

APPENDIX C

PLANS, ORDERS, AND ANNEXES TO PLANS AND ORDERS

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Example C-1. FORMAT FOR THE HEALTH SERVICE SUPPORT PLAN

(Classification)

copy _ of _ copies
Headquarters
Location
Date, time, and zone

HEALTH SERVICE SUPPORT PLAN

References: *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 effected.)*

Task Organization: Annex A (Task Organization) *(Task organization may appear here, in paragraph 3, or in an annex.)*

1. SITUATION. *(Provide information essential to understanding of plan.)*
 - a. Enemy forces. *(Emphasis on capabilities bearing on plan.)*
 - b. Friendly forces. *(Emphasis on HSS functions and responsibilities for higher and adjacent units.)*
 - c. Attachments and detachments. *(May be published as an appendix, task organization.)*
 - d. Assumptions. *(Minimum required for planning purposes.)*
2. MISSION. *(Statement of the overall HSS mission [WHO, WHAT, WHEN, WHERE, AND WHY].)*
3. EXECUTION.
 - a. Surgeon's concept of support. *(First lettered subparagraph provides a concise overview of planned HSS operation and its purpose.)*
 - b. *(The second lettered subparagraph identifies the major subordinate headquarters and lists the missions assigned to it.)*

(Classification)

Example C-1. FORMAT FOR THE HEALTH SERVICE SUPPORT PLAN (Continued)

 (Classification)

c. *(The third and subsequent lettered subparagraphs identify the remaining major subordinate units in turn and provide their respective missions.)*

d. **Coordinating instructions.** *(The final lettered subparagraph contains any coordinating instructions that may be appropriate to ensure continuity in HSS.)*

4. SERVICE SUPPORT.

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

(1) **General supply.** *(Provide special instructions applicable to medical units.)*

(2) **Medical supply.** *(Provide special procedures applicable to this operation.)*

(a) **Requirements.**

(b) **Procurement.**

(c) **Storage.**

(d) **Distribution.**

(3) **Health service logistics units.** *(Give the locations, mission, hours of opening and closing, and troops supported for each medical supply unit. An overlay may also be used for clarity.)*

(4) **Salvage of medical equipment and supplies.**

(5) **Captured enemy medical supplies.**

(6) **Civilian medical supplies.**

(7) **Other medical supply matters.**

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

(1) **Ground.**

 (Classification)

Example C-1. FORMAT FOR THE HEALTH SERVICE SUPPORT PLAN *(Continued)*

(Classification)

(2) Rail.

(3) Water (inland and/or sea).

(4) Air.

(5) Movement control and traffic regulation.

c. Services.

(1) Services to HSS units and facilities. *(Include information on the following services: laundry, bath, utilities, fire fighting, construction, real estate, mortuary affairs, and control of patients discharged from hospitals.)*

(2) Medical equipment maintenance. *(Include in separate subparagraphs the location, mission, hours of opening or closing of medical maintenance and for optical repair teams, unless included as attachments to health service logistics units.)*

d. Labor. *(Include policies on the use of civilian or other labor personnel. Comply with existing agreements or arrangements.)*

e. Maintenance. *(Include priority of maintenance, location of facilities, and collecting points.)*

5. EVACUATION, TREATMENT, HOSPITALIZATION, AND OTHER HEALTH SERVICES.

a. Evacuation.

(1) Evacuation of patients from the United States uniformed services (Army, Navy, Air Force, Marines, or Coast Guard), DOD civilians, allied forces, coalition forces, EPW, US national contract personnel, indigenous and third country civilians, detainees, internees, others.

(2) Requirements. *(List requirements, including percentage evacuated by air or sea transportation means.)*

(3) Units. *(Give location, mission, and attachments for each subordinate evacuation unit.)*

(4) Evacuation policy. *(Provide evacuation policy by phases of the operation.)*

(Classification)

Example C-1. FORMAT FOR THE HEALTH SERVICE SUPPORT PLAN (Continued)

(Classification)

b. Treatment and hospitalization.

(1) Policies. *(State treatment and hospitalization policies, to include civilians and EPW.)*

(2) Units. *(Under separate subparagraphs for each hospital /treatment facility, give location, mission, hours of opening or closing, and attachments.)*

(3) Dispensary services. *(Under separate subparagraph, give location, mission, hours of opening or closing, and troops supported.)*

c. Other health services. *(Include blood management; medical laboratory, dental, veterinary, PVNTMED, and CSC services; and required command, control, communications, computers, and intelligence.)*

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 host-nation support agreements affecting HSS.)*

/s/
Commander Command
Surgeon

Annexes

Distribution:

(Classification)

**Example C-2. FORMAT FOR THE DENTAL SERVICE PORTION OF THE
HEALTH SERVICE SUPPORT PLAN**

(Classification)

DENTAL SERVICE

1. ASSIGNMENT OF RESPONSIBILITIES. *(A separate subparagraph is included for each unit giving location, mission, and attachments if indicated.)*
2. PREVENTION. *(Identify preventive measures to be performed by the individual, troop units, and dental units to reduce dental casualties.)*
3. TREATMENT. *(Include types of dental care to be provided and prioritization of treatment.)*
4. ALTERNATE WARTIME ROLE. *(Establish guidelines for dental personnel to support hospital units when required by heavy patient loads.)*
5. REPORTING. *(Include basic information to be reported, such as number of patients seen, type of care provided, and patient dental classification. This information is reported from the DTF through the dental operational chain of command. This information is essential for planning and resource allocation. Commanders and dental staff officers at all levels evaluate this information, identify trends, and make operational decisions accordingly.)*
6. MISCELLANEOUS DENTAL MATTERS. *(Include specific clinical protocols appropriate for the situation such as definitive crown and bridge procedures will not be initiated.*

(Classification)

Example C-3. FORMAT FOR THE VETERINARY SERVICE PORTION OF THE HEALTH SERVICE SUPPORT PLAN

(Classification)

VETERINARY SERVICE

1. FOOD INSPECTION.

- a. Procurement inspection policy.
- b. Captured ration inspection policy.
- c. Nuclear, biological, and chemical contaminated ration inspection policy.
- d. Units. *(Under separate subparagraphs for each unit, give location, mission, hours of opening or closing, and attachments, if indicated. Include specific location, type, and name of units requiring inspection services.)*

2. EVACUATION POLICY FOR MILITARY WORKING DOGS.

- a. Evacuation requirements.
- b. Units participating in evacuation. *(Under separate paragraph, include location, mission, and attachments of each subordinate evacuation unit.)*
- c. Special requirements for animals subjected to NBC agents.

HOSPITALIZATION OF GOVERNMENT-OWNED ANIMALS. *(Under separate subparagraphs for each hospital, give location, mission, hours of opening or closing, and attachments, if indicated.)*

4. VETERINARY OUTPATIENT SERVICE. *(Under separate subparagraphs for each facility, give location, mission, hours of opening or closing, and attachments or animals supported.)*

5. VETERINARY SUPPORT TO HUMANITARIAN CIVIC-ACTION PROGRAMS. *(When veterinary support of humanitarian civic-action programs has been authorized, separate subparagraphs identify-*

- Ž Each veterinary unit providing support.
 - Each unit's area of responsibility.
 - The type and extent of veterinary support to be provided.

(Classification)

Example C-4. FORMAT FOR THE PLAN FOR PREVENTIVE MEDICINE DETACHMENTS

(Classification)

PREVENTIVE MEDICINE DETACHMENTS

1. SITUATION. *(Provide information essential to understanding of plan.)*
2. MISSION. *(Statement of the unit support mission.)*
3. EXECUTION.
 - a. Concept of support. *(Indicate how PVNTMED teams integrate their activities into the units supported.)*
 - b. Units *(subparagraph for each PVNTMED team).*
 - (1) Mission. May be several statements giving–
 - (a) Area/general support missions (such as *arthropod surveillance within corps AO*).
 - (b) Unit support missions *(such as PVNTMED support to separate brigade during an operation)*.
 - (c) Specific support missions *(such as arthropod control along MSR and retrograde cargo inspection at port)*.
 - (2) Location (unit HQ).
 - (3) Attachments (if applicable).
 - (4) Coordination instructions *(consider the relationship needed among PVNTMED teams and units they support, direct coordination, and any reporting requirements)*.

(Classification)

Example C-5. FORMAT FOR THE PREVENTIVE MEDICINE PORTION OF THE HEALTH SERVICE SUPPORT PLAN (MEDICAL SECTION OF A UNIT)

(Classification)

PREVENTIVE MEDICINE

1. **MEDICAL THREAT.** *(From the PVNTMED estimate, give a brief picture of the size of the threat.)*
 - a. **Heat/cold.** *(Example: Units conducting combat operations, especially in MOPP Level 4 and/or in enclosed vehicles, can expect heat casualties in excess of 10 percent of strength within hours if PVNTMED measures are not enforced.)*
 - b. **Diarrhea.** *(Example: The threat from diarrheal casualties should be low for units consuming MRE and treating all water. Units preparing Class A or B rations or not treating water could experience 20 percent diarrheal casualties in hours to days if PVNTMED measures are not enforced.)*
 - c. **Biting arthropods.** *(Example: Units should experience few casualties from diseases caused by biting arthropods if proper personal hygiene is practiced and required laundry support is provided. Poor personal hygiene / laundry support could result in significant casualties from louse-carried diseases within weeks.)*
 - d. **Other.** *(Consider the threat from diseases such as those of the skin, upper respiratory infections, and schistosomiasis. Also consider performance detractors such as eye injury due to laser devices, hearing threshold shifts due to noise exposure, or disrupted physical motor skills from carbon monoxide exposure due to firing weapons in an enclosed vehicle.)*
2. **CONCEPT OF SUPPORT.** *(Give a brief overview of the integration of PVNTMED at different levels.)*
 - a. **Individuals.** *(Example: Perform individual PVNTMED measures.)*
 - b. **Units.** *(Example: Enforce individual PVNTMED measures; perform unit PVNTMED measures.)*
 - c. **Major units.** *(Example: Monitor PVNTMED status of command; request support.)*
 - d. **Division PVNTMED personnel.** *(Example: Provide support on an area basis.)*
 - e. **PVNTMED detachment.** *(Example: Provide support with priority to combat units.)*

(Classification)

**Example C-6. FORMAT FOR THE PREVENTIVE MEDICINE PORTION OF THE
HEALTH SERVICE SUPPORT PLAN (MEDICAL SECTION OF A UNIT) (Continued)**

(Classification)

3. RESPONSIBILITIES.

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

(1) Individual PVNTMED measures. *(See Chapter 11, for listing.)*

(2) Specific policies. *(Example: Policies concerning off-limits areas and immunizations.)*

b. Unit commanders. *(Indicate specific requirements which all unit commanders must enforce within their units. Start with unit PVNTMED measures [see Chapter 11] as a basis and add requirements specific for this operation).*

(1) Heat/cold. *(Example: Ensure that each soldier is issued an additional canteen, sunscreen, and specified zone clothing.)*

(2) Diarrhea. *(Example: Obtain food from Class I points only; obtain water from water supply points only.)*

(3) Biting arthropods. *(Example: Ensure each soldier is issued arthropod repellent before deploying.)*

(4) Other.

c. Specific unit commander's responsibilities. Examples:

(1) Medical units: *(*Reporting responsibilities for diseases /injuries received or admitted. Infectious waste disposal policy.)*

(2) Quartermaster units: *(*Reporting responsibilities of location of water supply points and laundry exchange.)*

(3) Subordinate units: *(Attachments of PVNTMED teams.)*

*These reporting requirements may already be defined in the unit tactical SOP.

