APPENDIX I

HEALTH SERVICE ASSESSMENT PLANNING

Section I. HEALTH SERVICE SUPPORT ESTIMATE

I-1. General

a. Planning for HSS operations in LIC is the same process used for HSS operations in the more traditional AMEDD roles. The HSS estimate of the situation is the basic tool used by the medical planner. A detailed discussion of each subparagraph of the HSS estimate is provided in FM 8-55. The information contained in this appendix supplements the discussion in FM 8-55. The considerations are similar; however, the range of options and courses of action are expanded. These expanded options include missions and functions not accomplished during the more traditional HSS operations (such as the assessment of the medical infrastructure of a HN).

b. All of the categories of the HSS estimate are presented in paragraph I-2. Some of the categories may seem contrived when applying them to a LIC situation. The medical planner must, therefore, interpret the categories and apply the pertinent information or modify the category to fit the operational scenario. For example, in discussion of opposition groups, it is conceivable that an organized opposition may not be apparent in a country where a HCA program or disaster relief effort is being conducted. The medical planner should, therefore, consider those situations and factors which could foster an insurgency or the formation of opposition groups and focus the HSS operations to correct anticipated deficiencies, thereby eliminating the possible threat.

c. Paragraphs I-3 through I-5 contain a format for preparing the veterinary, PVNTMED, and dental estimates.

d. The examples provided in this section do not include all possible scenarios or information needed to complete an estimate. They are included for illustrative purposes only.

I-2. Format for the Health Service Support Estimate

(Classification)

HEALTH SERVICE SUPPORT ESTIMATE OF THE SITUATION

Headquarters
Location
Date, time, and zone

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area (if required); sheet number and name (if required); edition and scale.*

1. MISSION: *(Statement of the overall HSS mission and category of operation to be supported [such as support for insurgency and counterinsurgency, combatting terrorism, peacekeeping, or peacetime contingency].)*

2. SITUATION AND CONSIDERATIONS:

a. Enemy (opposition) situation. *(In LIC this could include terrorist groups, insurgents, labor unions, HN forces, or other opposition groups or political factions found in the particular HN.*

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This subparagraph is viewed as groups opposed to the US-backed and supported groups, HN, and US national interests.)

(1) Strength and disposition. *(Included in this category are strongholds, areas sympathetic to the opposition group, or the size and type of organization of the opposition group.)*

(2) Combat efficiency. *(Information on any actual combat units or guerrilla forces, their training status, and their level of experience and expertise can be identified here. The level of HSS training and the development of a health care delivery system can also be discussed.)*

(3) Capabilities. *(Information on the actual capabilities of an opposition group to wage armed combat, or the potential of the group to initiate such action is included. Consideration should be given to the possibility of an opposition force being able to employ NBC weaponry.)*

(4) Logistic situation. *(This can include information on how well supplied the opposition force is with food clothing, or other vital logistic factors. The financial backing and availability of future support from outside individuals [such as from narcotic traffickers] or countries can also be included.)*

(5) State of health. *(Health service support resources available to the opposition group and their location or the general health status of this subpopulation should be considered.)*

(6) Weapons. *(This includes the types and quantities of weapons; amount of ammunition availability of NBC and directed energy weapons; sources and outside backing for obtaining weapons; and the potential for improving the state of the arsenal.)*

b. Friendly situation. *(This subparagraph is addressed from the perspective of the HN or US-backed group and US national interests.)*

(1) Strength and disposition. *(This could include information on the armed forces, guerrilla forces, strongholds, sympathetic areas, and support of the general populace.)*

(2) Combat efficiency. *(This includes the state of military and medical professional training and experience of the HN military or US-backed group; status of the development of a professional medical corps [including administrative, ancillary care, nursing, dental and veterinary specialties]; training in first aid [self-aid, buddy aid, and combat lifesaver skills] within the fighting forces; existence of formal TOE type units; level of training in PVNTMED measures, including personal hygiene and sanitation the development of its military and medical infrastructure; and, CS and CSS available to the force.)*

(3) Present and projected missions. *(This includes HN restrictions and limitations on the scope and objective of the mission the visibility of the HN to its population in implementing the programs, and the capability of the HN to continue the programs once US assistance is withdrawn.)*

(4) Logistic situation. *(This includes both the medical and nonmedical logistic situation. Information on the status of food clothing, or other vital logistic factors affecting the friendly forces should be included. Location of resupply points or activities, coordination for depot maintenance, and procedures for supply or resupply if the support facility is not located in the AO should be included. If the HN is not supplying the logistic support, an indication of the sources of support and the potential for continuance of support should be included.)*

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(5) Rear battle plan. *(This includes information on combatting terrorism measures or force security operations, if applicable.)*

(6) Weapons. *(This includes those weapons and riot control agents available to the force.)*

c. Characteristics of the area of operations. *(Included in this are geographical barriers and political borders)*

(1) Terrain. *(Special considerations include the effects on limiting the access to and availability of health care services for the general population; regionalizatin of the population which does not have access to improved roads; effects on camouflaging and protecting insurgents or guerrillas; or MOUT considerations and requirements.)*

(2) Weather. *(This includes seasonal weather, for example, which may further isolate villages and sections of the population due to flooding, or its adverse effect on a disaster relief mission or any other significant role it may play in an operation being planned.)*

