

APPENDIX F

MEDICAL INTELLIGENCE**F-1. Aspects of Medical Intelligence**

Medical intelligence is that intelligence produced from the collection, evaluation, and analysis of information concerning the medical aspects of foreign areas that have immediate or potential impact on policies, plans, and operations. Medical intelligence also includes the observation of the fighting strength of enemy forces and the formation of assessments of foreign medical capabilities in both military and civilian sectors. To develop medical intelligence, information is gathered, evaluated, and analyzed on the following subjects:

a. Endemic and epidemic diseases, public health standards and capabilities, and the quality and availability of health services.

b. Medical supplies and blood products, health service facilities, and the number of trained HSS personnel.

c. The location, specific diseases, strains of bacteria, lice, mushrooms, snakes, fungi, spores, and other harmful organisms.

d. Foreign animal and plant diseases, especially those diseases transmissible to humans.

e. Health problems relating to the use of local food and water supplies.

f. Medical effects of radiation and prophylaxis for chemical and biological agents.

g. The possible casualties that can be produced by newly developed foreign weapon systems such as directed energy weapons.

h. The health and fitness of the enemy's force and his special use of antidotes.

i. Areas of operations such as altitude, heat, cold, and swamps that in some way may

affect the health of the command or HSS operations.

F-2. Significance of Medical Intelligence

a. At the strategic level, the objective of medical intelligence is to contribute to the formulation of national and international policy. The policy will be predicated in part on foreign military and civilian capabilities of the medical or biological scientific community.

b. At the operational level, the objective of medical intelligence is to develop HSS that—

(1) Counters the medical threat. (See FM 8-10 and FM 8-10-8.)

(2) Is responsive to the unique aspects of a particular theater.

(3) Enables the commander to conduct his operation.

(4) Conserves the fighting strength of friendly forces.

F-3. Sources of Medical Intelligence

a. All medical intelligence is provided to the medical planner by intelligence organizations. The medical planner must identify the intelligence requirements and provide that request to the supporting intelligence element within the command or task force. In an emergency, up-to-date medical intelligence assessments can be obtained by contracting the Armed Forces Medical Intelligence Center (AFMIC), Fort Detrick, Maryland 21702-5004. The message address is DIRAFMICFTDETRICKMD. Medical intelligence elements and AFMIC can provide

Medical Capabilities Studies, Disease Occurrence—Worldwide Reports, Foreign Medical Materiel Studies, the Disease and Environmental Alert Report, the Foreign Medical Facilities Handbook, Scientific and Threat Intelligence Studies, Foreign Medical Materiel Exploitation Reports, Quick Reaction Responses, and the AFMIC Wire. The medical planner must use all available intelligence elements to obtain needed intelligence to support the military operation. See FM 8-10-8 for a discussion of medical intelligence.

b. A supporting intelligence element should exist at some point in the medical unit's chain of command. This element, whether military or civilian, will be the primary source for the HSS planner to access the necessary intelligence for the execution of HSS operations. The HSS personnel must develop a feedback system with the supporting intelligence element to provide as well as receive intelligence updates.

c. The following organizations are recipients of medical intelligence from AFMIC and may also be the sources of other data to be used in tandem with medical intelligence for development of support plans or medical threat risk assessments.

(1) Office of The Surgeon General (OTSG), US Army.

- Category of information:
Not applicable.

- Tasking requirement:
Direct contact.

- Maintains limited data.
Specific areas of interest may be addressed.

(2) Walter Reed Army Institute of Research (WRAIR) (Preventive Medicine).

- Category of information:
For Official Use Only/Not Releasable to Foreign Nationals (FOUO/NOFORN).

- Tasking requirement:
Direct contact.

- Maintains area specific information to brief epidemiological survey teams. Area specific information reports may be addressed in 2 to 3 days.

(3) Natick Research Laboratory.

- Category of information:
FOUO/NOFORN.

- Tasking requirement:
Direct contact.

- Maintains documents on weather survey teams and effects of weather on soldiers. Also maintains climatic and geodetic information. Does not maintain specific medical intelligence.

(4) Foreign Service and Technology Center.

- Category of information:
FOUO/NOFORN.

- Tasking requirement:
Direct contact.

- Maintains foreign military equipment data and some medical information in the preventive medicine field such as the water purification apparatus.

(5) Defense Pest Management Information Analysis Center.

- Category of information:
Unclassified.

Direct contact.

- Tasking requirement:
- Maintains arthropod vector and pest biology, ecology, and geographical distribution data; arthropod-borne disease data; and rodent, venomous vertebrate and invertebrate, hazardous marine organisms, and toxic flora data.