(Classification)

Example C-6. FORMAT FOR THE COMBAT STRESS CONTROL PORTION OF THE HEALTH SERVICE SUPPORT PLAN

(Classification)

COMBAT STRESS CONTROL

- a. Concept of support. *(Indicate how MH personnel [teams/units] integrate their activities into the units supported.)*
- b. Teams/units. *(Subparagraph for each CSC/MH team / unit.)*
 - (1) Mission. May be several statements giving–
 - (a) Area/general support missions.
 - (b) Unit support missions.
 - (c) Specific support mission *(such as reconstitution support, host-nation support)*.
 - (2) Location (unit HQ and deployed teams).
 - (3) Attachments (if applicable).
 - (4) Coordination instructions. *(Consider the relationship needed among MH teams and units they support [direct coordination] and any reporting requirements.)*

(Classification)

Example C-7. OPERATION PLAN/ORDER (MEDICAL BRIGADE)

 (Classification)

*Copy_ of _ copies
80th Medical Brigade
Anytown (RS4240),
Euralandia
141300S Sep
YZ51*

OPERATION PLAN/ORDER 1

- References:
- a. Map, series V451, Euralandia-Crisland, sheet NM 12-1 (Jameson-Helsey), edition 2, 1:50,000.
 - b. ADMIN/LOGPLAN/Order 1- 10th (US) Corps.
 - c. OPLAN/ORDER 1- 145th COSCOM.

Time Zone Used Throughout the Plan: SIERRA

Task Organization: Annex A (Task Organization) *(Task organization may appear here, in paragraph 3, or in an annex.)*

1. SITUATION.

a. Enemy forces. (Current periodic intelligence report [PERINTREP], 10th (US) Corps with emphasis on medical aspect of the enemy situation.)

(1) Enemy has capability to use NBC weapons.

(2) Enemy has capability to execute airborne or airmobile operations into rear areas.

b. Friendly forces.

(1) On order, corps defends with 23d Armored Div in the North, 42d Infantry (Inf) Div in the center, 31st Inf Div (Mechanized [Mech]) in the south, The 123d ACR OPCON to the 42d Inf Div. On D day, H hour, divisions conduct defensive operations in the covering force area to strip away threat reconnaissance elements and destroy assaulting first-echelon regiments east of the division forward edge of the battle area (FEBA).

 (Classification)

Example C-7. OPERATION PLAN/ORDER (MEDICAL BRIGADE) (Continued)

(Classification)

(2) 86th MEDCOM provides Echelon IV HSS.

(3) Elements of the 475th Aeromedical Airlift Wing provide tactical aeromedical evacuation support.

(4) 145th COSCOM provides CSS.

(5) 14th Engineer Bde provides engineer support.

(6) Elements of military region command coordinate host-nation support.

(7) 314th Air Defense Artillery (ADA) Gp provides air defense coverage.

c. Attachments and detachments. Annex A (Task Organization).

d. Assumptions. *(NOTE: This subparagraph is used only in OPLANS to indicate those situations/conditions that the commander believes will exist at the time the OPLAN becomes an OPORD.)*

(1) Host-nation agreements will be honored.

(2) Minimum warning time of 30 days will be received.

2. MISSION.

80th Med Bde provides HSS to all US units operating within the 10th (US) Corps' AO and other forces as directed not later than (NLT) 151300S Sep 92 to support 52d Mech Div in counterattack objective area RED. Also provides Echelons I and II care to corps troops.

3. EXECUTION.

a. Concept of HSS. Hospitalization will be provided by MASHs and CSHs on an area basis, nearest the supported elements, and augmented when required. Patient evacuation will be provided by air and ground ambulances within the corps area. Movement of patients by air is the preferred means of evacuation. Annex B (Operation Overlay).

(Classification)

Example C-7. OPERATION PLAN/ORDER (MEDICAL BRIGADE) (Continued)

(Classification)

b. 88th Med Gp.

(1) Provide HSS in support of units assigned/attached to 10th (US) Corps located within 11th Spt Gp area.

(2) Be prepared to establish alternate 80th Med Bde forward command post (CP).

(3) Be prepared to reinforce forward divisions in contact with patient evacuation and treatment units as required.

(4) Position air and ground ambulances within AO as required.

(5) Act as alternate Med Bde HQ on order.

c. 89th Med Gp.

(1) Provide HSS in support of units assigned/attached to 10th (US) Corps located within 12th Spt Gp area.

(2) Position air and ground ambulances within AO as required.

(3) Be prepared to reinforce other corps-level medical air evacuation units.

(4) Be prepared to reinforce forward divisions in contact, with patient evacuation and treatment units as required.

d. 845th Med Bn, Log (Fwd).

(1) Provide medical supply, optical fabrication, and medical equipment maintenance support to 10th (US) Corps.

(2) Provide food service support to HHD, 88th Med Gp.

e. HHC, 80th Med Bale. Provide food service support, motor maintenance, and administrative support to 8823d Med Det (Vet Svc) and 826th Med Bn (Den Svc).

f. Coordinating instructions.

(Classification)

Example C-7. OPERATION PLAN/ORDER (MEDICAL BRIGADE) (Continued)

(Classification)

(1) This plan is effective for planning on receipt and for implementation on order. *(NOTE: This instruction is provided only in an OPLAN.)*

(2) Supporting plans will be submitted to this HQ NLT 72 hours after issue of this OPLAN.

(3) Maximum use of technical channels is directed.

(4) Direct coordination between subordinate units and supported elements is directed.

(5) Direct coordination between medical aviation (avn) units with corps/division airspace management element is directed.

(6) Chemical MOPP 1 is in effect. Be prepared to increase MOPP on short notice.

(7) Be prepared to displace on order.

(8) Rear area protection.

(a) Units located within base clusters will comply with defense and ADC procedures established by the base cluster operations center. **(NOTE: The GWS does not itself prohibit the use of Article 24 personnel in perimeter defense of nonmedical units such as unit trains logistics areas or base clusters under overall security defense plans, but the policy of the US Army is that Article 24 personnel will not be used for this purpose. Adherence to this policy should avoid any issues regarding their status under the GWS due to a temporary change in their role from noncombatant to combatant. Medical personnel may guard their own unit without any concurrent loss of their protected status. See FM 8-10.)**

(b) Units not located within base clusters will comply with defense and ADC instructions of the respective support group.

(c) Units traveling along the MSR will contact nearest military police unit for support in the event of attack by threat forces.

(9) Operations security. Annex C (Operations Security.)

(10) Direct coordination with the 475th Aeromedical Airlift Wing for patient evacuation is authorized.

(11) HQ 88th and 89th Med GP will report times of opening and closing of all treatment facilities to this HQ. The 845th Med Bn, Log (Fwd), 8823d Med Det (Vet Svc), 826th Med Bn (Den Svc),

(Classification)

Example C-7. OPERATION PLAN/ORDER (MEDICAL BRIGADE) (Continued)

(Classification)

and 803d Med Bn (Area Spt) will report opening and closing times of subordinate elements directly to this HQ.

4. SERVICE SUPPORT.

Annex D (Service Support)

5. COMMAND AND SIGNAL.**a. Command.**

(1) 80th Med Bde CP initially vicinity (WC) of MJ476231.

(2) Alternate CP 88th Med Gp VIC of TV337465.

b. Signal (Sig).

(1) 21st Sig Bde provides sig support.

(2) Signal Operation Instructions (SOI) Index 4 in effect.

(3) Minimize in effect until lifted.

Acknowledge.

JONES
BG

OFFICIAL:
BAKER
SPO

Annexes:

- A—Task Organization
- B—Operation Overlay (omitted)
- C—Operations Security (omitted)
- D—Service Support

Distribution: A

(Classification)

**Example C-8. ANNEX TO OPERATION PLAN/ORDER-TASK ORGANIZATION,
MEDICAL BRIGADE**

(Classification)

ANNEX A (TASK ORGANIZATION) to OPERATION PLAN/ORDER 1—80th Med Bde

80th Med Bde

2250 Mil Hist Det
845th Med Bn, Log (Fwd)
9906 Med Team (Infect Dis)

8823 Med Det (Vet Svc)

8826 Med Det (Vet Svc) (Sml)
8826 Med Det (Vet Svc) (Sml)
8827 Med Det (Vet Svc) (Sml)
8828 Med Det (Vet Svc) (Sml)
8829 Met Det (Vet Svc) (Sml)
8830 Met Det (Vet Svc) (Sml)

826 Med Bn (Den Svc)

8267 Med Co (Den Svc)
8268 Med Co (Den Svc)
8269 Med Co (Den Svc)

88th Med Gp

83d MASH
805th CSH
8902 Med Team (Head & Neck)
8903 Med Team (Head & Neck)

806th CSH

8904 Med Team (Eye Surg)
8905 Med Team (Eye Surg)

807th CSH

800th Med Bn (Evac)

840th Med Co (AA)
845 Med Co (GA)
846th Med Co (GA)

805th Med Bn (Area Support)

7870 Med Co (Area Support)
7871 Med Co (Area Support)
7872 Med Co (Area Support)

(Classification)

