

Training and Evaluation Outline Report

Task Number: 71-9-4430

Task Title: Provide for Health Services in the Joint Operations Area (Division Echelon and Above [Operational])

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	ADP 3-0	Unified Land Operations	Yes	No
	ATTP 4-02	Army Health System	Yes	No
	FM 5-0	THE OPERATIONS PROCESS	Yes	No
	FM 6-0	MISSION COMMAND	Yes	No
	JOINT PUB 3-0	Joint Operations	Yes	No
	JOINT PUB 4-0	Joint Logistics	Yes	No
	JOINT PUB 4-02	Health Service Support	Yes	Yes

Condition: The command is conducting or preparing to conduct operations as a joint task force, joint force land component command, Army forces, or Army service component command headquarters. The command's headquarters may or may not have integrated joint staff augmentation, liaisons, unit, and individual attachments. The command has received an operations plan, or warning, operations or fragmentary order from higher headquarters and is exercising mission command. The commander has issued guidance on providing health services in the joint operations area. The command is prepared to interface with joint, interagency, governmental authorities, nongovernmental organizations, and multinational forces. The command has established communications with subordinate and adjacent units, and higher headquarters. The mission command system is operational and processing information in accordance with standard operating procedures. Some iterations of this task should be performed in MOPP.

Standard: The staff develops a comprehensive health services plan which provides phased medical care that extends from actions at the point of injury or illness to movement from theater for treatment. The staffs plan addresses the saving of life and limb, reduction of disease, non-battle injury, and combat/operational stress reaction rates. The staffs plan also returns patients to duty as quickly and as far forward as possible, with minimal delay to theater hospitals or out of the theater, as appropriate.

Note: Task steps and performance measures may not apply to every staff, unit or echelon. Prior to evaluation, coordination should be made between evaluator and the evaluated staffs or units' higher headquarters to determine the performance measures that may not be evaluated.

Special Equipment: None

Safety Level: Low

Task Statements

Cue: None

DANGER

Leaders have an inherent responsibility to conduct Composite Risk Management to ensure the safety of all Soldiers and promote mission accomplishment.

WARNING

Composite Risk Management is the Army's primary decision-making process to identify hazards, reduce risk, and prevent both accidental and tactical loss. All soldiers have the responsibility to learn and understand the risks associated with this task.

CAUTION

Identifying hazards and controlling risks across the full spectrum of Army functions, operations, and activities is the responsibility of all Soldiers.

Remarks: While Army doctrine has changed to mission command over command and control (C2 - which is now a component of mission command), and changed from using ISR (Intelligence, Reconnaissance and Surveillance) to information collection (comprised of reconnaissance and surveillance, security operations, and intelligence operations), joint doctrine still retains the primacy of C2 over mission command as well as the use of ISR. Commanders and staffs of Army headquarters serving as a joint task force, joint force land component command, Army forces, or Army service component command headquarters should refer to applicable joint or multinational doctrine for the exercise and use of C2 and ISR.

Notes: None

TASK STEPS

1. The surgeon staff section, led by the Sustainment Cell, conducts Force Health Protection.

a. The commander advised by the staff appoints a command surgeon responsible for coordination and integration of the health service support (HSS) mission among participating Service components.

b. The surgeon staff section assists the commander in the establishment of wellness programs during operations to include:

(1) Physical and mental fitness.

(2) Health promotion.

(3) Environmental and occupational health.

c. The surgeon staff section assists the commander in focusing casualty prevention on hazards posed by threat forces and, occupational and environmental health threats.

d. The surgeon staff section develops a comprehensive medical data collection system with continuous surveillance and preventive medicine measures to continuously counter the health threat.

e. The surgeon staff section advises the commander in the implementation of stress control measures.

f. The surgeon staff deploys health surveillance by:

(1) Identifying population at risk.

(2) Recognizing and assessing hazardous exposures.

(3) Employing specific countermeasures.