(3) Civilian population. *(The civilian population takes on added importance in planning missions for the LIC environment. Often times, the civilian population is, in fact, the focus of the mission. A thorough understanding of the culture, language, political, economic, religious, and social situation of the populace involved is a crucial element in planning LIC operations. If conventional military operations are being undertaken in the area, the effect these operations have on the civilian population must be considered. The requirement for prosthetics, orthotics, and training of alternative daily living activities and skills of civilian victims of land mines or other combat-related traumatic injuries should also be considered. Estimates of civilian casualties resulting from MOUT operations requiring medical attention and the impact and number of refugees requiring medical care, preventive medicine, and veterinary support should be included.)*

(4) Flora and fauna. *(As in all military operations, personnel must be familiar with the particular plants, animals, and arthropods which are found in the operational environment. In LIC, this is important, as the resources available to control arthropod and rodent populations may not be available in LIC. This results in exposing the deployed forces to a greater incidence of disease and injury. The animal population of the region may play a significant role in the economic development of the region, and may, therefore, be the focus of the operation [refer to Appendix C].)*

(5) Local resources. *(In LIC scenarios, the availability of resources in the HN plays a significant role in shaping the CSS requirements of the deployed force. Availability of food, water, hospitalization services, and means of evacuation are only a few of the considerations in planning the CSS for an operation. Coordination needed to affect the HN support in the treatment of civilian casualties resulting from military operations should also be included.)*

(6) Other. *(This includes, but is not limited to, language capabilities and requirements; educational levels of the general population and HN military or US-backed group; state of development of the medical infrastructure for both the HN and the military; primary care capabilities; adequacy of secondary and tertiary hospital facilities; access to the health care delivery system; education and tranning levels of health care professions; morbidity and mortality statistics; availability of prosthetic and orthotic devises; education and training for rehabilitation programs; adequacy of sanitation facilities; religion; and status of the medical evacuation system. The availability of and access to radios, televisions, and other forms of communications are significant factors in developing training and educational programs focused on the populace.)*

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d. Strengths to be supported. *(This section of the estimate should be modified as required to fit the LIC mission. In some operations, such as peacekeeping operations, the type of support provided is mainly of a traditional type, and the supported population can be accurately projected. In other operations, such as the support for insurgency and counterinsurgency, the supported population may not be as easily defined. The requirements to support SOF elements with conventional medical resources should also be considered. Additionally, in LIC operations there will often be either a multiservice or multinational force involved. Health service support considerations should therefore, be thoroughly coordinated to ensure that duplication of services are avoided [consideration should also include HN, missionary, or other agency medical services and programs, if applicable]. Some of the classifications listed below pertain to categories recognized by the Geneva Conventions and may or may not be applicable to the planned operation.)*

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Allied forces.

(6) Enemy prisoners of war.

(7) Indigenous civilians. *(This is an important category and should be predicted as accurately as possible.)*

(8) Retainees. *(Enemy medical personnel are not considered as EPWs and should be identified as soon as possible to assist in providing medical care in the EPW compound.)*

(9) Internees.

(10) Others. *(Refugees from areas experiencing violent confrontations or oppression resulting from insurgency or counterinsurgency operations or from other countries should be included.)*

e. Health of the command. *(With the limited number of forces employed in LIC operations and their increased risk of exposure to arthropods, rodents, and endemic diseases, it is important to ensure all PVNTMED measures are taken.)*

(1) Acclimation of troops. *(When dealing with the limited troop ceilings normally associated with LIC operations, it is important to ensure that all appropriate preventive measures are taken.)*

(2) Presence of disease. *(This includes the endemic diseases which are not at a clinically significant level in the native population. Deploying forces may not be immune and the incidence of endemic diseases may increase with the disruption of* services *[such as sanitation and garbage disposal]. The status of potable water, water sources, and sanitation facilities in rural areas should be evaluated.)*

(Classification)

(Classification)

(3) Status of immunizations. *(This category may apply to both the military and civilian populations. The US military forces should receive all appropriate immunizations prior to deployment. The immunization of children against common childhood diseases can have a significant impact on the morbidity and mortality statistics of a nation.)*

(4) Status of nutrition. *(This category may apply to both the military and civilian populations and is a significant consideration when planning programs for children.)*

(5) Clothing and equipment. *(Considerations for specialized clothing and equipment necessary to operate in a particular climate or on a particular type of terrain should be included. Examples of clothing and equipment requirements are mosquito netting, jungle fatigues, winter parkas, skis, or mountain climbing equipment.)*

(6) Fatigue. *(The fatigue factor must be monitored as fatigue can contribute to lowering the resistance to disease and stress reactions.)*

(7) Morale. *(This is an important consideration when dealing with a HN military or a US-backed group. The availability and quality of medical care if wounded plays a significant role in the morale of a fighting force.)*

(8) Status of training. *(This was mentioned earlier in regard to military and professional training levels of the HN or US-backed groups. It can also be applied to the preparation of the US forces for the accomplishment of their mission in the LIC environment [instruction in language, customs, or the ability to operate in an advisory or teaching capacity].)*

(9) Other, as appropriate.

f. Assumptions. *(Assumptions may be required as a basis for initiating planning or preparing the estimate. Assumptions are modified when specific planning guidance and factual data become available.)*

g. Special factors. *(Mention items of special importance in the particular operation to be supported such as the requirement to provide combat stress management after a terrorist incident to victims, security forces, and care givers.)*