**Example C-8. ANNEX TO OPERATION PLAN/ORDER-TASK ORGANIZATION,
MEDICAL BRIGADE (Continued)**

(Classification)

7888th Med Co (CSC)
7890TH Med Co (CSC)
7891ST Med Det (CSC)
7868th Med Det (Sani)
7869th Med Det (Sani)
7876th Med Det (Ento)
7877th Med Det (Ento)

89th Med Gp

84th MASH

809th CSH

9900 Med Team (Neuro)

9901 Med Team (Neuro)

810th CSH

9902 Med Team (Head and Neck)

9904 Med Team (Eye Surgery)

811th CSH

9903 Med Team (Head and Neck)

9905 Med Team (Eye Surgery)

812th CSH

813th CSH

801st Med Bn (Evac)

850 Med Co (Air Ambulance)

851 Med Co (Air Ambulance)

855 Med Co (Ground Ambulance)

856th Med Co (Ground Ambulance)

803d Med Bn (Area Support)

8855 Med Co (Area Support)

8856 Med Co (Area Support)

8857 Med Co (Area Support)

8888 Med Co (CSC)

8890 Med Det (CSC)

8891 Med Det (CSC)

8868 Med Det (Sani)

8869 Med Det (Sani)

8876 Med Det (Ento)

8877 Med Det (Ento)

(Classification)

**Example C-9. ANNEX TO OPERATION PLAN/ORDER-SERVICE SUPPORT,
MEDICAL BRIGADE**
(Classification)

ANNEX D (SERVICE SUPPORT) to OPERATION PLAN/ORDER 1—80th Med Bde

- References:
- a. Map, series V451, Euralandia-Crisland, sheet NM 12-1 (Jameson-Helsey), edition 2, 1:50,000.
 - b. ADMIN/LOGPLAN/Order 1 - 10th (US) Corps.
 - c. OPLAN/Order 1 - 145th COSCOM.

Time Zone Used Throughout the Plan: SIERRA

1. GENERAL.

a. This annex prescribes CSS for the 80th Med Bde and assigned/attached units. Annex A (Task Organization Combat service support operations will be conducted IAW 10th (US) Corps Field SOP and 145th COSCOM Field SOP.

b. The 80th Med Bde is supported by the 145th COSCOM. Appendix 1 (Sources of Support).

2. MATERIEL AND SERVICES.

a. Supply.

(1) Class I and VI. Units will draw rations and sundry packs from their supporting Supply and Transport (S&T) Co daily. All units maintain two days reserve of MRE. Class VI sundry packs will be issued gratuitously through Class I distribution points.

(2) Class II, III (package), and IV.

(a) Units will request supplies from their supporting S&T Co as required. Class IV controlled items will be issued only to support approved construction projects and will be requisitioned through command channels.

(b) The following Class IV items are command controlled.

- 1. Cement, Portland

(Classification)

**Example C-9. ANNEX TO OPERATION PLAN/ORDER-SERVICE SUPPORT,
MEDICAL BRIGADE (*Continued*)**

(Classification)

2. Barbed tape
3. Wire, 16 gage

(3) Class III (bulk) will be distributed by the S&T Co Class III supply points. Units with bulk fuel handling vehicles will pick up at area Class III distribution points. Unit fuel allocations will be determined by Commander, S&T, as required. Appendix 1.

(4) Class V. Appendix 1.

(5) Class VII. Units will request end items to fill TOE shortages from supporting S&T Co. Combat losses will be reported on Daily Battle Loss Report IAW Annex T, COSCOM Field (Fld) SOP Reports, which will serve as the request for replacement end items.

(6) Class VIII.

(a) 845th Med Bn Log (Fwd) establishes supply point in VIC of Driesden (RS721463).

(b) All additions to medical TOE equipment and major medical assemblage authorizations are command controlled.

(7) Class IX. Repair parts required for organization maintenance will be drawn from supporting Maint Co Tech supply.

(8) Class X. Not authorized for stockage.

(9) Maps. Units will request maps from supporting S&T Co.

(10) Water.

(a) Water purification tablets will be issued with rations.

(b) Units will use only approved local sources of water and water points operated by the supporting S&T Co.

(11) Capture/abandoned enemy materiel.

(Classification)

**Example C-9. ANNEX TO OPERATION PLAN/ORDER-SERVICE SUPPORT,
MEDICAL BRIGADE (*Continued*)**

(Classification)

(a) Captured/abandoned enemy materiel will be reported to bde security, plans, and operations officer who will provide disposition instructions.

(b) Supplies and equipment of military value that cannot be evacuated will be destroyed or disabled. Enemy rations and abandoned enemy medical supplies will be extracted if possible. Under no circumstances will captured medical supplies be destroyed.

(c) Captured rations and abandoned enemy medical supplies will not be used for US Forces but will be made available for EPW use.

b. Transportation.

(1) All MSRs are two way.

(2) Ten or more vehicles dispatched within an hour from the same origin to the same destination constitute a convoy.

(3) Movements. US Forces have priority of movement on all numbered MSR.

(4) Requests for transportation will be submitted to the Commander, S&T, this HQ.

(5) Convoys require clearance from the supporting Movement Control Team (MCT).
Appendix 1.

c. Services.

(1) Construction. Construction efforts will be limited to essential work.

(2) Clothing exchange, water, mortuary affairs bath/laundry provided by supporting S&T
Co.

d. Labor.

(1) Availability and conditions of employment for civilian labor will be established by the 311th Civil-Military Cooperation Det in compliance with agreements or arrangements to be negotiated and in coordination with local civil authorities. Direct negotiation between subordinate commanders having requirements for civilian labor and 311th Civil-Military Cooperation Det is authorized.

(Classification)

**Example C-9. ANNEX TO OPERATION PLAN/ORDER-SERVICE SUPPORT,
MEDICAL BRIGADE (Continued)**

(Classification)

(2) Maximum use will be made of local civilian labor in support of mission accomplishment.

e. Maintenance.

(1) DS maintenance will be provided by supporting maintenance company, Appendix 1.

(2) 21st Trans Bn (Aircraft Maint) in VIC of RS883461 will provide aviation intermediate maintenance and backup AVUM support for all med avn units. Support includes aircraft recovery and retrograde service to aircraft end items in the corps area.

(a) 200th Transport Aircraft Maint Co in VIC of RS421377 will provide avn maint support to med avn units assigned to the 800th Med Bn (Evac).

(b) 201st Transport Aircraft Maint Co in VIC of RS675379 will provide support to the med avn units assigned to the 801st Med Bn (Evac).

(3) Medical equipment maintenance, 845th Med Bn (Log) (Fwd) in VIC of Dresden (RS721463).

3. MEDICAL EVACUATION AND HOSPITALIZATION.

a. Division holding policy—72 hours.

b. Evacuation policy.

(1) Corps—7 days initially.

(2) Theater—15 days initially.

c. Nonambulatory EPW patients will be evacuated through medical channels, but will be segregated from US and allied patients. They will be evacuated from the CZ as soon as possible. Only those sick, injured, or wounded EPW who would suffer a great health risk by being evacuated immediately may be treated temporarily in the CZ. Accountability and security of EPW and their possessions in MTFs are the responsibility of the echelon commander. Ambulatory EPW patients will be processed through EPW channels following treatment. The 215th MP Co in VIC of RS516226 coordinates EPW evacuation from the corps area.

(Classification)

**Example C-9. ANNEX TO OPERATION PLAN/ORDER-SERVICE SUPPORT,
MEDICAL BRIGADE (Continued)**

(Classification)

d. The following USAF aeromedical evacuation points operational:

Airfield	Coordinates	Daily Capacity Standard/Maximum
BRIEGE	RS 8557	50/150
STANSA	RS 6718	100/250
ELSEDEN	RS 9917	100/250
JAMESON	RS 7579	100/250

4. PERSONNEL.

a. Postal, personnel, administrative, and finance services provided on an area basis by the 10th Personnel and Administration Bn. Appendix 1.

b. Critical MOS shortages: 91D20 and 91P20.

c. Coordinate EPW handoff with the rear command post.

d. Chaplain support for units without chaplains will be coordinated with bde chaplain.

e. Military prisoners. Whenever possible, persons awaiting trial are retained in their units. Only when they present a hazard to the mission, to themselves, or to others are they placed in confinement or pretrial confinement at a detention facility. Convicted military prisoners are evacuated as soon as possible to confinement facilities outside the AO.

5. CIVIL-MILITARY COOPERATION.

Annex S, 145th COSCOM Fld SOP.

6. MISCELLANEOUS.

a. Corps light line is division rear boundaries.

b. Reports submitted IAW Annex Y, 145th COSCOM Fld SOP.

Appendix: 1—To be published

(Classification)

Example C-10. OPERATION PLAN/ORDER (MEDICAL GROUP)

(Classification)

*Copy ___ of ___ copies
82d Med Gp
Town (DQ765602), So
Euralandia
191400S May 19
RB 12*

OPERATION PLAN (ORDER) 92-1 GOLDEN THUNDER

- References:
- a. Map, series V451, Euralandia-Crisland, sheet NM 12-1 (Jameson-Helsey), edition 2, 1:50,000.
 - b. ADMIN/LOGPLAN/Order 1—10th (US) Corps.
 - c. OPLAN/ORDER 1—145TH COSCOM.

Time Zone Used Throughout the Plan/Order: SIERRA

Task Organization: Annex A (Task Organization) (Task organization may appear here or in an annex.)

1. SITUATION.

- a. Enemy forces. (Current) PERINTREP, 10th (US) Corps, Annex B (Intelligence).
- b. Friendly forces.

(1) Commencing D-Day, H-Hour, 10th COSCOM provides CSS to 10th (US) Corps units and other services. 10th (US) Corps will defend in sector from DR 147175 to DR 759241, and prepares to conduct counteroffensive operations. Our defensive operations will be designed to quickly transition to an offensive operation to secure the Penguin Parallel.

(2) 25th USAF provides tactical airlift support.

(3) Homeland and Reserve Forces (Home Guard) assists in providing rear planning/operations in corps rear area.

(4) Current MOPP Level 0.