(4) Monitoring health outcomes.

g. The surgeon staff section verifies care is provided from the point of injury through successive phases of medical care, including definitive and rehabilitative management in hospitals in the continental United States (CONUS) and outside the continental United States (OCONUS).

h. The surgeon staff section verifies first medical responders have a working knowledge of the next level of care available and the patient movement system.

i. The surgeon staff section assists the commander in clearly delineating the capabilities, locations, and relationships of far forward resuscitative surgical units to first responders and to more definitive levels of care that is communicated throughout the unit.

2. The surgeon staff section plans HSS:

a. Systematically examine all factors in a projected operation and ensure interoperability with the campaign plan or the operation plans (OPLAN).

b. Verify specific clinical capabilities:

(1) Location.

- (2) Health service logistics supportability.
- (3) Bed requirement when planning HSS.
- (4) Detail in the respective operation plans.
- c. Verify inclusion risk assessment and analysis as well as preventive medicine measures early in HSS planning.
- d. Plan a coordinated program for the prevention, treatment, and return-to-duty of combat stress reaction casualties.
- e. Establish a theater plan on the proper handling and provision of HSS for returned U.S. prisoners of war (POW) and detained personnel.
- f. Establish a theater plan on the proper handling and provision of HSS for U.S. held POW and detained personnel.
- g. Verify considerations for dental services in joint operations planning.
- h. Plan for veterinary services.
- i. Determine organization of the HSS system:
 - (1) Joint Force's mission.
 - (2) Health threats.
 - (3) Medical intelligence.
 - (4) Anticipated number of patients.
 - (5) Duration of the operation.
 - (6) Patient densities.
 - (7) Theater patient movement policy.
 - (8) Available lift.
 - (9) Hospitalization and movement requirements.
- j. Identify all means of patient movement.
- k. Confirm patient movement items (PMI) are available at the correct location and ready for use.
- l. Establish PMI centers to support worldwide theater requirements; at airports of embarkation or debarkation within CONUS or OCONUS to match aeromedical evacuation support plans.
- m. Confirm medical surveillance, and occupational and environmental health surveillance programs cover all periods:
 - (1) Predeployment.

(2) Deployment.

(3) Redeployment.

(4) Post-deployment.

n. Establish a central repository for all specimens and samples.

o. Establish procedures for handling mass casualty situations.

p. Assess host nation (HN) medical capabilities and make recommendations to the commander on their use for deployed U.S. forces.

q. Verify adequate joint medical communications architecture is established to provide compatible and responsive communications for the military HSS system.

r. Confirm adequate standardization and interoperability policies are in place.

s. Review entitlements, applicable laws, and regulations for the provision of U.S. military HSS to nonmilitary beneficiaries and military and nonmilitary personnel of other nations.

t. Coordinate HSS requirements in support of natural disasters.

u. Coordinate support with outside relief agencies.

v. Engage preventive medicine in early operational planning and contractor operations.

w. Consider early deployment of field preventive medicine units.

3. The surgeon staff section conducts HSS operations.

a. Verify measures are in place which reduce disease and non-battle injury and combat and operational stress reaction rates.

b. Return patients to duty as quickly and as far forward as possible.

c. Evacuate patients with minimum delay to theater hospitals or out of theater, as appropriate.

d. Integrate available HSS assets.

e. Verify conformity with the Combatant Commander's OPLAN.

f. Verify HSS planners participate in the development of the Combatant Commander's OPLAN to ensure adequate support is provided.

g. Verify the allocation of resources and location of medical treatment facilities to optimize access to care.

h. Evaluate mobility and survivability of HSS elements to maintain contact with supported units.

i. Verify timely patient movement.

j. Assess ongoing HSS operations making adjustments as necessary.

4. The surgeon staff section coordinates with the Mission Command Cell, and the theater supporting network enterprise technology command and signal to ensure the establishment of the HSS network, communication and intelligence systems.

a. Identify theater communication, network, and intelligence systems requirements early to ensure HSS connectivity.

b. Verify reliable, constant communications:

(1) Within the theater.

(2) Within theater to CONUS.

(3) Link the most forward HSS elements in the theater through each level in the phased HSS system and through the Service Component Commander's headquarters or joint task force (JTF) headquarters to the final destination medical treatment facility.

c. Confirm HSS communications and network planners identify:

(1) Frequencies.

