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**US ARMY READINESS FOR  
MOBILIZATION AND DEPLOYMENT**

**BY**

**COLONEL DONNA F. BARBISCH  
United States Army Reserve**

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US ARMY READINESS FOR MOBILIZATION AND DEPLOYMENT

by

Colonel Donna F. Barbisch  
United States Army Reserve

Captain John Dailey, USN  
Project Adviser

U.S. Army War College  
Carlisle Barracks, Pennsylvania 17013

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ABSTRACT

AUTHOR: Donna F. Barbisch (COL), USAR  
TITLE: US Army Readiness for Mobilization and Deployment  
FORMAT: Strategy Research Project  
DATE: 17 March 1996 PAGES: CLASSIFICATION: Unclassified

Deployments during Desert Storm, Somalia and Haiti produced significant lessons learned that should improve the process of mobilization and deployment of United States Army Reserve Component soldiers in the future. This study explores the preparatory phase of mobilization, assessing whether changes made to improve the process are consistent with the lessons learned. It argues that while shortfalls were identified during past mobilizations, recent changes have not achieved the desired end of streamlining mobilization. The research contrasts the primary factors impacting non-deployable Reserve Component soldiers in the recent past with the current status of the soldiers in their respective units today. The study finally proposes solutions to readiness shortfalls.

## Introduction

The United States Army Reserve Components (United States Army Reserve and Army National Guard) have an increasingly stringent requirement to be available for rapid deployment anywhere in the world. As a part of the Total Army, the Reserve Components (RC) integrate with the Active Component (AC) during mobilization. Our reliance on RC forces to meet immediate demands of AC forces is increasing<sup>1</sup> as the downsizing of the Army continues. The RC must be capable of meeting the nation's needs, wherever and whenever called upon to do so.

Lessons learned from previous mobilizations indicate shortfalls in the timely integration of the RC into the AC. The process must take place as efficiently and effectively as possible. In most cases, the AC cannot function during contingency operations in excess of 30 days without assistance from the RC. During previous mobilizations, some RC units have proven unable to complete mission-essential tasks without major reconstitution of personnel and equipment at the mobilization station.<sup>2</sup>

Personnel shortfalls in the RC cause significant delays in the mobilization process. Although quarterly reports regularly identify obvious deficiencies in personnel readiness, for several reasons the personnel on hand in Troop Program Units (TPUs) prove to be unavailable to meet worldwide power projection requirements during mobilization.

Because of lessons learned from Operation Desert Storm, we are currently attempting to improve the mobilization process of

units who mobilize very early in contingency operations.<sup>3</sup> Improved allocation of resources can correct many deficiencies, but leadership is the cornerstone of any effective organization.<sup>4</sup> Improved mobilization posture will result from appropriate policy revision that gives commanders the tools necessary to efficiently address problem areas.

This paper identifies policies that restrict the commander's ability to maintain a functional, well-motivated, fully deployable, worldwide, power projection force. Mobilization policy review must address the second and third order effects of current policies. Given our ongoing reductions in forces, the Army can not afford ineffective and cumbersome policies--and the inefficiency they create.

#### **Key Definitions**

In the discussion of mobilization issues in the RC, it is important to understand the difference between **mobilization** and **deployment**.

Mobilization is the act of preparing for war or other emergencies through assembling and organizing national resources. It is the process by which the Armed Forces, or part of them, are brought to a state of readiness for war or other national emergency. This includes assembling and organizing personnel, supplies, and materiel for active military service, federalization of Reserve Components, extension of terms of service and other actions necessary to convert to a wartime posture.<sup>5</sup>

Units may be mobilized in their entirety or partially, through the call-up of individual soldiers. The mobilization process is designed to utilize units as a whole, in support of their mission.<sup>6</sup> Once mobilized, they deploy to a specific area. Individual soldiers are categorized as mobilization assets (those who can perform their job within the military environment) or non-mobilization assets (those who do not meet Army standards and should be evaluated for retention in the Army).