(Classification)

Example C-10. OPERATION PLAN/ORDER (MEDICAL GROUP) (Continued)

 (Classification)

- Ž 209th Spt Bn in support of the 319th Inf Bde.
- 210th Spt Bn in support of the 52d Inf Div.
 - 244th Spt Bn in support of the 23d Armor Div.
 - 902d Spt Bn in support of the 13th Spt Gp (Rear).

(b) Emergency care as needed to So Eurlandian Forces.

(9) 801st Med Bn (Evac) in VIC of DQ 605642: Provide command and control to ground and air medical evacuation units. Also provide far forward air and ground evacuation within the 82d Med Gp's AO and patient transfer between MTFs and MASFs.

b. Coordinating instructions.

(1) MOPP 0 in effect.

(2) Provide unit base defense; prepare for NBC-related MASCAL situations; and provide support under NBC operations.

(3) Evacuation routes will be the MSRs and approved air corridors.

4. SERVICE SUPPORT. See Annex E (Service Support).

5. COMMAND AND SIGNAL.

a. Signal. SOI Edition M in effect.

b. Command. 82d Med Gp CP in VIC of DQ495535. Alternate CP is 810th CSH in VIC of DQ706487.

HILLER
COL

OFFICIAL:
/s/Edwards
EDWARDS

 (Classification)

Example C-10. OPERATION PLAN/ORDER (MEDICAL GROUP) (Continued)

(Classification)

S3 ANNEXES:

- A—Task Organization
- B—Intelligence
- C—Operation Overlay (omitted)
- D—Personnel
- E—Service Support
- F—NBC
- G—Medical Regulating (To be published)
- H—Aviation (To be published)
- I—Preventive Medicine (To be published)
- J—Reports (To be published)
- L—Preventive Medicine (To be published)
- X—Reports (To be published)

(Classification)

**Example C-11. ANNEX A (TASK ORGANIZATION) TO OPLAN/OPORD 1,
82d MEDICAL GROUP**

(Classification)

82d Med Gp

84th MASH

813th CSH (NBC MTF)

809th CSH

9900 Med Team (Neuro)

9901 Med Team (Neuro)

810th CSH

9902 Med Team (Head and Neck)

9904 Med Team (Eye Surgery)

811th CSH

9903 Med Team (Head and Neck)

9905 Med Team (Eye Surgery)

812th CSH (EPW MTF)

803d Med Bn (Area Support)

8851st Med Co (Area Support)

8852d Med Co (Area Support)

8853d Med Co (Area Support)

8888 Med Co (CSC)

8890 Med Co (CSC)

8891 Med Co (CSC)

8868 Med Det (Sani)

8869 Med Det (Sani)

8876 Med Det (Ento)

801st Med Bn (Evac)

850 Med Co (Air Ambulance)

851 Med Co (Air Ambulance)

855 Med Co (Ground Ambulance)

856 Med Co (Ground Ambulance)

(Classification)

**Example C-12. ANNEX B (INTELLIGENCE) TO OPLAN/OPORD 1,
82d MEDICAL GROUP**

(Classification)

1. SUMMARY OF ENEMY SITUATION.

- a. Appendix 1 (Situation Overlay).
- b. Current intelligence summary (INTSUM), this HQ.

c. In the forward defense areas, the North Euralandians have been pushed back along a line running from DR147174, DR405 153, DR529150, and DR760241. Enemy forces are occupying defensive positions which are estimated at 85-90 percent unit strength. Unconventional forces have been covertly inserted into the area to be occupied. Reports indicate guerilla sabotage and harassment will increase in the rear area. Air activity is expected to continue with emphasis on LOC and major unit locations. Captured documents indicate special emphasis is planned on sabotage of facilities involving dangerous industrial chemicals and radioactive materials.

2. ESSENTIAL ELEMENTS OF INFORMATION (EEI).

- a. EEI.
 - (1) Will the enemy respect the Geneva Conventions?
 - (2) Are disease-carrying arthropods resistant to available pesticides?
 - (3) Does the enemy possess laser weapons or laser devices?

b. Other Intelligence Requirements.

(1) Enemy is expected to escalate espionage, sabotage, subversion, and other clandestine activities prior to main attack. Targets will be logistical operations centers, command and control centers, and MSRs/evacuation routes.

(2) The civilian population is not sympathetic to the enemy cause.

(3) Presently, the enemy has the capability to employ NBC weapons but does not have the munitions. However, the North Euralandian's allies have assured them that munitions will be supplied upon request. Due to the extensive nuclear retaliatory capability of the 10th (US) Corps, nuclear weapon employment is improbable. There is a high probability that enemy forces will employ isolated

(Classification)

**Example C-12. ANNEX B (INTELLIGENCE) TO OPLAN/OPORD 1,
82d MEDICAL GROUP (*Continued*)**

(Classification)

chemical agent attacks to deny terrain, create MASCALs, harass supply lines, and overburden our logistical system.

3. INTELLIGENCE ACQUISITION TASKS.

a. Orders to attached and subordinate units.

(1) Enemy air strikes and attacks are expected in the rear battle area. Priorities of attack are command and control, LOC, and the MSRs/evacuation routes.

(2) Location, movements, and activities of guerrilla activities must be reported as soon as possible (ASAP) to Gp S2 using the SPOT report.

(3) Expect air mobile and airborne activities in the rear area.

(4) The enemy has electronic and communication jamming and deception activities. Be prepared to communicate by alternate means.

b. Requests to higher and adjacent units.

(1) COSCOM. Report as obtained—

(a) Changes in tactical situation.

(b) Changes in enemy capability to impair and degrade CS and CSS operations in the 10th COSCOM or 80th Med Bde area.

(c) Location, movement, and activities of enemy units likely to affect 80th Med Bde and COSCOM area.

(d) Known or suspected infiltration routes into bde or COSCOM base areas.

(e) Presence of known or suspected clandestine agents or subversive elements within AO.

(f) Themes, grievances, or causes being used as a basis for psychological operations within the 80th Med Bde area.

(Classification)

**Example C-12. ANNEX B (INTELLIGENCE) TO OPLAN/OPORD 1,
82d MEDICAL GROUP (Continued)**

(Classification)

- (g) Any new enemy plans or capabilities to impair logistical operations.
- (h) Indications of new technological advancements by the enemy.
- (i) Preparations related to employment of riot control or toxic chemicals.

4. MEASURES FOR HANDLING PERSONNEL, DOCUMENTS, AND MATERIAL.

a. EPW.

(1) EPW and/or surrendered personnel will be reported to Gp S2 without delay. Standard DOD Capture Tag will be used.

(2) EPW from chemical/biological units will be reported to bde S2 ASAP.

(3) Coordinate EPW handoff with the rear CP.

(4) Medical treatment of all EPW will be IAW Geneva Conventions.

b. Captured documents.

(1) NBC documents will be safeguarded and turned over to 10th MI Bde ASAP. Report of captured documents will be forwarded through S2 channels ASAP.

(2) All other captured documents will be safeguarded and turned over to 10th MI Bde.

c. Captured material.

(1) All material will be safeguarded and reported to 80th Med Bde S2. S2 will provide disposition instructions for material (less medical) and evacuation procedures to appropriate collection points.

(2) Captured medical material will be safeguarded and evaluated. Reports of evaluated medical material will be forwarded to 80th Med Bde G2.

(3) Captured medical supplies will be used for treating EPW patients only.

(Classification)

**Example C-12. ANNEX B (INTELLIGENCE) TO OPLAN/OPORD 1,
82d MEDICAL GROUP (Continued)**

(Classification)

5. REPORTS AND DISTRIBUTION.

a. Spot Report—used to report all information about the enemy. It is to be submitted by the capturing unit or immediate command echelon ASAP.

- (1) Size—describe number of personnel seen or the size of object.
- (2) Activity—describe what the enemy was doing.
- (3) Location—give grid coordinates, direction from a known point, including distance and azimuth from the known points.

(4) Unit—describe any patches or clothing, distinctive signs or symbols, or identification numbers on equipment.

(5) Time—state the time the activity was observed.

(6) Equipment—describe or identify all equipment associated with the activity.

b. Weather forecast reports—will be provided to this headquarters at 0800 and 2000 hours daily (12 hour forecast) and updated every 1/2 hour.

c. Captured enemy equipment—all reports will be submitted by the capturing unit or immediate command ASAP by the quickest possible means.

(1) Identification letters—equipment is to be marked showing the nationality of the capturing force by the national identifying letters.

(2) Designation of capturing units—includes the service to which the unit belongs.

(3) Serial numbers—units are to give each item serial number and should record the dispatch of the equipment in a war diary.

(4) Date/time of capture.

(5) Place of capture (with map coordinates if possible).

(6) Summary of circumstances under which the equipment was found.

(Classification)

**Example C-13. ANNEX D (PERSONNEL) TO OPLAN/OPORD 1,
82d MEDICAL GROUP**
(Classification)

1. GENERAL POLICIES.

All units will be maintained at 90 percent or better of their authorized strength.

2. REPORTING PROCEDURES.

a. Subordinate units are required to submit a Personnel Status Report, a Physician Status Report, and a Projected Loss Report reflecting 30-day losses.

b. Reports are due to the Gp S1 no later than 0500 and 1700 hours daily and may be done telephonically. Negative reports are required.

c. Casualty reporting will be done IAW AR 600-8-1 and local SOP.

3. AWARDS AND DECORATIONS.

a. The wartime criteria are in effect for awards.

b. Bronze stars will be approved by the brigade commander.

4. LEAVE POLICY

a. There will be no ordinary leave granted during the operation.

b. Emergency leave requests will be reviewed by the bde commander who is the approving authority.

5. EVALUATION REPORTS

a. OERs and NCOERs will be submitted IAW established wartime suspenses. The minimum rating period is 30 days.

6. POSTAL.

A free mail policy is in effect for letters and cassette-sized items.

(Classification)

**Example C-13. ANNEX D (PERSONNEL) TO OPLAN/OPORD 1,
82d MEDICAL GROUP (Continued)**

(Classification)

7. FINANCE.

- a. Soldiers have the option of being paid up to \$100.00 per month regardless of rank.
- b. Finance teams will report to the Gp HQ twice monthly to issue payments. This will be in the form of a military pay certificate.

