

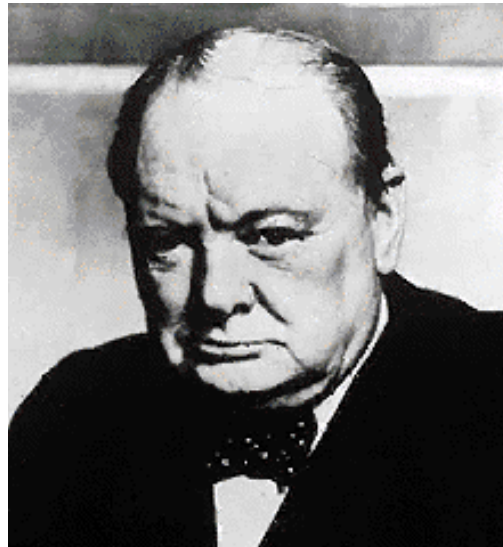
**Army Medical Specialist
Corps
Deployment Readiness
Handbook**



December 1999

“To every man there comes in his lifetime that special moment when he is figuratively tapped on the shoulder and asked to do a very special thing—unique to him and his talents. What a tragedy if that moment finds him unprepared or unqualified for that work.”

Winston Churchill





This handbook was developed by members of the Army Medical Specialist Corps, Army Nurse Corps, Medical Service Corps, and members of the USAR who understand that ships were not built to remain in harbor. It reflects years of deployment knowledge and experience, and is dedicated to soldiers and their families.

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Introduction

It's Thursday night and you are exhausted from a busy week in the clinic. You fall into bed and are asleep within minutes. Suddenly the phone awakens you. It is 0100 hours. The voice at the other end captures your attention as you hear: "We are on alert for deployment. You are to report to the company no later than 0230 in field gear and be prepared to deploy within 24 hours."

Can you respond? What should you take? Who's going to take care of your home, your child, and your pets? Who is going to pay the bills? Can you arrange all of this and be able to report in 90 minutes? Will you have what you need to perform your duties effectively in the deployed environment?

You can meet these challenges by being ready ahead of time—by being ready TODAY!

Unlike our civilian counterparts, military health care providers must be ready to deploy at a moment's notice. Are we prepared to fulfill this responsibility? As we perform our hectic day-to-day duties, it is easy to inadvertently neglect our responsibility of military readiness. Military readiness means being able to effectively respond in time of war or conflict. This is our primary mission. As health care providers, the mission may involve military operations other than war (MOOTW) as well.

The process of deployment can be both complex and demanding for the service member and family. Knowing what to expect and being prepared physically and emotionally can make deployment much easier. The purpose of this handbook is to assist us and our families to be prepared. An ancient Chinese saying advises "preparation is half the journey." May this information help us meet the challenges that lie ahead and enable the "second half" of the journey to be rewarding and successful.

In preparing for battle I have always found that plans are useless, but planning is indispensable.

Dwight D. Eisenhower

Our Past and Our Future

Soldiers of the Army Medical Department (AMEDD) have served proudly and effectively in a wide variety of challenging operations, ranging from disaster relief, humanitarian and civil actions, medical civil affairs programs (MEDCAP), peacekeeping missions, peacetime exercises, to combat. The Army Medical Specialist Corps (AMSC) has played a vital role in “conserving the fighting strength.”

Readiness is the ability of a soldier to be deployed and to perform the mission effectively with or without a unit across the full spectrum of mission possibilities. Proactive military and professional preparation and planning will enable us to be prepared and ready to deploy. Our missions on deployments require us to have the ability and flexibility to provide a wide variety of health care programs from wellness and injury prevention to primary screening and rehabilitation. Resourcefulness, innovation, and maintaining a positive attitude will be essential in environments of limited means.

To effectively support combat forces, the Army Medical Department (AMEDD) must anticipate and prepare to operate under conditions which will be more lethal and violent than in past conflicts. TC 8-13 predicts that units that normally have been considered “safe” in past wars may be subject to nuclear, biological, and chemical (NBC), air, artillery, and ground attacks. Casualties will occur in the entire theater of war in larger numbers and in a shorter period than has occurred in the past. In a world of political instability, ethnic strife, and competition for power and limited resources, regional conflicts will be an unfortunate reality. We must be prepared to deploy with short notice. Although the duties and challenges are often unique to the particular mission, there are a number of common denominators for preparation.

A ship in harbor is safe,
but that is not what ships are built for.

--William Shedd



Objectives

- Prepare AMSC officers and enlisted personnel and their families for rapid deployment
- Prepare AMSC officers and enlisted personnel to perform effectively in foreign and hostile environments
- Define the essential requirements for deployment
- Identify training and logistical needs for deployment
- Assist AMSC soldiers to obtain and maintain an optimal state of readiness

Pre-Deployment Preparation



"Great occasions do not make heroes or cowards; they simply unveil them to the eyes of men. Silently and imperceptibly, as we wake or sleep, we grow strong or weak; and at last some crisis shows what we have become."

Brooke Foss Westcott

Introduction

Plan ahead. This is the key to a successful deployment. **Read this handbook.** Mark or highlight passages you find particularly helpful.

Take the time to write down all of your legal responsibilities such as your house, your lease, your children, your furniture, your car, and your investments. Do you have someone to take care of these matters in your absence? If your mother who lives in Florida will be the guardian of your child, who will unite them? Who will care for your pets? Do you need additional allotments to provide for your family? Who will you designate power of attorney to handle your affairs in your absence? Is that person subject to deployment? Does your spouse or your child's guardian know how to cope with the military system, such as making health appointments, dealing with on-post housing maintenance, or replacing lost identification cards? Do those who will be responsible for your affairs know what will be expected of them?

If you are single, does your apartment rental contract have a military clause? Do you have someone who can place your goods in storage or make rent or mortgage payments in your absence? Do you know that in some deployments you might lose your BAS and BAH after 90 days? Did you know that your mission could extend for 179 days or beyond? The personal affairs checklist on the following pages will help you determine your current state of readiness.