(2) Protocols.

(3) Encryption sets and codes that are common between Service component support forces assigned to the HSS mission.

d. Formulate a theater communications plan during deliberate planning through complete and detailed descriptions of systems and systems requirements in all service documents and consolidation in a joint OPLAN.

e. Determine the amount and nature of HSS information essential to the geographic commander and forward appropriate guidelines to any subordinate Joint Force surgeon or Component Command surgeon.

5. The surgeon staff section directs the provision of HSS during the conduct of special operations:

a. Verify provisions are in place for essential care and life-saving treatment until force extraction from the operational area.

b. Verify development of a flexible medical structure linking the required conventional health care pillars as far forward as the joint special operations task force.

c. Deployment of forward resuscitative surgical support, blood and blood products, and linkage to strategic air movement.

d. Coordination for conventional HSS packages to augment special operations forces (SOF) organic medical capabilities

e. Verify provision of enhanced medical training to SOF enlisted personnel to allow independent duty capabilities.

f. Confirming the translation of unique SOF requirements into the conventional HSS infrastructure best suited to support the mission.

- g. Incorporation of unique challenges of HSS to SOF into HSS planning at the theater JTF staff level.
 - h. Plan and coordination of HSS with subordinate Joint Force elements by the theater Joint Force surgeon staff.
 - i. Development of comprehensive operational area-specific plans to support the special operations mission planning and execution cycle.
 - j. Development of a modified movement policy for SOF to allow for longer recovery periods.
 - k. Segregation of SOF casualties from the conventional patient population to facilitate debriefing.
6. The surgeon staff section advises the commander in the provisions of HSS in multinational operations:
- a. Develop a clearly defined and distinctive guidance for multinational operations.
 - b. Modify HSS plans for each operation to meet the demands of geography, individual national needs, language, and communication difficulties.
 - c. Confirm plans are flexible enough to manage rapidly changing operational demands.
 - d. Identify a single designated individual that has the clinical responsibility for all national HSS matters.
 - e. Confirm HSS for multinational operations complies with the provisions of the Geneva Conventions.
 - f. Validate operational HSS to multinational forces meet standards that are acceptable to all participating nations.
 - g. Verify care provided to U.S. forces participating in multinational operations meet U.S. standards.
 - h. Verify the multinational force commander determines HSS requirements in consultation with contributing nations and the HSS planning staff.
 - i. Verify methods are established to provide regular and efficient liaison between national contingents and theater HSS resources.
 - j. Establish lines of accountability and control agreed to by all participating contingents.
 - k. Establish liaison at every level including HN and any nongovernmental and international organizations in theater.
 - l. Consult with the Staff Judge Advocate on international and national law in multinational operations.
 - m. Develop credentialing standards and procedures for multinational health care providers.
 - n. Standardize the collection and reporting of medical information across all national contingents.

(Asterisks indicates a leader performance step.)

