

ART 5.4.6.4.5 Provide Health and Welfare Support

Public health and welfare pertains to the systems, institutions, programs, and practices that promote the physical, mental, and social well-being of a society. This discipline includes civil affairs specialists in public health and cultural relations. ART 5.4.6.4.5 determines the type and amount of welfare supplies needed for emergency relief. It helps units plan and coordinate for the use of welfare supplies from all sources. ART 5.4.6.4.5 advises and assists the host-nation government. It helps units establish and supervise emergency centers for distributing supplies and for housing and feeding civilians. (FM 3-05.40) (USAJFKSWCS)

NO.	Scale	Measure
01	Yes/No	Unit provided technical expertise, advice, and assistance in identifying and assessing indigenous populations and institutions, public and private health systems, sanitation systems, agencies, services, personnel, resources, and facilities.
02	Yes/No	Unit determined the capabilities and effectiveness of health and sanitation systems and the impact of those systems on civil-military operations (CMO).
03	Yes/No	Unit developed plans and provided operational oversight and supervision in rehabilitating or establishing public health systems, agencies, equipment, and facilities.
04	Yes/No	Unit coordinated the use of indigenous populations and institutions government and private health resources for military use, for CMO, and in support of government administration.
05	Yes/No	Unit advised and assisted in establishing the technical requirements for public health services and resources to support government administration (clinics, hospitals, pharmacies, food preparation and storage, ambulance transportation, skilled personnel, and education).
06	Yes/No	Unit advised and assisted in rehabilitating, establishing, delivering, and maintaining government public health systems and agencies.
07	Yes/No	Unit assisted in coordinating indigenous populations and institutions, intergovernmental organizations (IGOs),

		nongovernmental organizations (NGOs), and U.S. assistance and resources to support local government public health systems as part of CMO.
08	Yes/No	Unit advised and assisted indigenous populations and institutions, IGOs, NGOs, and U.S. agencies in preventing, controlling, and treating diseases.
09	Yes/No	Unit provided technical expertise, advice, and assistance on foreign nation or hostnation social and cultural matters and determined how those matters impact social and mental well-being of the society and the possible effects on CMO.
10	Yes/No	Unit provided technical expertise, advice, and assistance in identifying and assessing foreign nation environmental and pollution control systems, agencies, services, personnel, resources, and facilities.
11	Yes/No	Unit determined the capabilities and effectiveness of environmental and pollution control systems and how those systems impact CMO.
12	Yes/No	Unit developed plans and provide operational oversight and supervision in rehabilitating or establishing environmental resource management systems, agencies, equipment, and facilities.
13	Yes/No	Unit coordinated foreign nation or host-nation government and private environmental management resources for military use, for CMO, and to support government administration to mitigate, prepare, respond to, and recover environmental activities.
14	Yes/No	Unit advised and assisted in establishing the technical requirements for environmental management services and resources to support government administration.
15	Yes/No	Unit advised and assisted in rehabilitating, establishing, delivering, and maintaining government environmental management systems and agencies.
16	Yes/No	Unit advised, assisted, and supported the coordination of indigenous populations and institutions, IGOs, NGOs, and U.S. assistance and resources to support local government environmental management as part of CMO.
17	Time	To establish liaison with public welfare agencies in the

		area of operations (AO).
18	Time	To evaluate the public welfare system. This requires determining the extent of the welfare problem, number and location of civilian welfare organizations available, the resources that they have available, and their effectiveness in providing services to those who need them.
19	Time	To plan public welfare assistance. This includes the review of existing public welfare laws and programs and determining the numbers of needy civilians to be serviced, and the types of assistance they need (food and clothing), and their availability in the AO. It includes planning for the supervision of emergency shelters and feeding centers to include the recruitment and screening of public welfare personnel, the protection and evacuation of welfare storage and operating facilities, and the distribution of welfare supplies.
20	Time	To procure and transport public welfare supplies to storage or distribution centers.
21	Time	To conduct public welfare assistance.
22	Time	To educate civilians in the AO on public welfare support available to them.
23	Percent	Of difference between planned public welfare requirements and actual requirements in the AO.
24	Percent	Of planned public welfare support achieved in the AO.
25	Percent	Of U.S. forces in the AO involved in the conduct of public welfare.
26	Percent	Of public welfare support in the AO provided by civilian organizations.
27	Percent	Of civilians in the AO with access to public welfare facilities.
28	Number	And types of U.S. forces providing public welfare support.
29	Number	Of civilian deaths resulting from an inability to access public welfare within a given time.
30	Number	Of civilians in the AO provided public welfare.
31	Number	And types of other government agencies and nongovernmental organizations providing public welfare in the AO.

32	Cost	To provide health and welfare support.
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Supporting Collective Tasks:

Task No.	Title	Proponent	Echelon
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