For Want of a Horseshoe Nail

**For want of a nail, a shoe was lost,
For want of a shoe, a horse was lost,
For want of a horse, a battle was lost,
For want of a battle, a kingdom was lost,
And all for the want of a horseshoe nail.**

Personal Affairs Checklist for Deployment

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Have you attended a personal affairs orientation and understood entitled benefits and assistance (AR 612-2)? |
| ___ | ___ | Is your security clearance completed (AR 380-5)? |
| ___ | ___ | Is your will updated, and the location and name and address of the custodian recorded? |
| ___ | ___ | Do you have a current power of attorney and this person's name and address recorded? |
| ___ | ___ | If needed, does someone other than a parent have written permission to authorize treatment of minors in an emergency? |
| ___ | ___ | Is the location of important papers and documents recorded, to include name and address of the legally designated guardian (for solo parent)? |
| ___ | ___ | Are property/valuables secured and insured? |
| ___ | ___ | If your quarters will be vacant, have the Military Police been notified? |
| ___ | ___ | Is your home or quarters secured? Do you have a house sitter and the keys to your quarters available? |
| ___ | ___ | Have you established a caretaker for your pets, and do they know which veterinarian to contact as needed? |
| ___ | ___ | Do you have arrangements for direct deposit? t |
| ___ | ___ | Do you have sufficient insurance (SGLI/Commercial), and are the beneficiaries current? |
| ___ | ___ | Have you ensured that family members receive monthly pay? |
| ___ | ___ | Have you arranged for payments of your lease or mortgage? |
| ___ | ___ | Have family members been briefed on available assistance as needed, such as by Army Emergency Relief, Army Community Service, and the American Red Cross? |

Yes No

- _____ _____ Have long and short-range plans for family members been established?
- _____ _____ Have you arranged for disposition of private vehicle(s), such as placement in temporary custody at your installation or with friends or relatives? Are the keys available?
- _____ _____ Are your household goods sufficiently insured?
- _____ _____ Is your Emergency Data Card, DD Form 93 current? (Maintained by personnel).
- _____ _____ Have you established a procedure to notify your creditors if you exercise your rights under the 1940 Soldiers' and Sailors' Relief Act?

Mobilization and Deployment Planning

Stages of Deployment

Training Stage

The training stage begins at the time the unit is organized and extends to the time it receives the warning order alerting it for movement. Technically, all TOE units are always in the training stage, constantly preparing for the movement when the order is received for deployment into action.

Alert Stage

The alert stage begins upon receipt of the movement order and extends until the unit has arrived at its destination. It may last for less than 48 hours to several weeks.

Movement Stage

The movement stage begins upon receipt of the movement order and extends until the unit has arrived at its destination.

TOE/MTOE

During the training stage, in preparation for deployment, soldiers should have a comprehensive knowledge of personnel requirements for the unit. Since there are two documents with this information, it is important to know the difference between a TOE and a MTOE.

Table of Organization and Equipment (TOE): The TOE for the specific unit prescribes the normal mission, organizational structure, and personnel/equipment requirements. It is used as the basis for the MTOE. The TOE is not an authorization document; it is a planning document.

Modification Table of Organization and Equipment (MTOE): The MTOE is the table which prescribes in a single document the modification of a basic TOE necessary to adapt the mission, capabilities, organization, personnel, and/or equipment to the needs of the specific unit or type of unit in a specific geographical or operational environment. Therefore, the MTOE is an authorization document (AR 310-31).

Each TOE/MTOE is different and designed for the specific unit. In other words, the MTOE of each combat support hospital is different and designed for each specific unit. Soldiers should be familiar with the MTOE for that specific unit and the personnel strength for their respective sections.

Initial Preparation for Deployment

Soldiers must be thoroughly familiar with their required duties when the unit is alerted for movement. This task must be accomplished during the training stage. Time may not be available to orient oneself when the alert has been received.

Each TOE unit must have an updated unit movement SOP to define the preparatory responsibilities of each section within the unit. Soldiers must be fully aware of the responsibilities that will be required of them and maintain control as needed.

Training inspection and readiness tests should clearly validate that all key personnel are familiar with the SOP contents and are able to perform their prescribed duties. It is extremely important that you determine the availability and status of the professional equipment you expect to use when deployed. If it is not satisfactory or adequate, NOW is the time to make it right.

Alert Stage Procedure

The receipt of the warning order signals the beginning of the alert stage. Normally, at this time personnel and supply actions required to prepare the unit for its mission are initiated.

Briefing of key personnel. Upon receipt of the warning order the unit commander will assemble all key personnel, and within the security limitations, brief them of the situation.

Alert briefing of unit. Immediately following the briefing of key personnel, the remainder of the unit should be informed of the situation within security limitations.

Overseas orientation (AR 220-10). The overseas orientation is presented prior to departure of the unit from home or mobilization station.

Showdown inspection. Upon receipt of the warning order, a showdown inspection is required. DA Form 413 (POM Equipment Status Record) or other appropriate checklist may be used to show the status of unit equipment with the exception at times of organizational clothing and equipment authorized by CTA 50-900 and individual clothing authorized by AR 700-84.

Requisitioning shortages. If not previously done, shortages of TOE equipment, supplies, organizational repair parts, expendable tools and equipment, and tactical and supply manuals must be requisitioned. Ensure that you have the necessary military clothing required by AR 700-84. If not, procure them immediately.

Coordination. Liaison with the various sections of the unit should be maintained to facilitate the move. Identify those who are the main planners and discuss with them the plans that impact on your area.

Supplies. All supplies must be checked and packed appropriately.

Personnel roster. The unit personnel roster must be brought up to date and a copy forwarded to the custodian of unit medical records with a request that immunizations be checked and a schedule prepared for individuals requiring immunizations and/or physical examinations (AR 612-2 and AR 40-562).

Loading Plan

Every soldier should know how equipment and supplies will be prepared for movement. It is equally vital to know what the loading plan is for setting up the medical facility. The arrangement of loads and vehicles is normally determined by the personnel in charge of each move, and determined individually for each site and type of hospital. Regardless of the situation or the site selected, five components (EMT, intensive care ward, power unit/utility pack, surgery, and X-ray) should always be the first components in the convoy and the first to be established at the new site. Know what the plan is for moving your particular equipment.

AMEDD Professional Fillers (PROFIS)

The permanent assignment of AMEDD officers to TOE medical support units is limited by the Department of the Army policy to the minimum needed to meet training requirements. The AMEDD, however, must provide for a professional complement to be immediately available to accompany the TOE medical units dispatched to any site in CONUS or overseas.