Deployment, on the other hand, refers to the relocation of forces to meet operational requirements.<sup>7</sup> Although soldiers are classified as mobilization assets, they may or may not be available for deployment. Nondeployable soldiers can do their job only under controlled environments; deployable soldiers can function in almost any area, although they may be physically unprepared to deploy to certain geographical sites. On the other hand, world-wide deployable soldiers can perform their jobs anywhere in the world, under any adverse circumstances. Most of the conditions that differentiate a soldier's status between deployable and worldwide deployable are medical or dental in nature.

Units are also assessed according to their status and readiness. Their status indicates the level of resource fill at a specific point in time. Their readiness indicates their ability to perform as assigned. Their category level of fill (C-level) is an indication of the degree to which a unit has achieved prescribed levels of personnel and equipment, as well as

the training of those personnel and the level of maintenance of their equipment. A unit's C-level determines its status, which in turn is an indication of its readiness to perform its mission.

#### **Limitations**

Documentation on deployability does not identify restrictions on a unit's deployment to given areas. Reporting requirements simply classify units as deployable or nondeployable. Currently, limitations on given soldiers serving in certain areas of the world are not easily accessed in any database. Although medical conditions requiring limitations in assignments can be identified within the medical record, specific geographical restrictions are extremely difficult to identify. Documentation regarding nondeployable personnel during Desert Storm and Desert Shield presents conflicting data. Much of the existing data report subjective criteria for deployment. Subsequent mobilizations to Haiti, Somalia, and Bosnia in many cases required call-ups of selected members from RC units. In the final analysis, I believe that the number of deployable personnel encountered does not accurately reflect the RC's worldwide power projection force capability.

#### **Concept of Mobilization**

Premobilization processing is basically designed to maintain individual preparedness. In order to efficiently manage processing time at home stations and installations, both Active and Reserve Component units must keep personnel records and

actions current and accurate. Most of all, such records should offer a valuable, realtime, accurate indication of the number of personnel available for mobilization.<sup>8</sup>

The RC increase the mobilization potential of the Army. They provide the forces for operations other than war (OOTW) and contingencies, as well as wartime mobilization. They must be available on short notice.<sup>9</sup> Optimal manning is required to perform their mission.

Our current National Security Strategy of Engagement and Enlargement addresses a complex array of security challenges facing America in the 21st century. To that end, President Clinton identifies the need for maintaining a strong defense capability. The President has proposed supplemental appropriations in the defense spending plan over the next six years to provide more funding specifically for readiness.<sup>10</sup> Because crises emerge quickly and unpredictably, our forces must be ready to meet deployment requirements dictated by our strategy. They must be ready to fight today.<sup>11</sup>

Substantial Reserve forces will be committed to combat and combat support missions early in any major regional contingency: "Some Reserve component forces can expect to be mobilized immediately."<sup>12</sup>

Units plan for mobilization at their home station (HS) during phase I, the planning phase of mobilization (premobilization). This initial phase is accomplished during Unit Training Assemblies (UTAs), during which units plan, train,

and prepare to accomplish assigned mobilization missions.<sup>13</sup> In order to accomplish efficient premobilization planning, appropriate funding and leadership must be available.

Funding for personnel, training and equipment in the units directly affects mobilization planning and readiness. A tiered resourcing strategy, implemented to optimize the use of available funds, prioritizes funding to those units expected to be the first units activated. Highest funding priority goes to the Force Support Packages (FSP), tier A-1. The FSPs, initiated 1 Nov 95, provide a power projection capability by packaging Combat Support (CS) and Combat Service Support (CSS) units to support 5 1/3 Continental United States (CONUS) Divisions, 2 Corps, and 1 Theater.<sup>14</sup> Of the 1095 units (152.8 K personnel) in FSP 1 and 2, 50% are in the RC.<sup>15</sup>