8. ENEMY PRISONERS OF WAR.

- a. The guidelines of the Geneva Conventions will be followed in the handling of all EPW.
- b. EPW who have been treated and can be released will be released to the custody of the military police. Nonambulatory EPW patients will be evacuated through medical channels, but will be segregated from other patients. They will be evacuated from the CZ as soon as possible. Only those sick, injured, or wounded EPW who would suffer a great health risk by being evacuated immediately may be treated temporarily in the CZ. Accountability and security of EPW and their possessions in MTFs are the responsibility of the echelon commander. Ambulatory EPW patients will be processed through EPW channels following treatment.

(Classification)

**Example C-14. ANNEX E (SERVICE SUPPORT) to OPLAN/OPORD 1,
82d MEDICAL GROUP**
(Classification)

References: Map, series V451, Eurlandia-Crisland, sheet NM 12-1, Jameson-Helsey), edition 2, 1:50,000.

1. SITUATION.

- a. Enemy forces. Annex B (Intelligence).
- b. Friendly forces. OPLAN.
- c. Attachments and detachments. Annex (Task Organization).

2. GENERAL.

a. Purpose. This annex assigns logistical and personnel responsibilities to the various components of the 82d Med Gp, specifically, where joint servicing or common servicing of CSS functions occur. Items not specifically addressed by this annex are a responsibility of the component commander.

b. Concept of logistics support.

(1) The 82d Med Gp initial location will be in VIC of DQ6043.

(2) The 10th COSCOM provides DS, GS, and logistical support for the AO as follows:

AO. (a) The 11th Spt GP provides DS to nondivisional units in the northeast site of the bde

AO. (b) The 12th Spt GP provides DS to nondivisional units in the northwest site of the bde

(c) The 13th Spt GP provides GS to the 11th and 12th Spt Gp and DS to nondivisional units in the corps rear area.

(3) Depot maintenance will not be performed in the AO.

(4) Major airports and seaports in the AO are ANDREWS (used primarily for bulk petrol) and CHANEL, for general cargo and US ammunition.

(Classification)

**Example C-14. ANNEX E (SERVICE SUPPORT) to OPLAN/OPORD 1,
82d MEDICAL GROUP (Continued)**

(Classification)

(a) Hospitals submit requirements for bulk distribution to supporting DSU with information copy to Gp S4.

(b) Units maintain 3-day level of bulk. DS -2 days.

(c) Priorities for bulk POL distribution.

1. USAF/USMC aviation.
2. Division DSU.
3. Aviation units (includes air ambulance units).
4. Hospitals.
5. Other.

(4) Class IV.

(a) Storage of ASL items. DS -15 days.

(b) Command controlled items.

1. Culvert.
2. All lumber.
3. Asphalt.
4. Cement.
5. Landing mat sets.

(c) Command controlled items must be requisitioned through command channels for corps approval.

(5) Class V.

(Classification)

**Example C-14. ANNEX E (SERVICE SUPPORT) to OPLAN/OPORD 1,
82d MEDICAL GROUP (Continued)**

(Classification)

1. Trk, 2 1/2-ton and 5-ton.
2. Forklift, 6K.
3. Helicopters.

- (10) Class X. No stockage authorized.
- (11) Support Location. See ADMIN/LOG Overlay.
- (12) Excess equipment on hand to be reported to Gp S4.
- (13) Submit local procurement requests through Gp S4.

b. Transportation.

(1) All MSR's are two-way. Ten or more vehicles dispatched within an hour from the same origin to the same destination constitutes a convoy.

(2) Request transport in excess of organic capability on a traffic control movement request (TCMR) to the supporting transportation movement officer. Send information copies of TCMRs to Gp S4 and Bde G4.

c. Services.

(1) Field services. Divisional and nondivisional supply companies will provide field services to supported units within their capabilities.

(2) Health service support.

(a) Veterinary services. COMARFOR will provide—

1. Food inspection, evaluation of animal vectors of disease and treatment of animals.

2. One medical detachment (veterinary service) and five small veterinary detachments within the brigade area of operations.

(Classification)

**Example C-14. ANNEX E (SERVICE SUPPORT) to OPLAN/OPORD 1,
82d MEDICAL GROUP (*Continued*)**

(Classification)

(b) Dental services. Emergency/sustaining dental support will be provided at the area support medical companies.

(c) Combat stress control services. CSC services will provide—

1. Restorative and preventive care to supported units.
2. Two restoration and three preventive stress management teams in the area of operations.

(d) Preventive medicine services.

1. COMARFOR will establish and enforce the PVNTMED program for all forces.
2. The PVNTMED officer will ensure that the field sanitation team is trained. He also monitors PVNTMED activities.
3. Preventive medicine support within the 82d Med Gp will be supported by two PVNTMED (Sani) Dets and 1 PVNTMED (Ento) Det.
4. All water is to be considered nonpotable unless approved by appropriate COMARFOR medical authorities. All water will be chlorinated to 1 ppm FAC residual.
5. All restaurants, bars, hotels, private homes, shops, and other Euralandian establishments are off limits to US Forces personnel, except in the performance of official duties.
6. Diseases/injuries of military significance are climatic, biting arthropods/ animals, diarrheal, physical or mental unfitness, occupational, and altitude exposure.

d. Maintenance.

(1) DS maintenance.

- (a) Cannibalization for stockage is not authorized.
- (b) See ADMIN/LOG overlay for locations.

(Classification)

**Example C-14. ANNEX E (SERVICE SUPPORT) to OPLAN/OPORD 1,
82d MEDICAL GROUP (Continued)**

(Classification)

(2) GS maintenance.

(a) 4003d Aircraft Maint Co provides GS to all units within 10th (US) Corps.

1. Provides delivery evacuation, and retrograde services for aviation-unique Class II, VII, and IX supplies (except end items) to the area supported.

2. Provides for the assembly and float maintenance of all aviation-unique end items.

(b) Requests for exceptional support will be routed through Gp S4 to the MMC.

(c) ORF exchange authorized when equipment is expected to be in support maintenance for 3 days or longer.

(Classification)

Example C-15. ANNEX F (NBC) TO OPLAN/OPORD 1, 82d MEDICAL GROUP

(Classification)

1. **PURPOSE.** Establish standardized procedures for NBC reporting, detection, protection and decontamination.
2. **PROCEDURES.**
 - a. **NBC reporting formats.**
 - (1) NBC formats will be adhered to. NBC 1 and NBC 4 will be reported by organizations subordinate to this HQ, as required. This HQ will provide NBC 2, 3, 5, and 6.
 - (2) NBC 1 will be expedited with a FLASH precedence message. NBC 2, 3, 4, 5, and 6 will be sent as an IMMEDIATE precedence message.
 - (3) Telephonic communications (MSE) will backup messages when necessary.
 - b. **MOPP.**
 - (1) Units may be directed to establish appropriate MOPP Levels 1-4 as conditions indicate. In absence of guidance, local commanders may direct an appropriate MOPP level based on the threat and mission. If a unit detects an NBC threat, they will automatically go to MOPP Level 4.
 - (2) Organizations may increase MOPP level as detection devices or local threat indicates.
 - c. **Detection.**
 - (1) Units will develop detection SOPs that will employ organic detection devices IAW FM 3-4, NBC Protection, and FM 3-100, NBC Operations.
 - (2) Units will ensure designation and qualification of operators for organic equipment. Units will also ensure alarm system is operational.
 - d. **Decontamination.**
 - (1) Units exposed to NBC contamination will not normally displace. Hasty or deliberate decontamination will be accomplished as appropriate, IAW FM 3-5, NBC Decontamination.

(Classification)

Example C-15. ANNEX F (NBC) TO OPLAN/OPORD 1, 82d MEDICAL GROUP (Confirmed)

(Classification)

(2) If threat of persistent agents or high levels of fallout or radiation are present, unit displacement may be considered. Unit displacement is to be addressed through S3 channels prior to commitment to movement of the unit.

(3) NBC contaminated remains that cannot be evacuated to a mortuary affairs collection point will be buried a minimum of 4 feet deep with a standard NBC marker.

e. supply.

(1) Supply will have two sets of nerve agent Physostigmine pretreatment (NAPP) per soldier at all times. Ensure soldiers have one set of NAPP, three sets of nerve agent antidote kits (Mark I), and one CANA at all times. Ensure all combat lifesaver aid bags have extra Mark Is and CANA.

(2) Will have two sets of unopened MOPP gear per soldier. Individual protective masks will be fitted properly, inspected regularly, and maintained. (Unit supply needs a replacement set of filters per protective mask.)

(3) Unit NBC personnel will proactively coordinate with their S4 to ensure adequate stocks of NBC decontamination equipment supplies are adequate to decontaminate equipment. Emergency resupply will be accomplished with an IMMEDIATE MESSAGE to 82d Med Gp, ATTN S4; information copy to Gp Chemical Officer.

(4) Medical treatment facilities will be issued chemical casualty decontamination medical equipment sets and chemical casualty treatment medical equipment sets when required.

(Classification)

Example C-16. FORMAT FOR FRAGMENTARY ORDER

(Classification)

82d MED GP
TOWN, (DQ765605)

FRAGO 82-1

REFERENCE: 82d MED GP OPORD-1

1. SITUATION. Enemy penetration across FEBA into 319th SIB by elements of the 132d NKPA Div and elements of regimental armor and infantry units.
2. MISSION. The 82d Med Gp will develop HSS plan to support three separate contingency plans for a counterattack to reestablish FEBA.
3. CONCEPT OF OPERATION.
 - a. Proposed contingency plans.
 - (1) 23d AR counterattack through 52d Inf Div.
 - (2) 23d AR counterattack through 19th Inf Div.
 - (3) 23d AR counterattack through 319th SIB.
 - b. 84th MASH, 812th CSH, and 813th CSH are to push current patients to the 809th and the 810th CSHs and prepare to receive additional patients from the 23d AR and the 319th SIB.
 - c. 801st Evac Bn be prepared to provide additional air and ground ambulance support to the 23d AR.
 - d. 818th CSH upon attachment (contingency (1) and (3) will be located inVIC of DQ605715 and upon establishment be prepared to receive patient overload from forward hospitals.
 - e. 8827th Den Co, located in VIC of DQ605675, provides emergency and maintaining dental care on an area basis to US Forces located in the 82d Med GP's AO.
 - f. Remaining group units prepare contingency support plans for possible offensive operations to begin 24 to 48 hours.

(Classification)

Example C-16. FORMAT FOR FRAGMENTARY ORDER *(Continued)*

(Classification)

4. SERVICE SUPPORT. Units provide Gp S4 transportation requirements for possible movements 24-48 hours.
5. COMMAND AND SIGNAL. No change.

