



DEPARTMENT OF THE ARMY
HEADQUARTERS, EIGHTH ARMY
UNIT #15236
APO AP 96205-5236

EACG

02 OCT. 2016.

MEMORANDUM FOR All Eighth Army Assigned Soldiers

SUBJECT: Eighth Army Command Policy Letter #29, Individual/Unit Medical Readiness

1. References:

- a. Assistant Secretary of Defense Health Affairs Memorandum, Subj: Individual Medical Readiness Measure Goal, 15 July 2015.
- b. Army Regulation 220-1, Army Unit Status Reporting and Force Registration-Consolidated Policies, 15 April 2010.
- c. Army Regulation 40-501, Standards of Medical Fitness, 14 December 2007 (incorporating Rapid Action Revision 003, 4 August 2011).
- d. HQDA EXORD 037-16, Personnel and Medical Readiness Transformation Training.
- e. 8A OPORD 16-01-29-03, 8A Personnel and Medical Readiness Training.
- f. United States Forces Korea Regulation 40-7, Individual Medical Readiness, 1 May 2015.
- g. Information Paper, Subject: MEDPROS Command Drilldown Modifications, MCOP-O-MR, 27 June 2013.

2. Purpose. To ensure the highest level of individual and unit medical readiness within Eighth Army (8A).

3. Background. Unit readiness is directly related to individual Soldier readiness. Leaders at every level are responsible for and must emphasize the importance of improving and maintaining Soldier and unit readiness. The Individual Medical Readiness (IMR) Total Force Medically Ready program, immunizations, vision readiness screening, Post-Deployment Health Assessment, and Post-Deployment Reassessment programs ensure that Soldiers and units are medically ready to accomplish their missions. **The IMR Total Force Medically Ready standard for Eighth Army is 90 percent or better.**

4. Discussion. Commanders at all levels will use the IMR program and the newly created Commander's Portal within the Medical Protection System (MEDPROS) to monitor individual and unit medical readiness.

- a. IMR data is entered into the MEDPROS by medical personnel utilizing the MEDPROS Web Data Entry Application. All 8A Soldiers will receive updates on their medical readiness status during in-and-out processing, Soldier Readiness Processing, pre-deployment processing,

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re-deployment processing, and during medical intervention opportunities at military health care facilities.

b. Commanders at every level will ensure that Unit Identification Codes (UIC) assigned/attached to their units are accurate within MEDPROS and will facilitate changes to their unit's command drilldown structure by submission of a completed MEDPROS Request for a Command Drilldown Modification to the MEDPROS team at enterprise-hd@asmr.com (see appendix A).

c. Commanders at every level will ensure they and appropriate personnel have conducted the required training to obtain access to and have a working knowledge of the Commander's Portal IOT view and monitor Soldier profiles, identify Soldiers at high risk for non deployability, proactively address medical readiness issues with clinicians, and make deployability determinations.

d. The medical readiness status of all units assigned to 8A will be reported to the Commanding General on a monthly basis using the 8A's Monthly Sustainment Readiness Review program.

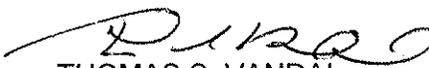
(1) For medical readiness status, units assigned to 8A will be assessed using a green, amber, red color scheme: $\geq 90\%$ equals green (meets the 8A standard); 85%-89.99% equals amber (does not meet the 8A standard, but does meet Army Standard); and $\leq 84.99\%$ equals red (does not meet the 8A standard nor DA Standard).

(2) For immunization readiness status, units assigned to 8A will be assessed using a green, amber, red color scheme: $\geq 90\%$ equals green (meets the 8A standard); 70%-89.99% equals amber (does not meet the 8A standard, but does meet Army Standard); and $\leq 69.99\%$ equals red (does not meet the 8A standard nor DA Standard).

(3) In the event an 8A Major Subordinate Command (MSC) is below the 8A medical readiness standard of 90%, the 8A Surgeon will report to the Commanding General the top three causes for the MSC not meeting the standard via the Monthly Sustainment Readiness Review (MSRR) and the Quarterly Sustainment Readiness Review (QSRR).

e. 8A will set the standard for the rest of the Army by providing a forward assigned force that is ready to "fight tonight" by ensuring the medical readiness of our Soldiers.

5. Proponent. The proponent for this policy is Eighth Army Surgeon's Directorate at commercial 011-822-7913-4429 or DSN 315-723-4429.


THOMAS S. VANDAL
Lieutenant General, USA
Commanding