An important part of mobilization planning is documentation of readiness. The Army tool for evaluating a unit's readiness is the Unit Status Report (DA form 2715). Units report their readiness on a quarterly basis. However, these reports do not contain all of the information necessary to manage resources. They simply enable the commander to compare selected factors within the unit with the wartime requirements.<sup>16</sup>

Optimal readiness of personnel and equipment requires superior leadership and organizational structure in addition to adequate funding. Commanders use the Unit Status Report (USR) to assess their units' capabilities. The USR is no more than an indicator; it is not designed to stand alone as the only

indication of readiness.<sup>17</sup>

The readiness level of the unit on the USR is reported as the Category level of fill (C-level). It is a direct indication of the ability of the unit to perform its required functions. The C-level assessment is based on the readiness of personnel, equipment and training.

The United States Army Reserve Command (USARC), the command and control element for the Troop Program Units (TPUs) implements policy for the USAR. The USARC identifies different goals for unit C-levels, according to the priority assigned for unit activation. Highest funding priority goes to the Force Support Packages (FSP), tier A-1. C-level requirements for Tier 1A units are C-1 in personnel and C-2 in all other areas. C-1 for personnel requires that 95% of the unit's soldiers be available for deployment. The tier 1-B/2A units require C-2 in personnel (90%) and C-3 in all other areas. Tier 2-B/2D requirements are C-3 in all areas.<sup>18</sup>

### **Historical Background**

A persistent problem for the Reserve Component during Operations Desert Shield/Desert Storm was nondeployable soldiers.<sup>19</sup> Many soldiers were delayed from deploying with their units because they were retained at the mobilization site to correct problems identified during mobilization. Examples included dental cavities that could require treatment within the next year (approximately 25% of the soldiers)<sup>20</sup>, inadequate

family care plans, lack of optical inserts for the protective mask, and immunizations. Some soldiers, identified as mobilization assets, were permanently nondeployable. For example, some tested HIV positive; some were nondeployable to certain geographical regions, because of controlled medical conditions like asthma or diabetes. Other members simply were not mobilization assets, but they had not previously been processed for elimination.

Several reasons surfaced for delays in deployment and nondeployability. Many soldiers' personnel records were not screened and processed; some medical and dental problems had not been identified; and some family care problems had not been adequately documented. Other delays were caused by hardship, by the soldier being a key employee, by others' dependency on the soldiers, and by the soldiers' involvement in an educational program.<sup>21</sup>

The Active Component (AC) maintains a great deal of control over soldiers, so the AC personnel management system has a close fix on their deployability status. Even so, AC soldiers are sometimes not deployable due to medical problems (both temporary and permanent), administrative actions that are under review, and problems relating to family care. Soldiers in these categories, although their deployability may be temporarily restricted, remain strategic assets to the Total Army program. Their status is documented. They are transferred to a position within the AC that can utilize their military occupational specialty. Or if

they are identified as a not a mobilization asset, they are discharged. Mobilization planning in the AC considers the impact of the soldier's status and assigns him or her accordingly.

On the other hand, by their very nature, RC soldiers pose a number of administrative problems that are difficult to control, due to the limited time soldiers are in close contact with their respective units. During month-long periods between Unit Training Assemblies (UTAs), a soldier's status may change. They may have a medical problem, become pregnant, have changes in their family responsibilities (such as becoming a single parent), become employed in a key position, or face some other hardship which renders them nondeployable. The current system requires soldiers to report changes in mobilization status immediately<sup>22</sup>. Nonetheless, RC soldiers who are at a distance from their units, may overlook this requirement. Unless soldiers are forthcoming with relevant information, RC personnel officers cannot be certain of their status.