This requirement is met by designating soldiers assigned to Tables of Distribution and Allowances (TDA) units as Professional Fillers for a particular TOE unit. The Surgeon General designates, by name, the officers who will fill key positions in the units. AMSC officers who are professional fillers should accompany the unit on field problems or training exercises. They can play an active role in the training of enlisted personnel, become familiar with the facilities, equipment, and responsibilities in the TOE unit, and educate other AMEDD personnel to the role and importance of the AMSC specialties in the deployed environment. Participation in unit training exercises can help build the personal relationships and teamwork needed for effective interaction when deployed. Direct communication and interaction with the unit is imperative. It is our responsibility to market our skills and specialties.

The high destiny of the individual is to serve rather than to rule --Albert Einstein

Medical Readiness

An Updated Shot Record

The immunization record must be current. Obtaining vaccinations according to schedule reduces the risk of contracting diseases and prevents unnecessary delays in the event of deployment. The location of the mission ultimately determines which vaccinations are required.

The following immunizations must be kept current:

- Typhoid Vaccine----- 3 years (if injection)
----- 5 years (with pills)
- Tetanus & Diphtheria Toxoid ----- 10 years
- Polio-Virus Vaccine----- (not necessary if series completed; however required for some deployments)
- Influenza ----- yearly
- Tine Test ----- yearly
- Hepatitis A, >18 years (Havrix)-----4 years
- Meningococcal (Menomune)-----5 years
- Yellow Fever-----10 years



Additional immunizations may be required depending on the location of the mission. It is recommended to keep two copies of the immunization record (PHS731). One copy should be placed in the medical record, and the other in a secure place. Below are most of the vaccinations you might need and under which conditions you would require them.

Immunizing Agent	Condition or status administered (See below)
Adenovirus (types 5 and 7)	B
Cholera	E
Hepatitis A	G
Hepatitis B	F,G
Influenza	A, B, X
Japanese Encephalitis Vaccine	D
Measles	B, F
Meningococcal (A,C, Y, W135)	B, D
Mumps	F, G
OPV	B, D, R
Plague	D, F
Rabies	F
Rubella	B, F
Tetanus-diphtheria	A, B, R
Typhoid	C, D
Varicella	F, G
Yellow Fever	C, D
Anthrax vaccine	To be announced

Codes (Ref. AR 40-562)

- A--All active duty personnel
- B--Recruits
- C--Alert Forces
- D--When deploying or traveling to high risk areas
- E--Only when required by host country or army
- F--High Risk Occupational Groups
- G--As directed by applicable Surgeon General or Commandant
- R--Reserve Components
- X--Reserve Component personnel on active for 30 days or more during influenza season

Current Medical Exam

Medical exams are required every 5 years. Upon reaching the age of 40, soldiers are required to obtain a physical examination which includes age-specific components (i.e. EKG, etc.). If you are over 40, you must complete the physical exam to be deployable and to be permitted to take the APFT.

(Ref: DA Washington, DC//DAPE-MPF//01100Z SEP 88, Subject: Preparation of Soldiers for Movement-Peacetime and Mobilization)

Preexisting Conditions/Profiles

Temporary profiles must be current to be valid. Soldiers with permanent profiles must have the profile reviewed to determine if it precludes deployment.

Current APFT

Active duty soldiers must pass the APFT twice a year. Reservists must pass the test yearly. Personal fitness is the responsibility of every soldier, whether active or reserve component. In stressful environments, strength and aerobic fitness can enable the soldier to perform their duties more effectively.

HIV Testing

Soldiers who are HIV positive are not deployable. HIV screening is required before leaving CONUS. Active and Reserve personnel scheduled for overseas deployment for more than 180 days must have an HIV screening within the past 12 months. For deployment or exercises that are less than 180 days an HIV screening test must be performed within the last 24 months.

DNA Tests

DNA tests are now required for identification purposes. A copy is kept in the medical record. DA keeps another copy for permanent filing.

Glasses, Inserts, and Hearing Aids

Soldiers who wear glasses must have up-to-date prescriptions. Prior to deployment, soldiers are required to have at least two pairs of glasses and one pair of gas mask inserts (AR 40-63, para 2-5). Soldiers who wear hearing aids are required to have at least two pairs (AR40-3, para 9-4). It is a good idea to keep the second set of glasses and hearing aids in a secure place, and a copy of the lens prescription readily available.

Regular Medications and Prescriptions

If taking medication regularly, the soldier should pack enough to last one to two months. The availability of prescription medication in the field is variable. It is wise to keep an extra prescription and a list with of the medications you are taking with the frequency and dosage.

Dental Readiness

A dental examination should be completed yearly, and a panograph (full mouth radiograph) should be on file. Effective 1 Dec 88, the dental record must be available for identification purposes before a soldier is transferred within CONUS, OCONUS for any exercise, PCS, TDY, AT, ADSW or ADT. If your dental record cannot be completed before deployment, one of the following documents may serve as an interim substitute until then:

1. SF 603 with section I, part 4 and section II completed.
2. Bite wing radiographs or full mouth radiographs fully identified.

No exceptions will be made to the above rule with deployments involving air travel. The original dental record including the original panograph will be stored in CONUS.

Legal Matters and Obligations

It is highly recommended that you review your personal and business affairs with a legal officer before deployment. Proactive management of your personal and business affairs will serve you well in the future.

Power of Attorney

A power of attorney is a legal designation by an individual, which grants to another the authority to act for another and to execute documents in the name of the grantor, as if he or she actually signed the documents. Although it is a useful instrument which allows one to take care of the legal affairs of another during that person's absence from the local area, a power of attorney can also be a dangerous document, because actions done with its authority are legally binding on the absent party. Thus, great care is encouraged in both the execution and use of a power of attorney.

There are two types of powers of attorney:

1. A special power of attorney, which gives one the limited authority to act in one specific area, is advisable for most short-term instances. In fact, the authority is limited to the specific acts noted in the document.
2. A general or unlimited power of attorney gives another unlimited authority to act for the entire period indicated. This may best serve the needs of the family while the soldier is on an extended deployment, and the instances where the soldier's signature will be needed cannot necessarily be predicted.

Wills

A will is a legal expression or declaration of an individual's wishes as to the deposition of personal property and assets, which will take effect after death. It is always easier to take care of things after one's death if a legally executed will is available. If one dies without leaving a will, personal and real property are distributed by state law, which might not necessarily coincide with the way the individual would have wanted it passed. Assistance with wills is provided by the Judge Advocate General.