3. HEALTH SERVICE SUPPORT ANALYSIS:

a. Patient estimates. *(Indicate rates and numbers by type of unit, if providing traditional HSS. If providing HCA, indicate types and numbers of cases to be treated.)*

(1) Number of patients anticipated. *(This entry can apply to the types and numbers of patients expected to be treated on HCA projects and disaster relief operations. The medical planner and medical professionals must determine what type of cases will be accepted. Caution must be exercised to ensure that the operation is directed at providing treatment to those who will benefit the most and avoid over expenditure of scarce resources to treat exotic or interesting cases.)*

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(2) Distribution within an area of operations (space). *(This can include planning for operations to visit isolated villages [Appendix K] or in a disaster area.)*

(3) Distribution in time during the operation (evacuation time). *(This may include the time factors to reach isolated villages, to medically evacuate US personnel from the area for further treatment, or to provide aid during disaster relief operations.)*

(4) Areas of patient density. *(This could include the size of the villages and their relationship to one another; whether establishing a centrally located treatment station would benefit the population of a number of villages; areas under siege or where potential violence is anticipated pockets of injured in a disaster relief operation or mass casualties resulting from terrorist actions.)*

(5) Possible mass patients. *(This could include lucrative targets for terrorist acts [such as the Marine barracks in Beirut], areas experiencing an epidemic, or locations in a disaster relief operation.)*

(6) Lines of patient drift and evacuation. *(Although this is more fitting for conventional warfare scenarios, refugee evacuations do occur in LIC operations when insurgents or guerrillas try to establish strongholds within a city or region.)*

b. Support requirements.

(1) Evacuation. *(When limited US or allied health service elements are deployed in an AO, such as a peacekeeping operation thorough planning and coordination are required to ensure that adequate medical evacuation resources are available for routine care or mass casualty situations. Consideration must also be given to assessing the medical evacuation system within the HN or the US-backed group and providing suggestions or developmental plans for improving or establishing a formal evacuation system.)*

(2) Hospitalization. *(In LIC scenarios, hospitalization of US forces may not be possible in the immediate AO. It is, therefore, necessary to ensure that thoroughly coordinated plans with other US forces or commands, allied forces, or the HN are implemented to provide the anticipated hospitalization requirements. In assessing the HSS requirements for the HN the medical planner must consider the availability and adequacy of primary care; the adequacy and accessibility of the secondary and tertiary hospital system the size, training, and experience of the HN's pool of medical and nursing professionals; and the status of the HN or US-backed groups military hospitalization system.)*

(3) Medical supply, optical, and maintenance. *(Medical supply and maintenance of biomedical equipment are of a significant importance in developing nations. Medical planners must ensure that the HCA programs do not introduce the population to medicines, such as antibiotics, that will not be available to the people once US support is withdrawn. In the same line of thought, providing high technology medical equipment may not accomplish what was intended if the HN does not have the trained technicians to operate it, or to repair or replace the equipment once it malfunctions.)*

(4) Medical laboratory service. *(For US operational forces, medical laboratory service may be provided outside of the AO and, therefore, coordination for transportation of specimens and*

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resulting reports must be established. Within the HN the considerations may include developing a medical laboratory system within the HN military, or expanding the functions of the existing laboratories to process environmental specimens or suspected chemical and biological agents.)

(5) Blood management. *(This can include the availability of a safe blood supply for US forces or establishing a blood procurement, processing, and banking program for the HN or US-backed group.)*

(6) Veterinary services. *(The care and treatment of government-owned animals, food procurement, food inspection and HCA programs to increase the productivity and value of the HN's livestock [refer to Appendix C] can be included.)*

(7) Preventive medicine services. *(These services are important in protecting deployed US forces as well as tools used to increase the quality of life of the HN population or US-backed groups [refer to Appendix D].)*

(8) Dental services. *(This could include dental programs coming under HCA operations [refer to Appendix E].)*

(9) Command, control, and communications. *(In LIC, it is important that clear and concise lines of command are established and that military assistance is provided in consonance with the other agencies involved in the operation [Ambassador, country team, USAID, and other US agencies]. In assessing the HN military needs, the establishment of both command and technical channels for medical operations is essential.)*

(10) Others. *(This can include combat stress control [Appendix F] and the production of and requirements for prosthetic and orthotic devices and the training required for successful rehabilitation [Appendix G]).*

c. Resources available. *(Consider all sources available within the AO.)*

(1) Organic medical units and personnel. *(This includes US, allied forces, HN, or US-backed groups resources, or assistance available through the embassy.)*

(2) Attached medical units and personnel.

(3) Supporting medical units. *(This could include support provided by US or allied forces outside of the immediate AO, such as hospitalization provided in another country.)*

(4) Civil public health capabilities and resources. *(In LIC, this resource may be the focus of the operation. Assessment as to quality, quantity, and type of resources play an important role in shaping many of the operations conducted. This element may also include any medical missionary resources in the AO. Coordination for support and emergency medical treatment is required when due to military actions civilian casualties are generated.)*

(5) Detained opposition medical personnel.