Activation of RC personnel who are then selected for discharge creates unnecessary burden on the mobilization site. Additionally, it costs the government thousands of dollars in travel expenses, active duty pay and allowances, and administrative costs.<sup>23</sup> During the screening process prior to activation, RC units should make reliable identification of nondeployable soldiers. Such soldiers should never arrive at mobilization sites.

The burden of coordinating the mobilization status of the

soldiers rests with the commander. Even when soldiers inform the unit of their non-deployable status, the administrative process available to RC commands to discharge non-deployables is cumbersome.<sup>24</sup> Many soldiers who should be discharged continue as drilling members of the RC. The commanders commonly initiate discharge actions, but the administrative process requires so much time and effort that the soldier is often transferred or has taken other courses of action to avoid the control of that command.

The presence of soldiers who are non-deployable worldwide in the mobilization pool creates a false sense of the Army's worldwide power projection force. For mobilization planning, a unit that reports C-1 in personnel is ready to deploy. But if those personnel that are 90% deployable are restricted from deploying to the area of the world where the operation is taking place, the mobilization process will inevitably slow down. In the event the personnel not available to deploy are in critical specialties or hold significant administrative position, the integrity of the unit is in jeopardy. In these days of diminished resources, the Army must maintain soldiers at the highest possible level of readiness. "If a person cannot deploy because of an existing condition, his continued participation in the Reserve should be questioned" claims MG Arthur Baiden, CG of the former 120th U.S. Army Reserve Command.<sup>25</sup> The Army can ill-afford to continue to fund the attendance of drilling reservists to unit training assemblies (UTAs) if the soldier is not a

mobilization asset. Additionally, a nondeployable soldier blocks the position they hold, so it cannot be filled with a viable member of the RC.

In missions that deploy for Operations Other Than War, we have recently witnessed a trend of incremental deployment. During Operation Joint Endeavor, recent observations of RC units and mobilized personnel indicate morale is high among the troops. The failure-to-show rates are low; there have been few major medical and dental problems.<sup>26</sup> But we should note that many of those mobilized for Operation Joint Endeavor were selected individuals, not entire units. With incremental deployments, approximately 25% of the unit is deployed at any particular time. This gradual call-up allows for the best and the brightest to be mobilized early. Additionally, many soldiers who deploy for the first 270 days extend for the next rotation, thereby relieving the unit of the requirement to replace the entire 25%.

However, full wartime deployment will not afford the luxury of incremental deployment. During partial mobilization of the unit, soldiers who are nondeployable assets would not be the soldiers selected to deploy. So we must not allow the success of incremental deployment to lead to complacency. In order to maintain the capability for full wartime deployment, we must do everything possible to maintain a fully mission capable force.

#### **Current Status of Deployment Issues**

The RC has made strides in improving the overall readiness of the USARC. Documented readiness reports indicate that 62% of

the RC units meet minimum standards for readiness in October of 1995, compared to 49% in October of 1992. The units in Force Support Packages 1 through 4 have increased their readiness from 49% in October 1992 to 76% in October 1995.<sup>27</sup>

The Army Reserve has instituted initiatives to manage resources in an effort to provide units and individuals with required supplies and services. Priority has been given to the units most in need--to those who were first in the fight. The Force Support Packages (FSP) were reorganized in November 1995. They were previously referred to as the Contingency Force Pool (CFP).

The FSP concept dictates that the tier I units, those in FSP 1-2, are given first priority for equipment, personnel, and training. The planning requires an overall readiness rating of C-2 or better in these units. The personnel requirement is C-1. To insure the deployability of personnel in these units they are given an authorized level of fill of 15% over the required personnel. Additionally they are appropriated funding for 100% of their full-time support. Tier I units make up 61% of USAR End Strength.

The tier II units, those in FSP 2-7 are allocated resources to maintain the units at the C-3 category or better. They are authorized no overmanning; 90% of their full time support is authorized only if the unit is designated for the first regional contingency; support falls to 70% of those authorized if they are designated for the second regional contingency. Tier II units

make up 122.5K of USAR End Strength.<sup>28</sup>

Resourcing of Tier III through V units falls to 70% and 40% of full time support respectively. They have no funding for schools or special training. Together they make up 19% of the USAR End Strength.