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. The surgeon staff section, led by the Sustainment Cell, conducted force health protection.			
a. The commander advised by the staff appointed a command surgeon responsible for coordination and integration of the health service support (HSS) mission among participating Service components.			
b. The surgeon staff section assisted the commander in the establishment of wellness programs during operations to include:			
(1) Physical and mental fitness.			
(2) Health promotion.			
(3) Environmental and occupational health.			
c. The surgeon staff section assisted the commander in focusing casualty prevention on hazards posed by threat forces and, occupational and environmental health threats.			
d. The surgeon staff section developed a comprehensive medical data collection system with continuous surveillance and preventive medicine measures to continuously counter the health threat.			
e. The surgeon staff section advised the commander in the implementation of stress control measures.			
f. The surgeon staff deployed health surveillance by:			
(1) Identifying population at risk.			
(2) Recognizing and assessing hazardous exposures.			
(3) Employing specific countermeasures.			
(4) monitoring health outcomes.			
g. The surgeon staff section verified care was provided from the point of injury through successive phases of medical care, including definitive and rehabilitative management in hospitals in the continental United States (CONUS) and outside the continental United States (OCONUS).			
h. The surgeon staff section verified first medical responders have a working knowledge of the next level of care available and the patient movement system.			
i. The surgeon staff section assisted the commander in clearly delineating the capabilities, locations, and relationships of far forward resuscitative surgical units to first responders and to more definitive levels of care that is communicated throughout the unit.			
2. The surgeon staff section planned HSS:			
a. Systematically examined all factors in a projected operation and ensured interoperability with the campaign plan or the operation plans (OPLAN).			
b. Verified specific clinical capabilities:			
(1) Location.			
(2) Health service logistics supportability.			
(3) Bed requirement when planning HSS.			
(4) Detail in the respective operation plans.			
c. Verified inclusion risk assessment and analysis as well as preventive medicine measures early in HSS planning.			
d. Planned a coordinated program for the prevention, treatment, and return-to-duty of combat stress reaction casualties.			
e. Established a theater plan on handling and provision of health service support for returned US prisoners of war and detained personnel.			
f. Established a theater plan on the proper handling and provision of HSS for U.S. held prisoners of war and detained personnel.			
g. Verified considerations for dental services in joint operations planning.			
h. Planned for veterinary services.			
i. Determined organization of the HSS system based on:			
(1) The Joint Force's mission.			
(2) The health threat.			
(3) Medical intelligence.			
(4) Anticipated number of patients.			

(5) Duration of the operation.			
(6) Patient densities.			
(7) Theater patient movement policy.			
(8) Available lift.			
(9) Hospitalization and movement requirements.			
j. Identified all means of patient movement.			
k. Confirmed patient movement items (PMI) were available at the correct location and ready for use.			
l. Established PMI centers to support worldwide theater requirements; at airports of embarkation or debarkation within CONUS or OCONUS to match aeromedical evacuation support plans.			
m. Confirmed medical surveillance, and occupational and environmental health surveillance programs cover all periods:			
(1) Predeployment.			
(2) Deployment.			
(3) Redeployment.			
(4) Post-deployment.			
n. Established a central repository for all specimens and samples.			
o. Established procedures for handling mass casualty situations.			
p. Assessed host nation medical capabilities and made recommendations to the commander on their use for deployed U.S. forces.			
q. Verified adequate joint medical communications architecture is established to provide compatible and responsive communications for the military HSS system.			
r. Confirmed adequate standardization and interoperability policies were in place.			
s. Reviewed entitlements, applicable laws, and regulations for the provision of U.S. military HSS to nonmilitary beneficiaries and military and nonmilitary personnel of other nations.			
t. Coordinated HSS requirements in support of natural disasters.			
u. Coordinated support with outside relief agencies.			
v. Engaged preventive medicine in early operational planning and contractor operations.			
w. Considered early deployment of field preventive medicine units.			
3. The surgeon staff section conducted HSS operations.			
a. Verified measures were in place which reduce disease and non-battle injury and combat and operational stress reaction rates.			
b. Returned patients to duty as quickly and as far forward as possible.			
c. Evacuated patients with minimum delay to theater hospitals or out of theater.			
d. Integrated available HSS assets.			
e. Verified conformity with the Combatant Commander's OPLAN.			
f. Verified HSS planners participated in the development of the Combatant Commander's operation plans to ensure adequate support was provided.			
g. Verified the allocation of resources and location of medical treatment facilities to optimize access to care.			
h. Evaluated mobility and survivability of HSS elements to maintain contact with supported units.			
i. Verified timely patient movement.			
j. Assessed ongoing health service support operations making adjustments as necessary.			
4. The surgeon staff section coordinated with the Mission Command Cell, and the theater supporting network enterprise technology command and signal to ensure the establishment of the HSS network, communication and intelligence systems.			
a. Identified theater communication, network, and intelligence systems requirements early to ensure HSS support connectivity.			
b. Verified reliable, constant communications:			