(6) Medical supplies and equipment. *(Considerations should include the HN's ability to use and service equipment and the availability of medicines within the HN once US support is withdrawn.)*

(Classification)

(Classification)

(7) Medical troop ceiling.

d. Courses of action. *(As a result of the above considerations and analysis, determine and list all logical courses of action which support the commander's operational plan and accomplish the HSS or medical operation mission. Consider all SOPs, policies, directives, US, HN, or international laws, and procedures in effect. Courses of action are expressed in terms of WHAT, WHERE, WHEN, HOW, AND WHY.)*

4. EVALUATION AND COMPARISON OF COURSES OF ACTION:

a. *Compare the probable outcome of each course of action to determine which one offers the best chance of success. This may be done in two steps:*

(1) *Determine and state those anticipated difficulties which will have a different effect on the courses of action.*

(2) *Evaluate each course of action against each significant difficulty to determine strengths and weaknesses inherent in each.*

b. *Compare all courses of action listed in terms of significant advantages and disadvantages or in terms of the major considerations that emerged during the above evaluation.*

/s/ _____
Command Surgeon

Annexes (as required)

DISTRIBUTION: (Is determined locally.)

I-3. Format for the Veterinary Estimate

Headquarters
Place
Date, time, and zone

VETERINARY ESTIMATE OF THE SITUATION

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area, if required; sheet number and name, if required; edition; and scale.*

1. MISSION: *(Statement of specific veterinary mission in support of various operations [support for insurgency and counterinsurgency, combatting terrorism, peacekeeping, or peacetime contingency].)*

(Classification)

(Classification)

2. SITUATION AND CONSIDERATIONS:

a. Enemy (opposition) situation. *(Information contained in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to veterinary concerns.)*

(1) Strength and disposition of animals.

(2) State of health of the animals.

(3) Capabilities.

b. Friendly situation. *(Information contained in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to veterinary concerns.)*

(1) Size and posture of Class I supply system.

(2) Types of rations to be used.

(3) Status and source of Class I supplies.

(4) Strength and disposition of animals.

(5) Status of veterinary supply.

(6) Reliance of the HN economy on its livestock and ranching industry.

(7) Evacuation or retrograde of animals to CONUS.

c. Characteristics of the area of operations. *(Information contained in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to veterinary concerns.)*

(1) Terrain.

(2) Weather.

(3) Civilian population.

(4) Flora and fauna. *(This can include the agricultural products for feeding the livestock and predators which can endanger the livestock.)*

(5) Local resources.

(6) Other. *(Customs, culture, economic, religious, and social considerations that affect the care and management of livestock can be included.)*

d. Strengths to be supported. *(Normally a table is used to include food inspection support and animal support, if applicable.)*

(1) Army.

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(Classification)

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Allied forces.

(6) Enemy prisoners of war (if applicable).

(7) Indigenous civilians.

(8) Detainees.

(9) Retainees.

(10) Others. *(This category can also include refugees.)*

e. Health of animals of the command.

(1) Origin of animals.

(2) Presence of disease.

(3) Status of immunizations.

(4) Status of diagnostic tests.

(5) Status of nutrition.

(6) Care and management.

(7) Fatigue.

f. Assumptions.

g. Special factors. *(This can include coordination requirements with the HN or US-backed group, outside religious agencies, international health groups, and other US agencies [USAID and the Department of Agriculture].)*

3. ANALYSIS:

a. Veterinary service personnel estimate.

(1) Distribution of Class I installations.

(2) Distribution of subsistence (perishable and nonperishable).

(3) Local procurement.

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(4) Extent of inspection load of indigenous foods.

(5) Estimate of animal casualties.

(6) Establishing a food procurement system for the HN military or US-backed groups.

(7) Evacuation of animal casualties.

b. Veterinary support requirements.

(1) Food inspection.

(2) Environmental health.

(3) Veterinary supply.

(4) Hospital treatment.

(5) Evacuation.

(6) Other (civil-military). *(Establishing training programs, developing a veterinary service infratructure, and developing economic programs in conjunction with the HN or civilian banking industry can be included. Coordination with HN veterinary personnel or Ministry of Health or Agriculture or other appropriate agencies is required.)*

c. Veterinary resources available.

(1) Organic veterinary personnel.

(2) Attached veterinary units.

(3) Supporting veterinary units.

(4) Civil veterinary public health personnel.

(5) The veterinary troop ceiling.

(6) Veterinary personnel from other US agencies or allied forces.

(7) Status of veterinary supply.

d. Courses of action. *(As a result of the above considerations and analysis, determine and list all logical courses of action which will support the commander's operational plan and accomplish the HSS mission. Consider all SOPs, policies, and procedures in effect. Courses of action are expressed in terms of WHAT, WHEN, WHERE, HOW, and WHY.)*

4. EVALUATION AND COMPARISON OF COURSES OF ACTION:

a. *Determine the probable outcome of each course of action listed in paragraph 3d (above) when opposed by each significant difficulty identified. This may be done in two steps:*

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(1) *Determine and state those anticipated difficulties that will have an equal effect on the courses of action listed.*

(2) *Evaluate each course of action against each significant difficulty to determine strengths and weaknesses inherent in each course of action.*

b. *Compare all courses of action listed in terms of significant advantages and disadvantages or in terms of the major considerations that emerged during the above evaluation.*

5. CONCLUSIONS:

a. Indicate whether the mission set forth in paragraph 1 (above) can or cannot be supported.

b. Indicate which course of action can best be supported from the veterinary service standpoint.

c. Indicate the disadvantages of nonselected courses of action.

d. List the deficiencies in the preferred course of action that must be brought to the attention of the commander.