(Classification)

**Example C-17. FORMAT FOR HEALTH SERVICE SUPPORT APPENDIX TO ANNEX P
(PERSONNEL) TO THE DIVISION TACTICAL STANDING OPERATING PROCEDURE**

(Classification)

Appendix 1 (Health Service Support to Annex P (Personnel) to the Division Tactical Standing Operating Procedures

1. GENERAL.

- a. Health service support is a command responsibility.
- b. The division surgeon provides technical supervision and control over all medical units in the division. He is also responsible for the division's HSS planning.
- c. The DMOC of the DISCOM, in coordination with the division surgeon, plans and supervises the execution of HSS to the division. This includes coordination of corps support to the division.
- d. Each brigade surgeon is responsible for technical supervision and control of medical units in the brigade. He is also responsible for the brigade's HSS planning.
- e. Combat and CS battalions are provided Echelon I HSS by organic medical platoons, sections, or teams. Each battalion with organic HSS will include a HSS annex in all OPLANs and OPORDs.
- f. Combat service support units will be provided Echelon I HSS by the medical companies of the DISCOM.
- g. Echelon II HSS will be provided to all units of the division by the FSB/MSB medical companies of the DISCOM.

2. ECHELON I HEALTH SERVICE SUPPORT.

- a. All units will ensure that each soldier is trained in combat critical self-aid/bddy aid tasks and that each platoon-size element has a casualty evacuation plan for each operation.
- b. All units will ensure that there is at least one combat lifesaver with aid bag assigned to each squad. The combat lifesaver provides immediate far-forward care for injuries based on his additional training beyond first-aid procedures. The primary duty of this individual does not change. The additional duties of the combat lifesaver are performed when the situation permits before the combat medic arrives.

(Classification)

**Example C-17. FORMAT FOR HEALTH SERVICE SUPPORT APPENDIX TO ANNEX P
(PERSONNEL) TO THE DIVISION TACTICAL SOP (Continued)**

(Classification)

c. Maneuver companies will ensure that casualties are evacuated to predesignated patient collection points (PCPs) as specified in overlay.

d. The medical platoon will normally provide one combat medic per infantry platoon and one per armor company. These medics should be positioned so that they can provide emergency medical care to casualties within minutes of wounding. The combat medic does not accompany individual patients when evacuated. The combat medic can provide limited sick call to the platoon.

e. The medical platoon may pre-position ambulances at the PCPs to speed evacuation. During movement, ambulances will move with the company trains.

f. The medical platoon will establish the platoon HQ and the BAS with the combat trains. The platoon's medical operations officer will coordinate evacuation of patients from this location. The BAS will provide EMT, ATM, and sick call.

g. Each medical platoon or section will maintain a 3-day stock of medical supplies or that amount dictated by the mission.

h. Units without organic medical support will receive Echelon I HSS on an area basis from either the DISCOM's MSB/FSB medical companies or a battalion medical platoon. Units without organic medical support will make direct contact with the nearest medical unit to coordinate for support.

3. ECHELON II HEALTH SERVICE SUPPORT.

a. Emergency and sustaining dental care is provided by the DISCOM medical companies.

b. Psychiatric services will be provided by the MSMC's MH section. This section will normally provide a CSC team to each FSMC. Combat stress casualties will not be evacuated beyond the FSB medical company prior to evaluation by a physician. Combat stress casualties will not be evacuated beyond the division without first being evaluated by the division surgeon. Combat stress casualties will be evacuated using nonmedical vehicles, if possible.

c. Preventive medicine services will be provided by the PVNTMED section of the MSB medical company. This section may provide a mobile PVNTMED team to each FSB medical company. Preventive medicine teams are capable of performing area surveys to check for potential water sources, determine hazards to troops, and determine causes of disease. They can also be used to determine compliance with command policies on PVNTMED measures and to train unit field sanitation teams.

(Classification)

**Example C-17. FORMAT FOR HEALTH SERVICE SUPPORT APPENDIX TO ANNEX P
(PERSONNEL) TO THE DIVISION TACTICAL SOP (Continued)**

(Classification)

d. Optometry services are provided by the optometry section of the MSB medical company. This section can perform emergency eye care and routine examination. It can also produce replacement glasses and inserts. All personnel who wear glasses should retain a copy of their prescription on their person. If replacement glasses are required, only the prescription would need to be sent to the MSB medical company.

e. Class VIII resupply and medical maintenance is provided by the DMSO of the MSB medical company. Each medical company will maintain a 5-day basic load of Class VIII or the amount dictated by the mission. The DMSO will operate a unit distribution system and will coordinate through the DMOC for transportation of medical supplies. Whenever possible, the DMSO should anticipate demands of medical units and push supplies forward based on known operational requirements. The normal Class VIII request flow is as follows: combat lifesaver and combat medic to BAS to medical company to DMSO (battalions located in the DSA may go directly to the DMSO). The normal Class VIII resupply flow is DMSO to medical company to BAS to combat medic, or BAS to combat lifesaver.

f. Patient holding will be provided by the medical companies of the DISCOM. Each company can hold up to 40 patients. Those patients who can RTD within 72 hours are held for treatment. Those patients who cannot be RTD will be stabilized for further evacuation.

g. Sick call services are provided by the DISCOM medical companies. A set schedule will be published for each operation.

h. Emergency medical treatment is provided starting at the combat medic phase of patient care and treatment.

i. Patients will be evacuated using an integrated system of air and ground medical evacuation assets. The DISCOM's FSMCs are responsible for coordinating evacuation within their brigade's area. The FSB medical companies will normally pre-position ambulances with each BAS (the number of ambulances will depend on the battalion's mission). Each medical company may establish ambulance exchange points (AXP) to the rear of the BAS to transfer patients. This reduces the turnaround time of the ambulances of the forward deployed medical companies. The MSB medical company will provide ground evacuation and coordinate aeromedical evacuation in the DSA. The DMOC will request aeromedical evacuation support from corps. Air ambulance units in support of the division may be collocated with the DISCOM medical companies or the division aviation brigade depending on the situation.

(Classification)

**Example C-17. FORMAT FOR HEALTH SERVICE SUPPORT APPENDIX TO ANNEX P
(PERSONNEL) TO THE DIVISION TACTICAL SOP (Continued)**

(Classification)

j. Requests for medical evacuation should be made using the command net or medical operations net. Requests will be made as follows: Injury site to platoon to company to battalion/BAS (if BAS cannot complete the mission) to FSB medical company. Units located in the BSA request directly from the FSB medical company on the medical company net. Units located in the DSA request directly from the MSB medical company on its net.

4. ECHELON III HEALTH SERVICE SUPPORT. The DMOC will coordinate for corps support. Corps evacuation battalions will normally collocate ground and air ambulances with each of the DISCOM medical companies. These ambulances will be used to evacuate patients to corps hospitals.

5. NUCLEAR, BIOLOGICAL, AND/OR CHEMICAL CASUALTIES. These casualties will be decontaminated at the lowest level where treatment is provided. The medical platoon establishes a patient decontamination site proximate to its BAS when there is an NBC threat. Each support medical company establishes a patient decontamination site proximate to the clearing station. Supported units must provide eight nonmedical personnel to perform patient decontamination. Medical personnel will supervise patient decontamination. Patient decontamination sites are manned with personnel other than medics since the medical personnel will be fully engaged treating casualties who have been decontaminated.

6. POLICIES.

a. Red cross emblems will be displayed on all medical evacuation vehicles when in operation. These vehicles will only be used to transport patients, medical supplies, and medical personnel.

b. Red cross emblems on medical facilities which include ground ambulances and air ambulances on the ground will only be camouflaged when directed by the brigade commander (tactical).

c. Weapons and sensitive tactical equipment will not accompany patients who are evacuated to corps. Protective masks will accompany patients who are evacuated.

d. Whenever possible, personal belongings should accompany soldiers who are evacuated to corps.

e. Soldiers who are returned to duty within the division will be picked up by the owning organization. The G1 will coordinate with corps hospitals for the return of soldiers from that level.

f. Enemy prisoner of war patients will be evacuated and treated IAW the Geneva Conventions.

(Classification)

**Example C-17. FORMAT FOR HEALTH SERVICE SUPPORT APPENDIX TO ANNEX P
(PERSONNEL) TO THE DIVISION TACTICAL SOP (*Continued*)**

(Classification)

g. Other than air or ground ambulances will only be used to evacuate patients on an exception basis above the PCPs. When patient load is expected to exceed the evacuation capability of the division, evacuation plans will include the use of nonmedical air and ground vehicles. Ad hoc use of nonmedical vehicles is strongly discouraged. This not only puts the patient at greater risk, but it also can cause the disruption of the normal mission of the vehicle or aircraft used.

BALDWIN
LTC

1 Encl-Annex 1, PCP Overlay
(omitted)

(Classification)

Example C-18. FORMAT FOR JOINT TASK FORCE OPERATION ORDER ANNEX Q

(Classification)

Headquarters, CJTF 140
1 May 1992

ANNEX Q TO CJTF 140 OPORD XXXX-92

HEALTH SERVICE SUPPORT ()

- () REFERENCES:
- A. THE GENEVA CONVENTIONS OF 12 AUGUST 1949
 - B. JOINT PUB 3-07.3, JOINT TACTICS, TECHNIQUES, AND PROCEDURES (JTTP) FOR PEACEKEEPING OPERATIONS.
 - C. JOINT PUB 3-07.5, CONTINGENCY OPERATIONS (CONOPS)
 - D. JOINT PUB 3-11, DOCTRINE FOR NUCLEAR, BIOLOGICAL, AND CHEMICAL (NBC) DEFENSE
 - E. JOINT PUB 3-57, DOCTRINE FOR JOINT CIVIL AFFAIRS (TEST PUBLICATION)
 - F. JOINT PUB 4-01.1, JTTP FOR AIRLIFT SUPPORT TO JOINT OPERATIONS (FINAL DRAFT)
 - G. JOINT PUB 4-02, DOCTRINE FOR HEALTH SERVICE SUPPORT IN JOINT OPERATIONS (REVISED FINAL PUBLICATION)
 - H. JOINT PUB 5-00.2, JOINT TASK FORCE PLANNING GUIDANCE AND PROCEDURES
 - I. USCINCLANT OPLAN XXXX-92
 - J. USCINCLANTINST 6320.X, US ATLANTIC COMMAND CONTINGENCY JOINT MEDICAL REGULATING PROGRAM
 - K. USCINCLANTINST 6530.X, US ATLANTIC COMMAND JOINT BLOOD PROGRAM

1. () SITUATION.