#### **Provisions of Title XI, U.S. Code**

Title XI of the National Defense Authorization Act for Fiscal Year 1993 became law in October 1992. Title XI provides for Army National Guard Combat Readiness Reform. In addition to addressing the training, education, and experience of personnel in the Army National Guard (ANG), the Act specifically addresses nondeployable personnel accountability and readiness.

Title XI directs the establishment of a personnel accounting category to report personnel readiness.<sup>29</sup> Furthermore, it directs transfer of members of the ANG who do not meet minimum physical profile standards required for deployment to that personnel accounting category. However, the physical profile standards for deployment vary depending on the area of deployment. For example, members with asthma who cannot tolerate dust cannot deploy to the desert. The Unit Status Report already identifies the members who do not meet minimum physical profile standards for world wide deployment; they are coded as nondeployable, mobilization assets. But there is no provision to code deployable members who have restrictions on areas of deployment.

The Act also requires each member of the ANG to undergo

medical and dental screening yearly; it also has a provision to ensure early-deploying units are dentally ready for deployment. This plan, developed by the Department of the Army, will cost an estimated \$1.8 million annually. The Army asserts that the cost of this plan for screening and prophylactic dental work far outweighs the benefits of this requirement.<sup>30</sup>

Requirements in Title XI call for both the ANG and the USAR to modify the readiness rating system to ensure an accurate assessment of RC unit deployability and to eliminate the shortfalls requiring additional resources. Nonetheless, without identification of members who have restrictions to their deployability, accurate estimates of personnel requirements required upon mobilization will not be available. AR 220-1, which provides guidance on preparing the Unit Status Report, was rewritten to meet this requirement. Yet gaps still exist in the identification of members who are not worldwide deployable.

Title XI of the U.S. Code identified requirements for readiness reform in the Army National Guard in 1992. The Department of the Army continues to analyze and report the feasibility of solutions. Implementation of all the requirements of Title XI are not yet underway. Funding restrictions account for this lack of progress on implementation.

### **Conclusions**

A smaller Active Army and the changing nature of the kinds of missions it is called upon to perform increase the Army's dependence on the Reserve Components. The Army needs the RC to

deploy its forces from their home stations in a rapid and efficient manner. Because the RC has become an integral part of the Total Army, the availability of the Reserve Component to support Active Army operational requirements and their capability to rapidly deploy is more important than ever.

Only a few years ago, we had 319,000 Army Reservists in the Selected Reserve. By 1998, we will be down to 208,000. We can ill afford to ignore any measures that improve personnel readiness. "Quality people, readiness, enhancements, selected modernization, and balance will provide the critical edge."<sup>31</sup>

FSP I/II units receive the highest funding priority for recruiting, training and equipping the force. They must be capable of deploying rapidly, anywhere our nation requires their services. When a unit is mobilized and subsequently deployed without 10-25% of its personnel<sup>32</sup>, that unit's mission-capability is significantly degraded. We must focus much effort on identification and disposition of non-deployable personnel prior to mobilization. Requirements at the mobilization site should entail reconstitution of those personnel that are expected to be nondeployable. Because units are more effective when they train together to support their wartime mission, all efforts should focus on a fully deployable force.

Commanders need easily managed tools to assess their units' capabilities. When a system is difficult to manage, other priorities take precedence. So the difficult job does not get done. As the Army gets smaller, we have less time to dedicate to

programs that are difficult to manage. We must simplify the system.

The personnel readiness portion of the USR--although intended as a tool, not as a reflection of poor performance on the part of the commander--continues to be used against the commander. This is an unfortunate carryover of the zero-defects mentality that the Army is struggling to shed.<sup>33</sup> These units are tempted to stretch the truth when compiling personnel and deployability reports, which only serves to make the problem worse. Identification of the problem is the first step in finding a solution. We must support commanders who are willing to confront the problems.