/s/ _____
Veterinary Staff Officer

Annexes *(as required)*

DISTRIBUTION:

(Is determined locally and includes the command surgeon.)

I-4. Example Format for the Preventive Medicine Estimate

Headquarters
Location
Date, time, and zone

PREVENTIVE MEDICINE ESTIMATE OF THE SITUATION

References: *List all maps, overlays, charts, or other documents required to understand the plan. References to a map will include the map series number and country or geographic area, if required sheet number and name, if required edition; and scale.*

(Classification)

(Classification)

1. MISSION: *(Statement of the specific PVNTMED mission in support of various operations [such as support for insurgency and counterinsurgency, combatting terrorism, peacekeeping, or peacetime contingency.)*

2. SITUATION AND CONSIDERATIONS:

a. Enemy (opposition) situation. *(Information contained in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to PVNTMED concerns.)*

(1) Communicable diseases in threat force or opposition.

(2) Threat sanitation levels.

(3) Threat public health capabilities.

(4) Level of field sanitation training.

(5) Nuclear, biological, and chemical capabilities.

(6) Laser capabilities.

b. Friendly situation. *(Information contained in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to PVNTMED concerns.)*

(1) Status of PVNTMED individual and unit supplies.

(2) Operational situation.

(3) Types of rations used.

(4) Unit PVNTMED readiness.

(a) Field sanitation team training and equipment.

(b) Individual and unit PVNTMED measures training and enforcement.

(5) Potable water.

(a) Sufficient production and distribution units.

(b) Sufficient availability and quantity.

(6) Availability of aircraft for aerial spray operations.

(7) Status of HN public health system.

(8) Status of sanitation facilities.

(9) Access to and availability of clean water in HN communities.

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(10) Status of immunizations for children.

(11) Status of community health education programs.

(12) Off-limit establishments.

c. Characteristics of the area of operations.

(1) Terrain. *(Discuss the following questions.)*

(a) Does the area of operations favor arthropod/vector populations?

(b) Is the area of operations at a high altitude?

(c) Is there water available?

(d) How will the terrain affect pest management?

(2) Climate and weather. *(Discuss the following questions.)*

(a) Will the season affect disease transmission?

(b) Will the season affect heat or cold injuries?

(c) Will the season affect disease vectors?

(d) Will the season affect the water supply?

(e) Will the season affect pest management operations?

(3) Civilian population. *(Discuss the following subjects.)*

(a) Endemic diseases.

(b) Epidemic diseases.

(c) Sources of disease on main supply route.

(d) Disease immunization status.

(e) Water treatment standards.

(f) Waste disposal practices.

(g) Nutritional standards.

(h) Civilian medical support and public health system.

(4) Flora and fauna. *(Discuss the following subjects.)*

(a) Arthropods in the area of operations.

(Classification)

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(b) Arthropods resistant to pesticides.

(c) Venomous animals and insects.

(d) Poisonous plants.

(5) Enemy prisoners of war, if applicable. *(Discuss the following subjects.)*

(a) Presence of disease.

(b) Number of detained public health officers.

(c) Disease immunization status.

(d) Nutritional standards.

(6) Other.

d. Strengths to be supported.

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Allied forces.

(6) Enemy prisoners of war, if applicable.

(7) Indigenous civilians. *(This category is important if planning HCA programs.)*

(8) Detainees.

(9) Retainees.

(10) Others. *(This can include refugees.)*

e. Health status of the command.

(1) Origin of the troops.

(a) Are they acclimated to the environment (heat, cold, altitude)?

(b) What are the endemic diseases?

(2) Presence of disease.

(3) Immunization status.

(Classification)

(Classification)

(4) Status of nutrition.

(5) Clothing and equipment.

(6) Fatigue and resistance to disease.

(7) Other.

f. Assumptions.

(1) *Is the assumption really necessary for the solution?*

(2) *Will the results change if the assumptions are not made?*

g. Special factors. *(Coordination requirements with HN or US-backed group, outside religious groups, international health groups, and other US agencies. Additionally, the impact culture, customs, or religious beliefs on providing PVNTMED services should be discussed.)*

3. ANALYSIS:

a. Estimates.

(1) Tasks involving arthropods and rodents.

(a) Disease and injury threat assessment.

(b) Survey and identification of requirements.

(c) Control requirements.

(2) Tasks involving environmental health.

(a) Heat.

(b) Cold.

(c) Water.

(d) Sanitation.

(e) Waste disposal.

(3) Tasks involving disease.

(a) Epidemiology.

(b) Immunizations.

(c) Prophylaxis.

b. Requirements.

(1) Supplies.

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(Classification)

(2) Equipment.

(3) Civil and military support.

c. Resources available.

(1) Organic PVNTMED personnel.

(2) Attached PVNTMED personnel.

(3) Supporting PVNTMED personnel.

(4) Status of unit field sanitation teams.

(5) Civilian public health personnel.

(6) Detained enemy (opposition) health personnel, if applicable.

(7) Preventive medicine troop ceiling.