The Soldiers and Sailors Relief Act

This law was passed in 1940 as The Soldiers' and Sailors' Relief Act of 1940 (SSCRA). It was designed to ensure that **National Guard or Reserve** members were free of financial obligations that could prevent him or her from honoring service requirements. This law enables the service member to get a reduction or a delay in his civilian financial obligations. The protection begins when the soldier enters active duty and ends within 30 to 90 days from the date of discharge from active duty. Please note that this relief is not automatic. The soldier is responsible for asking for relief under the SSCRA. It will not cover obligations that occurred after entry into the military. The SSCRA, which was last amended in 1940, may not be able to provide you with sufficient relief.

Leases/Rents

The SSCRA provides for relief from lease obligations for premises used for business, professional, dwelling, agriculture or similar business if the following criteria have been met: 1) the lease was executed prior to the service member entering active duty and 2) the leased premises was used by the service member or immediate family for the above reasons. Written notice of your intent to vacate must be provided after entry on active duty or upon receipt of mobilization orders. The effective date of termination of a lease is determined in a variety of ways. The bottom line is that the service member is required after adequate notice only to pay for those months before the lease was terminated. If you have special concerns about your own situation contact your JAG officer for advice.

Recurring Bills

The SSCRA provides for a reduced interest rate of 6% per annum for all debts incurred before mobilization. The interest rate will be dropped to the 6% level unless the creditor can convince a court that soldier has the ability to pay. You should contact all of your finance and lending institutions in writing declaring your rights under the SSCRA. Consult your local JAG officer for specific information.

Mortgages

If you have entered into an installment contract for the purchase of real or personal property, prior to entering active duty, you will be protected by the SSCRA. However, your ability to make payments must be “materially affected” by your service. You must have either made a payment or deposit under the contract prior to entering the service. The SSCRA protects you against foreclosure as long as the following facts are established:

The relief is sought on obligation secured by a mortgage, trust deed, or other security in the nature of a mortgage, trust deed, on either real or personal property.

- The obligation originated prior to entry on active duty.
- The property was owned by the service member or family member prior to entry on active duty.
- The property is still owned by the service member or family member at the time relief is sought.
- The ability to meet the financial obligation is materially effected by the service member’s military obligation.

Judicial Proceedings

If you are involved in judicial proceedings as either a plaintiff or defendant, you are entitled to a stay of those proceedings if it is determined that your ability to prosecute or defend that action is “materially effected” by reason of your active duty service. You can request a stay during your active duty or within 60 days of your discharge. “Material effect” is shown when you can prove that your military duties prevent you from appearing in court at designated time. However, the courts insist that you make every effort to appear in court. They are usually reluctant to grant long-term stays in the proceedings. Ref: SSCRA, Articles I (50 USC App.510-517), II (50 USC App. 520-527), and III (50 USC App. 530-536), DA Pam 360-525.

Change of Address

Some deployments require frequent moving. It is best to advise relatives and friends to postpone sending mail directly to you until you have been given a mailing address. A change of address card should be sent to your family containing your name, rank, social security number, unit name, installation, state, and if overseas, the APO number and/or zip code. During large deployments, the military handles massive amounts of mail. Anticipate delays of up to two weeks or more.

Financial Preparation

Civilian job (Reservist)

The RC now comprises 70% of the Army's "go to war" medical force. Most Army reservists are employed full-time in addition to their military responsibilities. Reserve officers must ensure that their employer is prepared for the possibility of their deployment, and that family members are similarly prepared for the absence of the soldier. Financial preparation is paramount.

As a reservist, upon release from active duty, you have the right to be restored to your former position or one of similar status, seniority, and pay. You are also entitled to receive the automatic pay raises that other employees have received in your absence. It is always possible that the employer might refuse to restore you to your former position. This might be avoided if you talk with your employer ahead of time. Proactively find out what his or her attitude, policies and rules are with regard to your possible mobilization. It is highly recommended that you obtain a written agreement for reemployment from your employer. In the event that your employer denies you reemployment, you may contact one of two agencies for help. If you are a federal employee, contact the Office of Personnel Management. If you work for a private company, state or local government, contact the Department of Labor. Additionally, you may contact the National Committee for Employer Support to the Guard and Reserve at 1-800-336-4590, web site: www.ncesgr.osd.mil.

There are clearly stated requirements to be eligible for reemployment after demobilization:

- You were not a temporary employee.
- You discontinued employment to enter active duty.
- You were not on active duty longer than 5 years.
- You are qualified to perform the duties of that position you vacated.
- If a service-connected disability prohibits you from performing your former job, you are entitled to receive the nearest comparable job with duties you can perform.
- You must apply to be reinstated within 90 days of your discharge.
- If you are hospitalized, you have 90 days after your release after your discharge provided hospitalization does not exceed one year.
- You are protected against discharge without cause for one year.

Helpful hints for reemployment for those called to active duty for more than 90 days:

- Draft a sample reinstatement letter to your employer. (See appendix)
- Hand carry the letter to your employer before the 90th day after discharge.
- Be ready to go back to work after reinstatement.
- Keep a copy of your letter and a record or journal of your reemployment efforts.
- Do not accept a position of less seniority or pay.
- Do not sign a waiver of your reemployment rights.
- It is a good idea to give your employer a copy of discharge certificate (DD-214 or DD-220)

Ref: DA Pam 360-525, 6A Pam 600-2, Veterans Reemployment Rights (VRR) Act (38 U.S Code 2021-2026)

Practice Coverage

If you are self-employed and/or are a partner in a group practice, deployment may place significant economic hardship on you. In past deployments, some practitioners have had to close their practices. There are provisions in the Soldiers and Sailors Relief Act mentioned in this manual which will help deal with some the economic issues. If you are a solo practitioner, you may try to arrange for other therapists to assume your patient load or obtain coverage from a company that provides temporary therapists. If all efforts have failed for coverage in your clinic, contact the other practices in town to arrange for continued care for your patients while you are away.

Second Job or Business (Active Duty)

Some active duty members own a private business or work part-time for someone else. The Army is your primary job. As a courtesy to your employer you should notify them of the risks of your being deployed. Employers are not required to reemploy you after your return. If you own a business, it is extremely wise to have a contingency plan should you be deployed. Otherwise, you will need to make the appropriate economic arrangements to protect your investment while you are away.

Banks and Credit Unions

If you are scheduled for deployment, make arrangements for continued payment of your financial obligations to your lending institutions. You may designate your spouse, family member, or friend to have general or special power of attorney depending on your situation. You should contact your lending institutions to advise them of your impending deployment. You may also need protection under the Soldiers and Sailors Relief Act. (For additional details please refer to that heading in this document).

