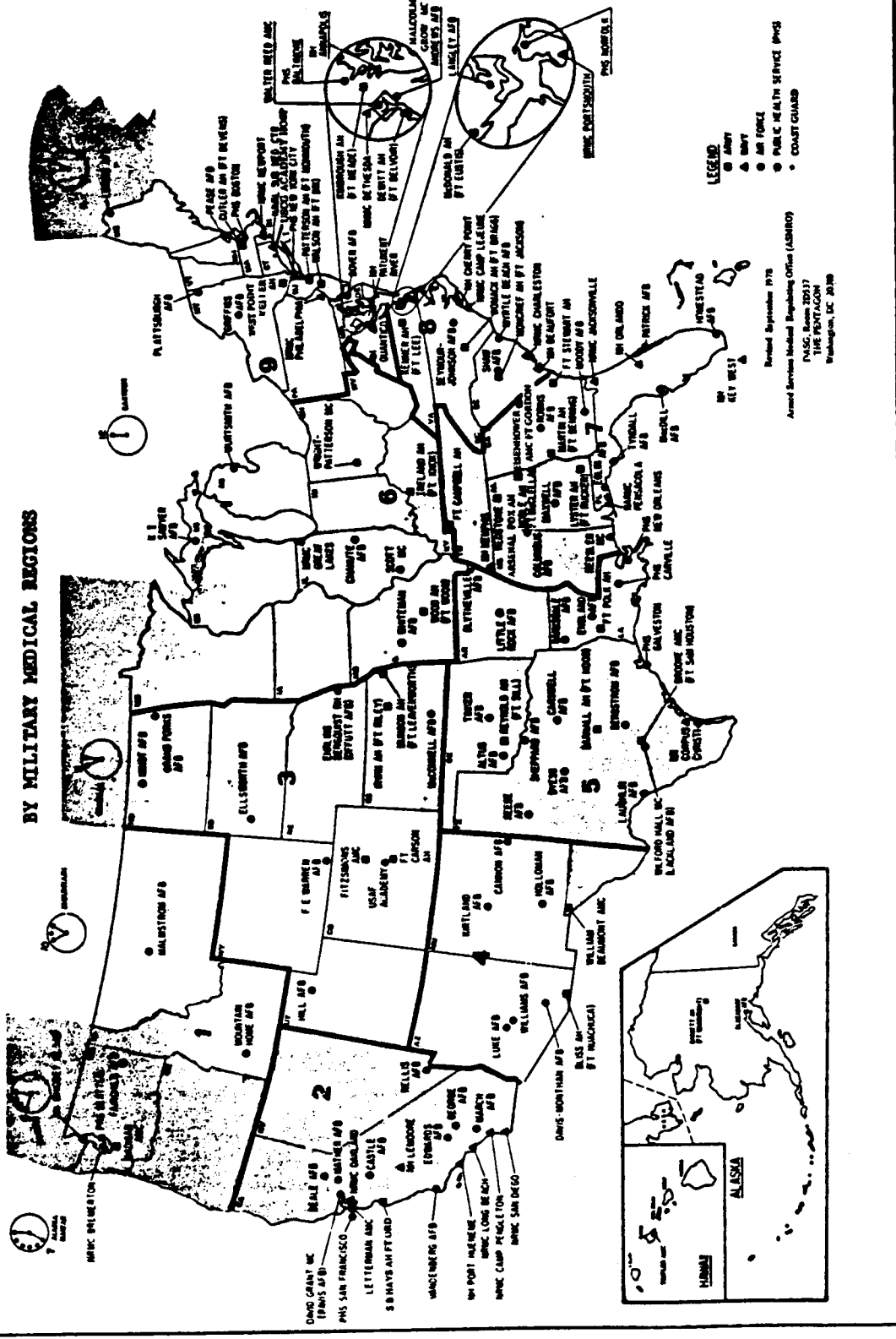
b. The committees are composed of senior representatives from each military Service. The Army's member normally is the commander of a MEDCEN. This function is performed as an adjunct to that of Army Health Service Region Coordinator.

RESERVED

APPENDIX

LOCATION OF UNIFORMED SERVICES HOSPITALS IN THE U.S.

BY MILITARY MEDICAL REGIONS



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