(8) Preventive medicine supply status.

d. Preventive medicine courses of action. *(Determine, as a result of the above analysis, all logical courses of action which support the commander's operational plan and accomplish the HSS mission. Courses of action are expressed in terms of WHAT, WHEN, WHERE, HOW, and WHY.)*

4. EVALUATION AND COMPARISON OF PREVENTIVE MEDICINE COURSES OF ACTION: *(Compare each course of action against the obstacles that will be encountered and against the casualties which could result from inaction.)*

5. CONCLUSION: *(Decide which course of action will best fulfill the mission. List the major advantages and disadvantages of the selected course of action.)*

/s/_____
Preventive Medicine Staff Officer

Annexes *(as required)*

DISTRIBUTION: *(Is determined locally and includes the command surgeon.)*

I-5. Example Format for the Dental Estimate

Headquarters
Location
Date, time, and zone

DENTAL ESTIMATE OF THE SITUATION

(Classification)

(Classification)

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area, if required; sheet number and name, if required edition and scale.*

1. MISSION: *(Statement of the specific dental mission in support of various operations [such as support for insurgency and counterinsurgency, combatting terrorism peacekeeping, or peacetime contingency].)*

2. SITUATION AND CONSIDERATIONS:

a. Enemy (opposition) situation. *(Information contained in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to dental concerns.)*

(1) Strength and disposition.

(2) Combat efficiency.

(3) Capabilities.

(4) Logistic situation.

(5) State of health. *(This could include the impact that dental disease has on the opposition's readiness.)*

(6) Weapons.

b. Friendly situation. *(Information contained in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to dental concerns.)*

(1) Strength and disposition.

(2) Combat efficiency.

(3) Present and projected operations. *(This category can include limitations and restrications placed on the operation by the HN or due to social standing and religious beliefs.)*

(4) Logistics situation.

(5) Weapons.

c. Characteristics of the area of operations. *(Information in this section of the estimate is similar to that contained in paragraph I-2; however, it is tailored to dental concerns.)*

(1) Terrain.

(2) Weather.

(3) Civilian population. *(Status of oral health and factors adversely affecting oral health should be included.)*

(4) Local resources. *(This can include recess to and availability of local [civilian HN military, or US-backed group] dental services.)*

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(5) Other. *(This can include the state of nutrition and diet and its impact on oral health.)*

d. Strengths to be supported.

(1) Army.

(2) Navy.

(3) Air Force.

(4) Marines.

(5) Allied forces.

(6) Enemy prisoners of war (if applicable).

(7) Indigenous civilians. *(This category is of significant importance when planning HCA programs.)*

(8) Detainees.

(9) Retainees.

(10) Others. *(This category can include refugees.)*

e. Oral health of the command (or population supported).

(1) Present oral health.

(2) Processing for overseas replacement dental requirements upon arrival in theater met or not met.

(3) Dental preventive measures and education programs currently available.

f. Assumptions.

g. Special factors. *(Coordination requirements with HN or US-backed groups, outside religious groups, international health groups, and other US agencies. The impact of culture, customs, or religious beliefs on providing dental services can also be included.)*

3. ANALYSIS:

a. Dental service personnel estimate.

b. Patient estimates. *(Indicate rates and numbers by type of unit, or HCA or disaster relief operations.)*

c. Support requirements and resources available.

(1) Supply and equipment.

(a) Requirements. *(The requirements for electricity to run equipment and quantities of dental materials and medications are examples of information to include.)*

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(b) Availability. *(Source of logistic supply and resupply should be included.)*

(c) Limiting factors. *(This can include the effect the austere environment has on the dental mission isolation of villages, or other factors impacting on performing the dental mission.)*

(2) Transportation.

(a) Requirements. *(This can include transportation requirements for both the dental providers and the civilian popukation to reach a treatment area.)*

(b) Availability.

(c) Limiting factors. *(For example, the requirement to reach a village by foot or on a pack animal may limit the amount and type of equipment which can used.)*

d. Evacuation.

(1) Requirements. *(This could include considerations of what is available through allied forces, HN [civilian and military], or US-backed group resources.)*

(2) Availability.

(3) Limiting factors. *(This can include information for evacuation of US or allied forces or evacuation requirements for indigenous civilians for more definitive care within the HN or abroad.)*

e. Hospitalization.

(1) Requirements.

(2) Availability.

(3) Limiting factors.

f. Miscellaneous. *(Indicate any special or unusual organizational or other logistical considerations.)*

g. Special factors. *(This can include coordination requirements with the HN or US-backed groups, outside religious agencies, international health groups, and other US agencies.)*

4. EVALUATION AND COMPARISON OF DENTAL COURSES OF ACTION:

a. *Determine the probable outcome of each course of action listed in paragraph 3g (above) when opposed by each significant difficulty identified.*

b. *Compare all significant advantages and disadvantages.*

5. CONCLUSIONS:

a. Indicate whether the mission set forth in paragraph 1 (above) can or cannot be supported.

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b. Indicate which course of action can best be supported from the dental service standpoint.

c. Indicate the disadvantages of nonselected courses of action.

d. List the deficiencies in the preferred course of action that must be brought to the attention of the commander.

/s/ _____
Dental Surgeon

Annexes *(as required)*

DISTRIBUTION:

(Is determined locally and includes the command surgeon.

Section II. HEALTH SERVICE SUPPORT OR MEDICAL OPERATIONS PLAN

I-6. General

a. Once the HSS estimate is completed, the medical planner can proceed with developing the HSS plan for the proposed operation. As with the estimate, the same planning process for developing the traditional HSS or medical operations plan is used for LIC.

b. In this section the format for the HSS or medical operations plan and appropriate annexes is provided.

c. Paragraphs I-8 through I-10 provide the medical operations plan format for veterinary, PVNTMED, and dental services.