Personal Finance

Military Pay

It is the soldier's responsibility to understand their pay benefits. Below is a brief summary of the types of pay that might be available during deployment:

- **Base Pay:** This will be determined by the pay grade and time in service which is calculated by the Pay Entry Basic Date (PEBD). Keep a copy of your DD 214 and your last promotion order to verify time in service or grade in case you have an error in your pay.
- **Basic Allowance for Subsistence (BAS):** This is provided to solely offset the dining facility surcharges. For reservists, this goes into effect at the mobilization site. Refer to TC 21-7 and the ASAFM&C homepage for the most current information on pay and benefits when deployed.
- **Basic Allowance for Housing (BAH):** Active duty or mobilized reservists may be entitled to receive BAH. The rate is based on your primary residence. All deployed soldiers are entitled BAH. Married persons are entitled to BAH at the "WITH DEPENDENT" rate if claimed and authenticated on a DA Form 3298. Single soldiers are eligible to receive BAH at the "WITHOUT DEPENDENT" rate. If you are claiming an additional dependent, you must have a Defense Finance and Accounting Service (DFAS) approved DD 137. Refer to a current pay chart for the prevailing BAH rates.
- **Per Diem :** This normally refers to reimbursement for lodging and meals and certain other travel expenses when you are not within commuting distance from home. Per diem is based on availability of government quarters and dining facilities.
- **Family Separation Allowance (FSA) Type II:** FSA is paid to married soldiers who are separated from their spouse for 30 days or more. Personnel automatically initiates this, but it may take a month before it begins.
- **Imminent Danger/Hostile Fire Pay:** Soldiers deployed in a designated conflictive area are entitled to imminent danger pay, presently \$150.00 per month. HFP is paid for any part of one day in the combat zone for the entire month. If a soldier went into a CZ on 31 January and stayed until 1 Feb, the soldier is entitled to two months of HFP.
- **Special/Incentive Pay:** (i.e. professional pay for board certification) must be substantiated by orders and appropriate documentation.

Pay Withholding

With deployments in a non-hostile environment you will normally be subject to regular federal and state taxes. During Desert Storm, however, an exemption was given for the first \$500.00 of income each month. Such exemptions in hostile environments are at the discretion of Congress.

Basic pay is taxable and a portion of your basic pay will be withheld. How much is withheld depends on how many personal exemptions you have declared on your W-4.

The service member will continue to be subject to state income tax as required. Military pay earned in the state in which a soldier is deployed is exempt from state tax unless it is also the declared state of residence. Social security tax or "FICA" (Federal Insurance Compensation Act) is collected from your basic pay. It is based on a percentage of your basic pay up to a dollar limit predetermined by Congress.

Civilian Pay Issues for Reservists

For reservists, military pay may not be equivalent to the income generated from civilian employment. The Soldiers and Sailors Relief Act addresses pay issues. If you are a reservist, your employer may choose to continue all or part of your pay while you are deployed. There is no law that prevents you from receiving income from more than one source. On the other hand, your employer is free to suspend your salary until after you are demobilized. It is highly suggested that you discuss options with employer in advance. It will allow you to plan ahead and may minimize future economic strain.

Allotments

Currently deployed USAR and ARNG soldiers do not have allotments available. In extreme emergencies, a garnishment can be established to simulate an allotment. The following is a list of types of allotments other service members can authorize to be deducted from their pay with appropriate coding symbols:

- B Series EE U.S. Savings Bonds in denominations of \$50, \$100, etc.
- C Pledges for Combined Federal Campaign.
- D Voluntary allotment which may be made for the support of a spouse, former spouse(s), other family members or relatives not legally designated as family members. May be payable to a bank, savings and loan association, or credit union for credit to the account of the service member. A "D" allotment can also be sent to the individual at a home address. To calculate an appropriate "D" allotment, add up your monthly expenses plus an additional \$10 per person per month

(minimum of \$30) for expected expenses. This should be the minimum amount of your allotment.

- E Voluntary contributions from \$25 to \$400 (limit must be dividable by five) for educational benefits. Once initiated, the member is required to make contributions for a year. The maximum contribution for a member is \$2700.
- H Repaying loans for a home, mobile home, or house trailer used as a primary residence, once allowed.
- I Premiums for a commercial insurance policy.
- L Repaying loans to Army Emergency Relief, American Red Cross, or the Veterans Administration.
- N Premium for earlier forms of government life insurance
- R/G Garnishment for child support or alimony to comply with a court order.
- S Payment to a banking institution, savings and loan association, or credit union for credit to the service member or deposit into a savings account. Limit of two.
- T Liquidation of debts to the US government or any federal agency.

Worksheet for Determining Your Family’s Total Monthly Take-Home Pay

Pay and Allowances

Base Pay _____
 BAH _____
 BAS _____
 FSA _____
 HFP _____
 Additional Pays (i.e. pro pay) _____

Total Gross Pay _____
 (before deductions and allotments)

Allotments (RC excluded)

Family Member Allotment (D) _____
 Savings Allotment (S) _____
 Insurance Allotment (I) _____
 Loan (L) _____
 Education (E) _____
 Mortgage (H) _____
 Others, such as charity (C) _____

Subtract Total Allotment _____

Deductions

Federal Income Tax Withheld _____
 State Income Tax Withheld _____
 FICA - Medicare _____
 SGLI _____
 Other (i.e. advance pay) _____

Subtract Total Deductions _____
 Monthly Take Home Pay _____

Take-home pay for part-time job _____
 Spouse’s “D” allotment _____
 Spouse’s take-home pay from job _____
 Savings “S” allotment _____
 Child Support _____
 Other Income (interest, rental _____

Total Monthly Take Home Pay _____
 income, etc.)

Insurance Issues

SGLI/Commercial

It is very important to review your insurance policies. Many life insurance policies do not cover injuries sustained in a hostile environment. It is wise to review the policies with an attorney or your insurance agent to clarify your coverage. The SGLI (Service Member's Group Life Insurance) policy does cover loss as a result of military service. It has no loan, cash, paid up, or paid up value. You may choose to decline coverage but for the minimal deducted costs you can obtain coverage up to \$200,000.

Professional Liability Insurance

You may suspend your professional liability insurance during the period of your mobilization. You must submit a written request to the insurance carrier. Insurers may not require you to pay premiums during this period of suspension. Insurers must refund any money paid by you for premiums during the suspended period. You may elect to apply such premiums to future premiums when the policy is reinstated.