(6) United States Army Medical Research Institute of Infectious Diseases.

Branch.

- Operational Medicine
- Category of information: FOUO/NOFORN.
- Tasking requirement: Direct contact.

- Maintains information on biological warfare agents and medical countermeasures to such agents. Also maintains deployable aeromedical isolation team to evacuate a patient with a highly infectious disease under biocontainment conditions.

(7) United States Army Medical Research Detachment-Brooks.

- Category of information: FOUO/NOFORN.
- Tasking requirement: Direct contact.
- Maintains information on directed energy threat and countermeasures. Also maintains capability for management of laser eye injuries.

d. The following are civilian sources for procuring various types of medical intelligence products.

(1) Department of State.

- Category of information: Secret.
- Tasking requirement: Direct contact.
- Maintains annual updates of endemic diseases and prophylaxes. Lists embassy medical personnel and medical capabilities at each location.

(2) World Health Organization (WHO).

- Category of information: Unclassified.
- Tasking requirement: Direct contact.
- Primarily maintains statistical data on endemic diseases (information is subject to skepticism). Data compiled from each country's self-prepared reports. Country may report incorrect data because of national pride, impact on tourism, or lack of surveillance.

e. The following are source locations at Fort Bragg, North Carolina, for procuring various types of medical intelligence products:

(1) XVIII Airborne Corps.

- Category of information: Secret.
- Tasking requirement: Assistant Chief of Staff, G2, Intelligence.
- Maintains National Security Agency material with general medical and epidemiological information.

(2) XVIII Airborne Corps Surgeon's Office.

- Category of information: Secret.
- Tasking requirement: None.
- Maintains AFMIC capability studies and monthly scientific intelligence review produced by National Foreign Assessment Center.

(3) United States Army John F. Kennedy (JFK) Special Warfare Center and School (Assistant Chief of Staff, G2, Intelligence).

- Category of information: Secret.
- Tasking requirement: None.
- Maintains Defense Intelligence Agency and National Security Agency reports with limited medical information (normally several years old).

(4) United States Army JFK Special Warfare Center and School Surgeon's Office.

- Category of information: Secret.
- Tasking requirement: None.
- Maintains AFMIC weekly wire that contains specific and current update of medical information, area studies produced by the Defense Intelligence Agency (DIA) on specific countries, State Department reports, WHO weekly reports, and reference library on most endemic disease groups, files, slides, and studies.

(5) Fourth Psychological Operations Group.

- Category of information: FOUO/NOFORN.
- Tasking requirement: None.
- Maintains basic DIA and National Security Agency documents. Army experts on psychological operations are very knowledgeable on specific cultures, psychological background data, nutritional basics, taboos, and folk medicine.

(6) Regional Studies Course (RSC).

- Category of information: FOUO.
- Tasking requirement: None.
- Maintains no source documents; the RSC is attended by officers who have extensive experience in the regions they study. Generally, those officers have lived in those regions. The point of contact is Commander, Co D, 3d Bn, 1st SPWAR TN Group (A), Fort Bragg, North Carolina 28307-5000.

(7) General Intelligence Production Detachment.

- Category of information: Top Secret.
- Tasking requirement: None. (US Army JFK Center and School G-2 only on deployment order.)
- Maintains order of battle material with continuous update. Intelligence production request must be channeled through G-2. Medical information is limited.

(8) United States Army JFK Center and School Library.

- Category of information: FOUO/NOFORN.

- Tasking requirement: None.

- Maintains general area information: Department of State reports, DA Form 550 series; and area handbooks.

(9) Threat Manager, US Army Medical Department Center and School.

- Category of information: Unclassified through TOP SECRET.

- Tasking requirement: Requests for information to Commander, US Army Medical Department Center and School, ATTN: Threat Manager, Fort Sam Houston, TX 78234-6100.

- Maintains finished intelligence and United States Army Training and Doctrine Command threat data bases. Produces medical threat risk assessment projections (MEDTRAP) to support AMEDDC&S and Army combat development activities. The MEDTRAP methodology is a tool used to assess and project risk from assorted medical threats to US Forces operating in different geographical areas and during the execution of a variety of missions across the operational continuum. These assessments are based on historical data, open source, published medical information, insights from subject matter experts, and current, finished medical intelligence. The MEDTRAP methodology allows for timely and accurate vulnerability assessment for development and execution of effective passive and active protective measures prior to exposure of US Forces to high risk medical threat agents. It also provides operational commanders, intelligence officers (J2/G2/S2), and AMEDD HSS planners with limited medical threat vulnerability data in support of intelligence preparation of the battlefield.