I-7. Format for the Health Service Support or Medical Operations Plan

Copy _____ *of* _____ *copies*
Headquarters
Location
Date, time, and zone

References: *List all maps, overlays, charts, or other documents required to understand the plan. Reference to a map will include the map series number and country or geographic area, if required; sheet number and name, if required; edition; and scale.*

Time Zone Used Throughout the Plan: *(Included only if used as the initial plan or if a major organization is to be affected.)*

Task Organization: Annex A (Task Organization) *(task organization may appear here, in paragraph three, or in an annex.)*

1. SITUATION: *(Provide information essential to understanding the plan.)*

a. Enemy (opposition) forces. *(Emphasis on capabilities bearing on the plan by terrorist groups, insurgents, labor unions, HN forces, or other opposition groups or political factions found in*

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a particular country. This subparagraph is viewed as groups opposed to the US-backed or supported groups, HN, and US national interests. Also, in LIC scenanios, information concerning grievances, causes for unrest, or other pertinent data can be included.)

b. Friendly forces. *(This is addressed from the perspective of the HN or US-backed group and US national interests. Emphasis is also placed on HSS functions or medical operations and responsibilities for higher and adjacent units.)*

c. Attachments and detachments. *(May be published as an annex pertaining to task organization. In a LIC scenario, HN, other US agencies or military services, or US-backed groups who will participate in the operation can be indicated in this subparagraph.)*

d. Assumptions. *(Include the minimum required for the planning process.)*

2. MISSION: *(Statement of the overall HSS or medical operations mission and category of operation to be supported [insurgency and counterinsurgency, combatting terrorism peacekeeping, or peacetime contingency].)*

3. EXECUTION:

a. Surgeon's concept of support for the medical operation. *(First lettered subparagraph provides a concise overview of planned HSS or medical operation.)*

b. Major medical command and control headquarters. *(The second lettered subparagraph identifies the major medical control headquarters and lists the tasks or missions assigned to it.)*

c. Other medical units. *(The third and subsequent lettered subparagraphs identify the remaining medical units in turn and list their respective tasks and missions.)*

d. Evacuation policy. *(The next to the last lettered subparagraph discusses the evacuation policy by phases of the operation if applicable.)*

e. Coordinating instructions. *(The final lettered subparagraph contains any coordinating instructions that may be appropriate to ensure continuity in HSS or the medical operation. This coordination should include requirements for interface with other US services, allied forces, HN, US-backed groups, other US agencies, country team, or social and religious groups, and international agencies, as deemed appropriate.)*

4. SERVICE SUPPORT:

a. Supply. *(Refer to SOP or another annex whenever practical.)*

(1) General supply. *(Provide special instructions applicable to medical units. Also consider stockage levels for all classes of supply, as units will be operating in an austere environment and at extended distances from the full complement of CSS resources.)*

(2) Medical supply (to include blood and blood products). *(Provide special procedures applicable to the operation.)*

(a) Requirements. *(For sustaining the US, allied, or multinational force.)*

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(b) Procurement. *(Provide detailed information on resupply and stockage levels required for the austere environment in which the operation will be conducted.)*

(c) Storage. *(Special procedures and equipment [such as refrigerators] requirements for maintaining storage and appropriate shelf life of medical supplies in an austere environment should be included.)*

(d) Distribution. *(This should include the method of distribution and any limitations or restrictions that are applicable. Additionally, if special transportation requirements exist, they should also be noted.)*

(3) Supplies required to accomplish LIC missions and not for the sustainment of the US, allied, or multinational force (HCA, disaster relief, or other category of LIC mission).

(a) Requirements. *(Includes estimates of the population to be supported or the number of patients anticipated to be treated; materials required for teaching or training health professionals; and medical educational programs for the population at large.)*

(b) Procurement. *(The funding source should be identified and procedures for obtaining the supplies described, as well as, any limitations or restrications on the use of the supplies should be included.)*

(c) Storage. *(Requirements for refrigeration or other special handling should be included.)*

(d) Distribution. *(Limitations and restrictions, as well as, transportation requirements should be included.)*

(e) Coordination. *(Interservice, allied force, US agencies, HN government, international groups, or other interested or involved parties should be included.)*

(4) Medical supply activities. *(This includes the location of the medical supply activity supporting the AO and means of communicating requests for resupply.)*

(5) Salvaged medical equipment and supplies.

(a) *For sustainment of the US force.*

(b) *For sustainment of LIC operational missions.*

(6) Captured enemy (opposition) medical supplies, if applicable. *(Should include disposition instructions.)*

(7) Civilian medical supplies. *(Should include resources for operation missions and training activities.)*

(8) Other medical supply matters.

b. Transportation and movements. *(This includes medical use of various transportation means.)*

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(1) General. *(Transportation in LIC scenarios often times includes moving the medical team from one treatment area or medical mission area to another. Transportation is often a critical factor in accomplishing the LIC mission.)*

(2) Ground. *(The availability of ground evacuation assets to sustain US forces should be discussed. Additionally, the assessment and development of a ground evacuation system and the training requirements for HN personnel [if applicable] can also be included.)*

(3) Rail. *(If available the treatment locations could be established along the railway or it could provide a means for the civilian population to travel to a treatment area or to move the medical team and equipment.)*

(4) Water. *(Considerations should include both inland and at sea transportation requirements or assets and the availability of ship board facilities for evacuation to and treatment.)*

(5) Air. *(The availability of aeromedical evacuation support for the supported force should be discussed. Additionally, the assessment of aeromedical evacuation requirements for a HN or US-backed group, the development of a medical evacuation system and the training of appropriate personnel can be discussed depending upon the category of LIC mission.)*

(6) Movement control and traffic regulation, if applicable.

c. Services.