A. () GENERAL.

(1) () PURPOSE. TO PROVIDE A CONCEPT OF HSS OPERATIONS, ASSIGN TASKINGS, AND PROVIDE GUIDANCE FOR THE PROVISION OF HEALTH CARE IN SUPPORT OF COMBAT OPERATIONS IN VIARTA. SPECIFIC OBJECTIVES INCLUDE:

(A) () DEFINE AND IDENTIFY HEALTH SERVICE RESPONSIBILITIES OF SUBORDINATE COMMANDS.

(Classification)

Example C-18. FORMAT FOR JOINT TASK FORCE OPERATION ORDER**ANNEX Q (Continued)**

(Classification)

(B) () ENSURE TASKS, FUNCTIONS, AND RESPONSIBILITIES ARE PROPERLY ASSIGNED.

(C) () ESTABLISH UNIFORM HEALTH SERVICE POLICIES.

2. () MISSION. CJTF 140 WILL DEPLOY WITH APPROPRIATE HSS ASSETS TO SUPPORT COMBAT OPERATIONS IN VIARTA AND PROVIDE QUALITY AND RESPONSIVE HSS TO US FORCES AND NONCOMBATANT EVACUEES.

3. () EXECUTION.

A. () CONCEPT OF HSS OPERATIONS.

(1) () US MILITARY PERSONNEL WILL NOT BE HOSPITALIZED IN CIVILIAN MEDICAL FACILITIES EXCEPT IN EMERGENCIES OR AS AUTHORIZED BY CJTF 140.

(2) () UNDER THE OVERALL COORDINATION OF CJTF 140, MEDICAL SUPPORT WILL BE PROVIDED BY SUBORDINATE COMMANDERS.

(3) () CTF 141 (ARMY), CTF 145 (NAVY), AND CTF 147 (MARINE) WILL PROVIDE ECHELON I AND II MEDICAL CARE TO ASSIGNED PERSONNEL. CTF 141 AND CTF 147 WILL PROVIDE ECHELON I AND II MEDICAL CARE TO CTF 146 (AIR FORCE) AND CTF 148 (SPECIAL OPERATING FORCES) ON AN AREA SUPPORT BASIS. ECHELON III MEDICAL CARE WILL BE PROVIDED BY CTF 141.

(4) () CASUALTY EVACUATION BETWEEN ECHELON I AND II FACILITIES IS A TASK FORCE RESPONSIBILITY; ROTARY-WING TRANSPORT IS THE PREFERRED MEANS OF EVACUATION. CTF 146 WILL ESTABLISH THE THEATER AEROMEDICAL EVACUATION SYSTEM. FIXED-WING AEROMEDICAL EVACUATION BETWEEN ECHELON II AND III FACILITIES MAY BE REQUIRED. ROTARY WING TRANSPORT WILL BE AVAILABLE TO MOVE PATIENTS BETWEEN ECHELON II AND III FACILITIES OPERATING WITHIN THE INTERMEDIATE SUPPORT BASE. CTF 146 WILL COORDINATE INTERTHEATER AEROMEDICAL EVACUATION OF PATIENTS TO CONUS WITH USTRANSCOM. CASUALTIES WILL BE STABILIZED PRIOR TO FIXED-WING AEROMEDICAL EVACUATION.

(5) () SUBORDINATE COMMANDERS WILL PROVIDE MEDICAL CARE TO NEO EVACUEES AS REQUIRED.

(Classification)

**Example C-18. FORMAT FOR JOINT TASK FORCE OPERATION ORDER
ANNEX Q (Continued)**

(Classification)

(6) () CIVILIAN, DETAINED CIVILIAN, AND EPW CASUALTIES WILL BE TREATED AND CARED FOR IN ACCORDANCE WITH THE TREATIES GOVERNING LAND WARFARE AND THE PROTOCOLS OF THE GENEVA CONVENTION. CTF 141 WILL PROVIDE ECHELON III MEDICAL CARE FOR DETAINED CIVILIAN AND EPW. USE OF CIVILIAN FACILITIES IS ENCOURAGED; CIVILIAN CASUALTIES WILL BE TRANSFERRED TO LOCAL CIVILIAN FACILITIES AS SOON AS THEIR CONDITION PERMITS. KNOWN CIVILIAN HOSPITALS IN VIARTA ARE:

(A) () GENERAL HOSPITAL, LLOTTE STREET, VIARTA CITY, VIARTA. 882 BEDS. TERTIARY REFERRAL HOSPITAL WITH FULL RANGE OF SERVICES.

(B) () CATHOLIC HOSPITAL, WESTERN MAIN ROAD, VIARTA CITY, VIARTA. 70 BEDS. GENERAL MEDICAL, SURGICAL, DENTAL, X-RAY, AND LABORATORY SERVICES.

(C) () ST. JUDE MEDICAL CENTER, 18 ELIZABETH STREET, VIARTA CITY, VIARTA. NUMBER OF BEDS UNKNOWN. FULL RANGE OF SERVICES. EMBASSY RECOMMENDS THIS HOSPITAL FOR ANY PATIENTS REQUIRING HOSPITALIZATION.

(D) () SAN FERMENTO GENERAL HOSPITAL, STREET ADDRESS UNKNOWN, SAN FERMENTO, VIARTA. 628 BEDS. FULL RANGE OF SERVICES.

(E) () (U) PINTO COUNTY HOSPITAL, STREET ADDRESS UNKNOWN. PINTO, VIARTA 96 BEDS. GENERAL MEDICAL AND SURGICAL SERVICES ONLY.

B. () EVACUATION POLICY. EVACUATION POLICY IS X DAYS FOR NEO PATIENTS AND X DAYS FOR US MILITARY PERSONNEL. SUBORDINATE COMMANDERS MAY RECOMMEND EVACUATION POLICY CHANGES TO CJTF 140.

C. () MEDICAL REGULATING WILL BE IN ACCORDANCE WITH USCINCLANTINST 6320.X. CJTF 140 WILL ESTABLISH A THEATER JMRO AND COORDINATE PATIENT MOVEMENTS WITH SUBORDINATE COMMANDS AND THE ASMRO. JMRO WILL DISSEMINATE ADDITIONAL POLICIES AND PROCEDURES FOR REQUESTING MEDICAL EVACUATIONS AS REQUIRED.

D. () BLOOD MANAGEMENT WILL BE IN ACCORDANCE WITH USCINCLANTINST 6330.X. CJTF 140 WILL ESTABLISH A THEATER JBPO AND COORDINATE BLOOD MANAGEMENT WITH SUBORDINATE COMMANDS AND THER ASBPO. JBPO WILL

(Classification)

**Example C-18. FORMAT FOR JOINT TASK FORCE OPERATION ORDER
ANNEX Q (Continued)**

(Classification)

DISSEMINATE BLOOD MANAGEMENT ADDITIONAL POLICIES AND PROCEDURES AS REQUIRED.

E. () PREVENTIVE MEDICINE.

(1) () SUBORDINATE COMMANDERS WILL INITIATE AND MAINTAIN VIGOROUS PREVENTIVE MEDICINE PROGRAMS. PERSONNEL SHOULD BE IMMUNIZED IN ACCORDANCE WITH SERVICE DIRECTIVES. YELLOW FEVER AND IMMUNE SERUM GLOBULIN IMMUNIZATIONS ARE REQUIRED.

(2) () THE GREATEST THREAT TO MILITARY PERSONNEL IS FROM WATER AND FOODBORNE GASTROENTERIC INFECTIONS SUCH AS DIARRHEA, ACUTE VIRAL HEPATITIS, AND TYPHOID FEVER. LOCAL FOOD IS CONSIDERED CONTAMINATED AND SHOULD NOT BE CONSUMED. LOCAL WATER IS NOT POTABLE AND SHOULD BE TREATED BEFORE DRINKING. RISK OF CIGUATERA FISH TOXIN POISONING EXISTS; CONSUMPTION OF LARGE REEF FISH LIKE GROUPER, SNAPPER, DOLPHIN, AND BARRACUDA IS PROHIBITED.

(3) () RISK OF INFLUENZA AND OTHER ACUTE RESPIRATORY INFECTIONS IS HIGHEST FROM OCTOBER THROUGH JANUARY. DENGUE VIRUS HAS OCCURRED IN MANY COUNTRIES WITHIN THE CARIBBEAN BASIN. MALARIA IS NOT ENDEMIC. LEPTOSPIROSIS IS PRESENT IN LOW LYING FLOOD ZONES WITH LARGE RAT POPULATIONS; RISK CAN BE MINIMIZED BY AVOIDING PROLONGED CONTACT WITH STAGNANT WATER OR WET SOIL IN THESE AREAS. TRICHURIASIS, ASCARIASIS, AND ANCYLOSTOMIASIS HAVE BEEN REPORTED.

(4) () SEXUALLY TRANSMITTED DISEASES INCLUDING SYPHILIS AND GONORRHEA ARE MODERATELY ENDEMIC. HIV INFECTION PREVALENCE APPEARS LOW. SEXUAL CONTACT WITH LOCAL CIVILIANS IS PROHIBITED.

(5) () A VARIETY OF POISONOUS ANIMALS ARE FOUND WITHIN THE AREA OF OPERATIONS INCLUDING CENTIPEDES, SCORPIONS, TARANTULAS, BLACK WIDOW SPIDERS, BROWN WIDOW SPIDERS, SAC SPIDERS, CORAL SNAKES, TERCIOPELOS, AND BUSHMASTERS. ANTIVENIN IS AVAILABLE AT THE GENERAL HOSPITAL IN VIARTA CITY.

(6) () DETAILED MEDICAL INTELLIGENCE SUMMARIES ARE ON FILE WITH THE CJTF 140 SURGEON.

(Classification)

Example C-18. FORMAT FOR JOINT TASK FORCE OPERATION ORDER
ANNEX Q (Continued)
(Classification)

(7) () SUBORDINATE COMMANDERS WILL PROMPTLY REPORT ALL UNUSUAL INCIDENCE OF DISEASE TO CJTF 140.