You are not liable for claims made while you are on active duty. You are liable for claims made prior to deployment/mobilization. Additionally, any action brought against you prior to your mobilization while your policy was in effect will be stayed until you are demobilized providing that: 1) the action is filed during your active duty period, 2) the action is based on an act or omission prior to active duty time and, 3) your policy would have covered you during that period. If you die while on active duty, your insurer is responsible for claims if you were covered during the period of the claim.

Household Insurance

It is wise to have a complete inventory of your household goods prior to deployment. It is recommended that you also take photographs and/or video recordings of your household goods and valuables. Record the serial numbers of high value items. Engrave valued items with your driver's license number, not your social security number, since the social security number is not accessible by law enforcement agencies. Store the inventory and film in a secure place. In case of a fire or other catastrophe you need to have a record of the contents of your house in order to insure adequate replacement value. Review your policy with your agent regarding the type and amount of necessary coverage. If you have questions about the "small print," contact your JAG officer for help. The SSCRA does not presently provide any provisions that would suspend your policy payments.

Automobile Insurance

Even if you are storing your automobile, it is suggested that you continue coverage on your vehicle to include theft, to protect yourself from the unexpected. Your insurance agent or an attorney can advise you regarding the minimal necessary coverage during deployment. Upon return home, ensure that comprehensive and liability insurance is resumed and that safety inspection stickers and license tags are current.

Health Insurance

Although the SSCRA does not provide for resumption of health insurance benefits by your employer following demobilization, the Veteran's Reemployment Rights Law prohibits an exclusion or waiting period being imposed by employer-offered health insurance. The law stipulates that the insurance will cover any condition that arose prior to or during the soldier's period of training or service in the Army providing: 1) no exclusion or waiting period would have been imposed ordinarily for the condition during the coverage period and 2) the condition was determined not to be service connected. The SSCRA provides that any health insurance that was in effect prior to entering active duty that was terminated will be reinstated, and that an exclusion or waiting period may not be imposed for health or physical conditions which arose prior to or during active duty.

Family Readiness

The Family Plan

Desert Storm reminded us of how important a family support system was for deployed service members. Because of stresses that can be imposed on the family and the potential deleterious effects on the morale of the deployed soldier, a much greater emphasis should be placed on establishing a family plan. A very helpful reference is “Mission Readiness: A Personal and Family Guide.” For a copy, phone (800) 628-7733. Refer also to “How to Survive Separations” and the “Children and Deployment sections of this manual.

Personal/Family Records

Perform a complete inventory of your property before you deploy. Important documents, records, and papers dealing with property holdings, financial affairs, debts and important business transactions should be kept in a safe place and catalogued properly. The person you grant power of attorney will be unable to manage your affairs in your absence without full and accessible information. You should have the following documents available:

- Birth certificates
- Marriage certificates and license
- Will
- Real estate deeds, titles, mortgages, tax receipts, insurance policies, and licenses
- Automobile title, registration, insurance policies, lien, and payment book
- Life insurance policies and medical policies
- Stocks, bonds, and mutual funds
- Bank books, savings accounts, credit unions, and loans
- Credit cards, installment contracts, debts, and bills of sale
- Federal and state income tax records, real estate, and other personal property tax records
- Copy of social security cards

Ref: DA Pam 360-525

Child Care

Single parents or both parents may be deployed in support of an operation. Childcare is a real concern. If you require childcare, develop a list of reliable family and friends who are willing to care for your child or children in your absence. The family assistance center can be a helpful resource. If you are single and are leaving a child with a guardian, you must provide the designated caretaker with a **written, notarized statement** granting them authority to authorize medical care for your child. Notify the school of this authorization. You may need to arrange day care services.

Checklist for the Military Spouse

(It is recommended that you and your spouse complete the following checklist together)

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | Are all immunizations for yourself and your children up-to-date? |
| ___ | ___ | Are your family's ID cards up-to-date? |
| ___ | ___ | Do you know where and how to obtain new ID cards? |
| ___ | ___ | Do you have money immediately available on a continuing basis in the event your sponsor departs for an extended period of time? |
| ___ | ___ | Do you know the account numbers, the name and address of banks in which you and your sponsor have accounts, and the type of account? |
| ___ | ___ | Do you know the location of the bankbooks? |
| ___ | ___ | Do you know the location of the safe deposit box and do you have keys for it? |
| ___ | ___ | Are all credit cards accounted for? Do you have a list of credit card numbers in order to notify the credit card company of card loss? |
| ___ | ___ | Are you prepared to take complete control over the checking account, know the balance at all times, and never write a check unless you are certain of sufficient funds? |
| ___ | ___ | Do you know how to contact the Finance Office |
| ___ | ___ | Remember to notify the Post Office of address changes? |
| | | Do you know all the payments that must be made, to whom and when, for the following? |
| ___ | ___ | Rent |
| ___ | ___ | Telephone |
| ___ | ___ | Water |

Yes	No	
_____	_____	Electricity
_____	_____	Garbage collectors
_____	_____	Insurance (auto, fire, life, etc.)
_____	_____	Loan (bank, finance companies, merchants, etc.)
_____	_____	Taxes
_____	_____	Gas (house, trailer, auto)
		Do you know the location of the following items, and are they properly safeguarded?
_____	_____	Three copies of Power of Attorney
_____	_____	State and federal tax records
_____	_____	All insurance policies
_____	_____	Deeds or mortgages
_____	_____	Signed and witnessed wills for yourself and your spouse
_____	_____	Are you familiar with the responsibilities of owning an auto?
_____	_____	Do you know the address of the company holding the lien?
_____	_____	Do you have the vehicle's title, registration, and insurance policy or know their location?
_____	_____	Do you know where to go for auto repairs?
_____	_____	Do you have a duplicate set of keys for the auto, house, safe boxes?
		Do you understand the following in regards to contracts?
_____	_____	Do Not sign without reading it first.
_____	_____	Ask a legal assistance officer to read all contracts before you sign them.