(1) Within the Theater.			
(2) Within theater to CONUS.			
(3) Linked the most forward HSS elements in the theater through each level in the phased HSS system and through the Service Component Commander's headquarters or joint task force (JTF) headquarters to the final destination medical treatment facility.			
c. Confirmed HSS communications and network planners identify:			
(1) Frequencies.			
(2) Protocols.			
(3) Encryption sets and codes that are common between Service component support forces assigned to the HSS mission.			
d. Formulated a theater communications plan during deliberate planning through complete and detailed descriptions of systems and systems requirements in all service documents and consolidation in a joint OPLAN			
e. Determined the amount and nature of health service support information essential to the geographic commander and forwarded appropriate guidelines to any subordinate Joint Force surgeon or Component Command surgeon.			
5. The surgeon staff section directed the provision of HSS support during the conduct of special operations:			
a. Verified provisions were in place for essential care and life-saving treatment until force extraction from the operational area.			
b. Verified development of a flexible medical structure linking the required conventional health care pillars as far forward as the joint special operations task force.			
c. Deployment of forward resuscitative surgical support, blood and blood products, and linkage to strategic air movement.			
d. Coordinated for conventional health service support packages to augment special operations forces organic medical capabilities.			
e. Verified provision of enhanced medical training to special operations forces enlisted personnel to allow independent duty capabilities.			
f. Confirmed the translation of unique special operations forces requirements into the conventional health service support infrastructure best suited to support the mission.			
g. Incorporated unique challenges of health service support to special operations forces into health services support planning at the theater joint task force staff level.			
h. Planned and coordinated health service support with subordinate Joint Force elements by the theater joint force surgeon staff.			
i. Developed comprehensive operational area-specific plans to support the special operations mission planning and execution cycle.			
j. Developed a modified movement policy for special operations forces to allow for longer recovery periods.			
k. Segregated special operations forces casualties from the conventional patient population to facilitate debriefing.			
6. The surgeon staff section assisted the commander in the provision of health service support in multinational operations.			
a. Developed a clearly defined and distinctive guidance for multinational operations.			
b. Modified HSS support plans to each operation to meet the demands of geography, individual national needs, language, and communication difficulties.			
c. Confirmed plans were flexible enough to manage rapidly changing operational demands.			
d. Identified a single designated individual that had the clinical responsibility for all national health service support matters.			
e. Confirmed HSS support for multinational operations complied with the provisions of the Geneva Conventions.			
f. Validated operational HSS to multinational forces met standards that were acceptable to all participating nations.			
g. Verified care provided to U.S. forces participating in multinational operations met U.S. standards			

Step Number	Task Number	Title	Proponent	Status
	71-9-5000	Execute the Operations Process (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5111	Provide Positive Identification of Friendly Forces Within the Joint Operations Area (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5130	Determine Commander's Critical Information Requirements (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5200	Assess Operational Situation (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5310	Conduct Operational Mission Analysis (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5320	Issue Planning Guidance (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5450	Coordinate with Components, Theater, and other Support (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5570	Conduct Joint Force Staff Operations (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5700	Coordinate Joint Multinational Interagency Support (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5711	Execute Theater Security Cooperation Plans (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5740	Coordinate Plans with Non-Department of Defense Organizations (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5750	Coordinate Host Nation Support (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5760	Coordinate Coalition Support (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-5790	Coordinate Interagency and Multinational Support (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved

Supporting Collective Task(s):

Step Number	Task Number	Title	Proponent	Status
	71-9-4400	Coordinate Personnel Support for Forces in Joint Operations Area (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-4500	Manage Logistics Support in Joint Operations Area (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-4510	Provide Movement Services in the Joint Operations Area (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved
	71-9-4530	Recommend Evacuation Policy and Procedures for the Joint Operations Area (Division Echelon and Above [Operational])	71 - Combined Arms (Collective)	Approved

Supporting Individual Task(s):

Step Number	Task Number	Title	Proponent	Status
	150-718-5111	Participate in the Military Decision Making Process	150 - Combined Arms (Individual)	Approved

Supporting Drill Task(s): None

TADSS

Step ID	TADSS ID	Title	Product Type	Quantity
No TADSS specified				

Equipment (LIN)

Step ID	LIN	Nomenclature	Qty
No equipment specified			

Material Items (NSN)

Step ID	NSN	LIN	Title	Qty
No equipment specified				

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination. .