F. () DENTAL SERVICES. DENTAL SUPPORT IS A SERVICE COMPONENT RESPONSIBILITY. CARE PROVIDED WILL BE LIMITED TO TREATMENT NECESSARY TO RELIEVE SUFFERING AND ALLOW CONTINUED MISSION PERFORMANCE.

G. () VETERINARY SERVICES.

(1) () VETERINARY SUPPORT WILL BE AUSTERE. IF REQUIRED, SUBORDINATE COMMANDERS WILL SUBMIT REQUESTS TO CJTF 140.

(2) () PETS WILL NOT BE ALLOWED TO ACCOMPANY NEO EVACUEES.

(3) () THE FOLLOWING ANIMALS ARE ASSOCIATED WITH THE INDICATED DISEASES AND ARE PROHIBITED FROM ENTRY INTO CONUS:

(A) () CATTLE: BRUCELLOSIS, TUBERCULOSIS, TOXOPLASMOSIS.

(B) () SHEEP AND GOATS: BRUCELLOSIS AND TOXOPLASMOSIS.

(C) () SWINE: TOXOPLASMOSIS AND TRICHINOSIS.

(D) () CHICKEN: TOXOPLASMOSIS AND SALMONELLOSIS.

(E) () CATS: TOXOPLASMOSIS AND RABIES.

(F) () DOGS AND RACCOONS: RABIES.

(G) () PARROTS: PSITTACOSIS.

(H) () VIARTAN GREEN BACKED SEA TURTLE: SALMONELLOSIS.

4. () ADMINISTRATION AND LOGISTICS.

A. () HEALTH SERVICE LOGISTICS. HEALTH SERVICE LOGISTICS IS A SERVICE COMPONENT RESPONSIBILITY. UNITS WILL DEPLOY WITH MEDICAL SUPPLIES IN ACCORDANCE WITH SERVICE DIRECTIVES.

(Classification)

Example C-18. FORMAT FOR JOINT TASK FORCE OPERATION ORDER
ANNEX Q (Continued)
 (Classification)

B. () PLANNING FACTORS. WITH THE FOLLOWING EXCEPTIONS, SUBORDINATE COMMANDERS SHOULD USE MEDICAL PLANNING FACTORS CONTAINED IN SERVICE PUBLICATIONS:

(1) (U) BLOOD PLANNING FACTORS (PER INITIAL ADMISSION OF WIA AND NBI) ARE: RED BLOOD CELLS -4.00 UNITS, FRESH FROZEN PLASMA -0.08 UNITS, AND PLATELETS -0.04 UNITS.

(2) (U) ASSUME 3 PERCENT OF NEO EVACUEES WILL REQUIRE SOME TYPE OF MEDICAL CARE IN A PERMISSIVE ENVIRONMENT. CASUALTIES MAY BE MUCH HIGHER IN A NONPERMISSIVE ENVIRONMENT.

C. () MEDICAL REPORTING WILL BEGIN UPON RECEIPT OF THIS ORDER AND CONTINUE UNTIL CANCELED BY CJTF 140.

(1) () CURRENT FORMATS OF ALL MEDICAL REPORTS, REQUESTS, AND RESPONSES ARE FOUND IN USCINCLANTINST 6320.X AND USCINCLANTINST 6530.X.

(2) () SUBORDINATE COMMANDS WILL CUT OFF INPUT TO THE DAILY MEDSTAT REPORT AT 1000Z AND SUBMIT TO REACH CJTF 140 NOT LATER THAN 1800Z. ECHELON II ASHORE/AFLOAT COT CAPACITY, USE, AND AVAILABILITY WILL NOT BE REPORTED AS HOSPITAL BEDS. THIS INFORMATION MAYBE INCLUDED IN THE COMMAND ASSESSMENT PARAGRAPH OF THE MEDSTAT REPORT.

5. () COMMAND AND CONTROL.

A. () AS THE PRINCIPAL MEDICAL ADVISOR TO CJTF, THE JTF SURGEON EXERCISES DIRECTIVE AUTHORITY OVER ALL ALLOCATED HSS RESOURCES AND WILL ENSURE THEIR EFFECTIVE USE TO MEET MISSION REQUIREMENTS.

B. () COORDINATING INSTRUCTIONS.

(1) () SUBORDINATE COMMANDERS WILL INCLUDE DETAILED HSS CONCEPTS AS PART OF THEIR SUPPORTING PLANS OR ORDERS.

(2) () AND FOLLOW-ON LOCATIONS OF ALL ECHELON II AND III MEDICAL FACILITIES TO CJTF 140.

(Classification)

**Example C-18. FORMAT FOR JOINT TASK FORCE OPERATION ORDER
ANNEX Q (*Continued*)**

(Classification)

(3) () SUBORDINATE COMMANDERS WILL IDENTIFY ALL ADDITIONALLY REQUIRED HSS TO CJTF 140.

C. () HEALTH SERVICE SUPPORT COMMUNICATIONS.

(1) () ROUTINE COORDINATING COMMUNICATIONS BETWEEN COMPONENT SURGEONS AND BETWEEN COMPONENT SURGEONS AND THE JTF SURGEON WILL BE BY SECURE TELEPHONE WHENEVER POSSIBLE. ALTERNATE MEANS OF COMMUNICATION ARE WWMCCS TELECONFERENCE (PREFERRED) AND AUTODIN MESSAGE.

(2) () ALL OFFICIAL PLANS, ORDERS, REPORTS, AND REQUESTS WILL BE PASSED BY BOTH WWMCCS TELECONFERENCE AND AUTODIN MESSAGE.

(3) () COMPONENT SURGEONS WILL COORDINATE HSS COMMUNICATIONS INTERNAL TO THEIR COMMANDS.

(Classification)

**Example C-19. JOINT TASK FORCE HEALTH SERVICE SUPPORT
PLANNING CHECKLIST**

(Classification)

- C-1.** Who is the JTF/CTF Force surgeon?
- C-2.** What are his/her staff requirements for the following:
- a. A deputy?
 - b. Health service support operations?
 - c. Health service logistics to include the Joint Blood Program?
 - d. Administration?
 - e. Duty-hour coverage?
- C-3.** What are the security classification requirements?
- C-4.** Who will comprise the JTF/CTF surgeon's staff?
- C-5.** Will the composition of the JTF/CTF surgeon's staff facilitate optimum employment and synergy of effort for the joint medical forces in this operation?
- C-6.** Have provisions been made for adequate office equipment such as computers, facsimile (FAX) machines, and compatible software for JTF/CTF operations at the JTF/CTF operating headquarters?
- C-7.** What is the organic HSS capability for the deploying forces?
- a. What are its capabilities in each of the following areas?
 - (1) Patient evacuation and medical regulation (tactical and strategic)?
 - (2) Hospitalization?
 - (3) Health service logistics to include blood management?
 - (4) Medical laboratory services?
 - (5) Dental services?

(Classification)

**Example C-19. JOINT TASK FORCE HEALTH SERVICE SUPPORT
PLANNING CHECKLIST (Continued)**

(Classification)

c. After comparing HSS capabilities of deploying forces and HSS requirements, what are the remaining shortfalls in HSS?

d. Have these shortfalls been identified through channels to the appropriate headquarters, unified command.

e. What are the indigenous/host nations' HSS capabilities?

f. As HSS units are identified for deployment in an operation, are the critical transportation costs such as the number of passengers, weight, cube, and 463L pallets being identified and coordinated with other JTF/CTF staff members?

C-8. Does the JTF/CTF surgeon have a copy of Joint Pub 4-02?

C-9. Has the JTF/CTF surgeon coordinated with the Civil Affairs staffs, nongovernmental organizations, and relief organizations for the management of refugees?

a. How will refugees be managed in the medical evacuation system? Where are the hospitals that will be used to accommodate refugee needs such as civilian, host nation, and military?

b. Has the mission of providing such things as food, water, shelter for refugees been assigned?

c. Has sufficient logistical planning been accomplished to accommodate immunizing and dehydrating of refugees?

d. Does the JTF/CTF surgeon have knowledge of civilian medical relief organizations such as locations, numbers of personnel, and liaisons)?

e. Have plans been made for the use of refugees with a medical background to treat refugees.

C-10. Has coordination among the JTF/CTF, local embassies, and affected host nation governments been completed to ensure a synchronized concept of HSS operations for humanitarian assistance operations, civic action programs, and natural disaster relief operations?

C-11. What is the medical command, control, communications, and computers plan?

a. Can the medical command and control elements communicate with all critical parties vertically and laterally? If not, is there a communications hardware fix?

(Classification)

**Example C-19. JOINT TASK FORCE HEALTH SERVICE SUPPORT
PLANNING CHECKLIST *(Continued)***

(Classification)

b. Is the JTF/CTF medical regulating system and attendant communications equipment in place?

C-12. Does the contemplated operation fall under the purview of an existing OPLAN of the appropriate unified command?

a. Does the HSS portion of the OPLAN require refinement when reviewed in context of the above factors?

b. Does the contemplated OPORD for the JTF/CTF address on call nonmedical transportation augmentation, as required, to accommodate surges in medical evacuation missions?

C-13. Does the JTF/CTF surgeon and staff have medical intelligence about the AO to include but not limited to the following:

a. Endemic/epidemic diseases?

b. Medical infrastructure in AOR?

(1) Public health standards and capabilities?

(2) Quality of health services?

c. Communicable zoonotic diseases?

d. Adequacy of local food supplies?

e. NBC threat of opposing forces?

f. Directed energy capabilities of opposing forces?

g. Meteorological data, altitude of AOR, precipitation, topography, and their potential impact upon the health of the command?

h. Poisonous flora and fauna of the AOR?

i. Source of local blood donors and quality of blood product testing and manufacturing?

(Classification)

**Example C-19. JOINT TASK FORCE HEALTH SERVICE SUPPORT
PLANNING CHECKLIST *(Continued)***

(Classification)

- C-14.** What are the immunization/chemoprophylaxis requirements for the AOR?
- C-15.** Are special operations forces (SOF) involved?
 - a. Where will these be operating in the AOR?
 - b. Does this OPORD include sufficient HSS to complement SOF medical packages?
- C-16.** What is the HSS concept of operations for management of EPW?
- C-17.** Have the CINC's strategic objectives (end state) been identified and considered within the planning issues.

(Classification)