- | Yes | No | |
|-------|-------|--|
| _____ | _____ | Do Not rely on oral promises, which are not written into the contracts. |
| _____ | _____ | Do Not buy on credit if you can obtain a cheaper loan elsewhere. |
| _____ | _____ | Do Not buy at all if the purchase is not necessary. |
| _____ | _____ | Do Not pay taxes without checking with a legal assistance officer. |
| _____ | _____ | Be prudent and careful in spending money and using power of attorney. |
| _____ | _____ | Have you established a family budget? |
| _____ | _____ | Who is your legal assistance officer? _____ |
| _____ | _____ | Do you have the children's most recent school records? |
| _____ | _____ | Do you know your spouse's social security number? |
| _____ | _____ | Do you understand the use of medical facilities and is your family enrolled in Tricare? |
| _____ | _____ | Do you have important and emergency numbers readily available? |
| _____ | _____ | Have you reached an agreement on the frequency of phone calls and letters? |
| _____ | _____ | Do you have a complete inventory of your possessions? |
| _____ | _____ | Do you know the process for moving your household goods? |
| _____ | _____ | Have you discussed your feelings on the deployment with your spouse, family, or significant other? |
| _____ | _____ | Have you given your home a security checkup? Do <u>all</u> window and door locks work? Do you know the combinations or have the keys for any padlocks? Are the outside buildings secured? Do the windows open or are they painted shut? Do you have and know how to test the smoke alarms? |
| _____ | _____ | Do you and other family members know how to reach your spouse in an emergency? |

Yes No

_____ _____ Do you know your spouse's complete deployed address?

_____ _____ Do you know if there is a support group available for families of deployed soldiers?

Are you familiar with the following support services that are available to you?

_____ _____ Army Community Service

_____ _____ Red Cross

_____ _____ Chaplain

_____ _____ Financial assistance

_____ _____ Army Emergency Relief

_____ _____ Uniformed Services Organization (USO)

_____ _____ Morale, Welfare, and Recreation

_____ _____ Legal Assistance

_____ _____ Public Affairs Office

_____ _____ Family Housing

_____ _____ Transportation

If you find that you need some assistance or have a question, contact the Army Community Service Office.

Your Personal Phone Directory

It is important that you fill in the blanks on this directory. Having these numbers in case of an emergency can make a big difference for you and your family.

POLICE	911
AMBULANCE	911
FIRE DEPARTMENT	911
RESCUE SQUAD	911
NEAREST CHAPLAIN	_____
NEAREST POST OPERATOR	_____
NEAREST MEDICAL FACILITY	_____
LANDLORD	_____
PLUMMER	_____
ELECTRICIAN	_____
NEIGHBOR	_____
NEIGHBOR	_____
RELATIVE	_____
RELATIVE	_____
PHYSICIAN	_____
CHAMPUS/TRICARE REPRESENTATIVE	_____
RED CROSS	_____
USO	_____
ARMY EMERGENCY RELIEF	_____
ARMY COMMUNITY SERVICE CENTER	_____

POISON CONTROL CENTER

SPOUSE'S MILITARY UNIT

ARMY COMMUNITY CENTER

SCHOOL

DAYCARE

INSURANCE COMPANY

UTILITIES

LEGAL ASSISTANCE

CHAPLAIN

Record of Personal Affairs

Full Name – Wife: _____ SSN: _____

Full Name – Husband: _____ SSN: _____

Home Address _____ Home Phone: _____

Military Member's
Mailing Address: _____
_____ Military Member's Drivers
License Number: _____

Personal Data:

Wife

Husband

Birth Date: _____

Birth Place: _____

Parents:

Father: _____

Address: _____

Mother: _____

Address: _____

Marriage Date: _____ Place: _____

Children Name: _____ DOB: _____

Other Dependents: _____

Location of Family Records:

Birth Certificates: Wife: _____
 Husband: _____
 Children: _____

Naturalization Papers:
 Wife: _____
 Husband: _____
 Children: _____

Passport/Visas _____

Identification Cards _____

Marriage Certificates: _____

Divorce Papers: _____

Death Certificates: _____

Adoption Papers: _____

Vaccination Papers: _____
(Including pets)

Other: _____

Military Service Papers:

Name	Location
_____	_____
_____	_____
_____	_____
_____	_____

Other Important Papers:

Will: _____
Name Resident Of

Witness: _____

Executor's Name: _____

Substitute Executor: _____

Power of Attorney: YES NO Location: _____

Agent: _____

Income Tax:

Federal Returns: _____

State Returns: _____

City Returns: _____

Personal Property: _____

Insurance:

Life: _____

Insurance Company	Policy No.	Amt. Payment
_____	_____	_____
Insurance Company	Policy No.	Amt. Payment
_____	_____	_____
Insurance Company	Policy No.	Amt. Payment
_____	_____	_____

Property, accident, medical liability, or other insurance:

Insurance Company	Policy No.	Amt. Payment
_____	_____	_____
Insurance Company	Policy No.	Amt. Payment
_____	_____	_____

Social Security:

Social Security Number: _____

Location of card: _____

Location of up-to-date employment records: _____

Property Ownership or Interest Therein:

Real estate consisting of : _____

Located: _____

Held by (bank, etc.): _____

Taxes are paid through year: _____

Amount of taxes and due date: _____

Location of deeds and mortgage: _____

Inventory of possessions: _____

Personal Vehicles:

Make Model Year State of registration

Make Model Year State of registration

Make Model Year State of registration

Location of vehicles: _____

Insured with: _____ Policy No. _____

Automobile papers located at: _____

Other Personal Property:

Bank Accounts: Bank Account No.

Checking: _____

Savings: _____

Credit cards and numbers: _____

ATM and PIN numbers: _____

Other (specify): _____

Safe Deposit Box

Bank or Trust Company: _____

Location: _____

Stocks, Bonds, and Securities:

Stock, bond, or security	Location	Beneficiary
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List of war or savings bonds by denomination and serial number:

Designated Beneficiary:

Names and addresses of persons designated on service member's official record of emergency data form to receive settlement of unpaid pay and allowances in the event of death:

Information Current: YES NO Last updated on: _____

Debts and Payments:

Credit agency, store or bank, account number, amount due, date of monthly payment:

Firms or Persons Indebted to you (give amount and address):

Miscellaneous Data (regarding insurance, allotments, military records, instructions to family members, Veterans Administration claim number, any other service number...)