Personnel who are not world-wide deployable must also be identified. Many commanders find medical issues of deployment frustrating due to their lack of understanding of medical terms. Outcomes of medical exams must clearly enable the commanders to identify their soldiers' physical capabilities. The reporting system must be streamlined to improve the utilization of the information.

Streamlining of information can also facilitate family care plans for the RC. The active duty system of documenting and counseling is destined for failure in the RC environment, where members are not in immediate contact with their units. Family care responsibilities change from month to month. The required process of documentation currently in place, even if done correctly, does not guarantee accuracy of the members'

deployability status upon mobilization.

Commanders must continue to emphasize maintaining the status of all soldiers. Automation systems, although not fully implemented at this time, are available to continuously track the status of soldiers. Given the little time the member is in contact with the unit, we need efficient means of satisfying and updating relevant information. A user-friendly reporting system must identify soldiers within the unit who are mobilization assets, but who are not worldwide deployable. The system must be adjusted to accurately report relevant categories of deployability. Only then will commanders truly know the status of their units. We must enable them to successfully and efficiently mobilize and deploy to their designated theater of operations.

Command emphasis must be placed on soldiers to fully disclose their physical restrictions. There are a number of reasons for non-deployable soldiers; many cannot be avoided. Illness or injury of short duration, pregnancy, and family emergencies may impact deployability. When the conditions exist to render a soldier non-deployable for long periods of time, or indefinitely, they must be utilized in a position that does not negatively affect the mission of the unit. Commanders must exercise command policies and prerogatives to process those members appropriately.

#### **Recommendations**

Reduced funding should offer an incentive to identify creative means of improving readiness. Removing cumbersome and counterproductive systems can be done with a minimum of resources. I propose the following:

1. More detailed and accurate physical profiling during physical exams should be required. Upon completion of the physical exam, the profile should be specific, enabling non-medical administrative personnel to identify any deployability limitations through specific geographical codes.

2. Generate a geographic deployability field in the members personnel data file and the unit status report. As physical exams return to the units, the deployability code will be entered in the personnel data file. Link the deployability code in the personnel data file to the Unit Status Report. Improved efficiency would result if the examining personnel entered the data directly on the member's file.

3. Assign only worldwide deployable members to FSP I/II units. Members with deployability restrictions can temporarily fill the position in order to satisfy peace-time missions when a fully qualified member is not available.

4. Add temporary fill codes to the Unit Status Report. For recruitment and retention purposes, temporary fill positions will be considered vacant. Members in a temporary fill status can hold the position for only a limited time; thus the unit cannot overlook the need to permanently fill that position.

5. Link the system to the sign-in process. As members sign

into the unit during Unit Training Assemblies, they verify their deployability status. Currently they verify any changes in their address and phone number upon sign-in. Inclusion of the additional fields of changes in medical, dental, and family care status will easily update the system. Although this can be done on a paper system, plans to move the sign-in process to an automated system will add to its efficiency. Either way, the information goes directly into the individual's personnel data file. Incomplete data will result in withholding of pay (one of the major incentives for unit members to comply with requirements).

6. Accept that up to 25% of all members will have class 2/3 dental status. Upon mobilization, planning must include enough dental personnel to correct the members dental health. Through a well-organized effort, member's can achieve dental readiness while completing other requirements at the mobilization site.

7. Restructure the family care plan for RC personnel. Simplify the documentation through verification of status upon signing in during unit training assemblies. Remind members of their requirement through quarterly group counseling and administrative screening of required mobilization file reviews. Provide counseling for family care arrangements upon request.

Only through these and other creative solutions will the smaller Army of the future emerge as a force capable of meeting the nation's needs, wherever and whenever called upon to do so.



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