(1) Services to medical units and facilities. *(Include information on the following services: laundry, bath, utilities, fire-fighting, construction real estate, graves registration, and religious, personnel and finance.)*

(2) Medical equipment maintenance.

(a) For the sustainment of US force.

(b) For the sustainment of the LIC operational mission, including teaching medical equipment repair skills.

d. Labor. *(Include policies, agreements, or arrangements on the use of civilian or other personnel for labor.)*

e. General maintenance. *(This includes priority of maintenance and the location of repair facilities.)*

5. EVACUATION, TREATMENT, AND OTHER HEALTH SERVICES:

a. Evacuation.

(1) Evacuation of supported US, allied, or multinational forces, including evacuation policy, medical regulating, en route medical care, and modes of transportation.

(a) Requirements to include mass casualty situations.

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(b) Units. *(Include information on the units providing this support and appropriate communications information.)*

(c) Other. *(This can include information on assets which may be used in an emergency, such as diplomatic flights.)*

(2) Evacuation of HN civilians or military, US-backed groups, or other categories of personnel including any limitations and restrictions.

(3) Assessing and developing an evacuation system for a HN or US-backed group including any limitations and restrictions.

(4) Other activities pertaining to evacuation functions in a LIC scenario.

b. Treatment.

(1) Treatment of supported US, allied, or multinational forces, including arrangements for hospitalization, mass casualty situations, or other treatment considerations.

(a) Policies. *(Treatment and hospitalization policies to include civilians, EPW, or other category of personnel.)*

(b) Units. *(This includes information concerning the location, capabilities, and communications means of units providing support.)*

(c) Other. *(This can include information on other medical assets which may be used in an emergency, such as the embassy physician.)*

(2) Treatment of HN civilian or military personnel, US-backed groups, or other categories of personnel. *(This includes limitations and restrictions, hours of operation, and procedures to cover emergencies and mass casualty situations.)*

(3) Assessing and developing a primary care system for the HN or US-backed group; adequacy of secondary and tertiary hospitals; or other treatment related missions.

c. Veterinary. *(Refer to paragraph I-8.)*

d. Preventive medicine. *(Refer to paragraph I-9.)*

e. Dental. *(Refer to paragraph I-10.)*

f. Other health services. *(This includes information pertinent to the other HSS functions and services: medical laboratory service, blood management, combat stress control, prosthetic and orthotic devises and required training, and required command, control, and communications.)*

6. MISCELLANEOUS: *(Address areas of support not previously mentioned which may be required or needed by subordinate elements in the execution of their respective HSS mission: command post locations, signal instructions, medical intelligence, claims, special reports that may be required and international or HN support agreements affecting HSS.)*

/s/ _____
(Commander/Command Surgeon)

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Appendixes

DISTRIBUTION: *(Is determined locally.)*

I-8. Format for the Veterinary Service Portion of the Health Service Support or Medical Operations Plan

Veterinary Service

1. Food inspection.
   a. Procurement inspection policy.
   b. Units. *(Provide location, hours of operation, or other pertinent information.)*
   c. Captured and/or contaminated ration inspection policy.
2. Evacuation policy.
3. Hospitalization. *(Provide location of units providing this support.)*
4. Dispensary service. *(Provide treatment locations and hours of operation.)*
5. Veterinary care plans and programs for HN livestock.
6. Training and education programs for HN personnel.
7. Development of HN military veterinary infrastructure.

I-9. Format for Preventive Medicine Portion of the Health Service Support or Medical Operation Plan

Preventive Medicine

1. Medical threat. *(From the PVNTMED estimate, give a brief overview of the threat.)*
   a. Environmental injuries.
   b. Diarrhea.
   c. Arthropod.
   d. Other.
2. Concept of support.
   a. Individuals.
   b. Units.

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c. Major units.

d. Preventive medicine teams.

3. Responsibilities.

a. General policies. *(State policies applying to all soldiers within the command.)*

(1) Individual PVNTMED measures.

(2) Specific policies.

b. Unit commanders.

(1) Environmental injuries.

(2) Diarrhea.

(3) Arthropod

(4) Other.

c. Specific unit commander's responsibilities.

I-10. Format for the Dental Service Portion of the Health Service Support or Medical Operations Plan

Dental Service

1. Assignment of responsibilities. *(Provide information concerning treatment locations, hours of operation, and services available at each location.)*

2. Detection.

3. Prevention, to include developing educational programs for the HN populace.

4. Treatment, to include available services, outreach programs, or other pertinent information.

5. Reporting, as required by command policy, regulation, HN agreements and laws, and unit SOPs.

6. Evacuation and hospitalization requirements.

7. Mass casualty plans.

8. Supplies and training materials.

9. Miscellaneous dental matters.

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