Automotive Data

Vehicle #1

Make/Yr. _____ Model _____

Lubricate/Oil Change Required: _____

Oil weight: _____

Tires (including type): _____

Sizes: _____ Make: _____ Air Pressure: _____

Battery: Type: _____ Make: _____

Servicing to be done: _____

Other remarks: _____

Auto title: YES NO

Auto registration YES NO

Auto license tag number: _____ Expires: _____

Auto insurance policy: Number: _____ Expires: _____

Auto state inspection expiration date: _____

Vehicle #2

Make/Yr. _____ Model _____

Lubricate/Oil Change Required: _____

Oil weight: _____

Tires (including type): _____

Sizes: _____ Make: _____ Air Pressure: _____

Battery: Type: _____ Make: _____

Servicing to be done: _____

Other remarks: _____

Auto title: YES NO

Auto registration YES NO

Auto license tag number: _____ Expires: _____

Auto insurance policy: Number: _____ Expires: _____

Auto state inspection expiration date: _____

Monthly Vehicle Checklist

- Water level in the battery
- Water/ coolant/ antifreeze level in the radiator
- Oil level
- Transmission fluid level (info is on dip stick for proper level)
- Power steering fluid level
- Brake fluid
- Tire pressure. Be sure to check pressure when the tire is cold (in the morning or with less than one mile driven in several hours). Add air if the tire is not at the recommended level.
- Dashboard warning lights
- Tire for disproportional wear (wearing thin on one side, etc.)
- Brakes
- All lights for correct operation
- Accelerator (to see if it sticks when fully depressed. It should spring right back but check only when the engine is off).
- Emergency brakes (check for holding power)
- Spare tire (use tire gauge to check pressure)
- Wash outside of car (wax every six months)
- Clean inside of car (don't forget the windows and rear/side view mirrors)

Personal Issues

House/Quarters Security

Make your home as secure as possible. Have an extra set of keys made for a relative or responsible agent. Don't allow mail and newspapers to accumulate on your doorstep as it is an open invitation to burglars. Automatic timers are helpful for turning your house lights on and off regularly. Notify your local police, military police, and surrounding neighbors that you will be absent so that they may keep watch on your residence.

Automobile Storage/Security

Entrust your vehicle to a reliable relative or neighbor. If possible, store your auto in a garage. There are also usually provisions for storing your vehicle on post in a secure area. It is wise to have the custodian of your vehicle start your vehicle and let it run a few minutes one or two times a week. This helps keep the battery from wearing down and helps lubricate the internal mechanisms in your engine. You may want to contact your mechanic or the motor pool for any other advice about car care while you are gone.

Property/Valuables

Storage for single service members in the reserves is authorized at government expense. Reservists may also ship their household goods to a designated location at government expense, or may authorize another person to store their valuables. For more details on this refer to DA Pam 360-525, paragraphs 4-12 and 4-13.

Personal/Important Document Storage

It is wise to have notarized copies made of your most important documents. The originals should be stored in a safe place such as a safety deposit box. Let your spouse or a reliable relative or friend know of their location. You should also keep a current copy of DD Form 93 (Record of Emergency Data) with your unit, a reliable relative or friend, and for yourself. Maintain your own file of military records and keep a current copy of your legal assets on your DD Form 1543 (Annual Legal Checkup). Ref: DA Pam 30-525 paragraphs. 1-10 and 1-11.

Security Clearance

You are required to have a security clearance before you can deploy. If you do not have a security clearance, you may be issued an interim one. However, you will not be deployed until your interim security requirements have been satisfied by

MILPERCEN. During mobilization, authority to grant security clearances is decentralized per AR 604-5.

Pet Care and Custody

If you are single and expect a significant absence you should make arrangements for pet care. Depending on your resources, this could involve leaving your pet(s) with a willing and reliable friend or arranging for long term boarding. Be sure to discuss and authorize any limits to emergency veterinary care

ID Cards

It is important for your family members to have valid ID cards and medical cards. The ID card is referred to as The Uniform Services Identification and Privilege Card but is commonly called the Family Member ID Card. This ID entitles you and your family members to an array of benefits and privileges, such as medical care, entrance to post exchanges, commissaries, etc.

The following people may be eligible for the military ID card:

- Spouses
- Unmarried Widows or widowers
- Unmarried children under the age of 21 and over the age of 10
- Unmarried children over 21 incapable of caring for themselves due to a physical or mental handicap.
- Unmarried children between the age of 21 and 23 who are attending college.
- Parent/parents-in-law who are dependent on you for more than one half of their support.
- Unmarried illegitimate children dependent on the sponsor and residing within the sponsor's residence. Age requirements are the same as those specified above.

You must provide certain documents to verify dependency and get a family ID issued. They are as follows:

- A copy of your mobilization orders (Reservists only)
- Copy of your marriage certificate
- Copy of your children's birth certificates
- Certified copy of court ordered adoption
- Certified copy establishing paternity/maternity of illegitimate children
- Statement of licensed medical officer certifying periods of incapacity and indicating handicaps of dependent children over 21 years old
- Certificate of full-time enrollment from school registrar for children over 21 years

Passport/Visas

In some overseas deployments you will be required to have a passport and in some cases a visa. Not all countries will allow you to use your military ID as your passport. Usually during large unit deployments, it will not be an issue. However, with some humanitarian and civil affairs medical missions, it will be an important document. Without it, you might be left behind. You can apply for passports either through your post office or through the military. There is a fee for both, but the military fee is nominal. You will need presented a notarized copy of your birth certificate. However, depending on your personal circumstances, other documents such as proof of citizenship may be required. Check with your military or civilian passport agency for your specific requirements. Visas are issued by consulates of the country concerned. **IT IS ADVISED TO MAINTAIN A VALID PASSPORT.** A United States passport must be renewed every 10 years.

Military Pre-Deployment Preparation

MEDCOM Training Requirements per MEDCOM Reg 350-4

PROFIS Personnel

PROFIS personnel must have an information packet on the operational unit. The brief or packet will include, at a minimum, the unit mission, task organization, and the PROFIS individual's responsibilities and duties. These include SRP qualification, weapons qualification, and NBC training.

Annual Sustainment Training Requirements:

- Seven days (PROFIS) and 14 days (CT PROFIS) of field training with the assigned mobilization or deployable unit or like unit
- Weapons qualification
- Hague-Geneva training
- Soldier Readiness Processing (SRP)
- Code of Conduct training
- NBC training
- Common Tasks Training

4-3. Field Training Requirements

Annual field training for all PROFIS personnel is mandatory. Commanders should use every available opportunity for PROFIS designees to participate in field training exercises (FTXs), or command post exercises, with the designated units or like units. Commanders must use other opportunities such as the Expert Field Medical Badge test, mobilization exercises, and local AMEDD TOE unit FTXs. (Ref. AR 601-142)

- a. All MEDCOM activities should ensure field training is annually conducted for PROFIS.
- b. The following topics are offered to assist commanders in planning field-training activities. This list of topics is neither exhaustive nor intended to be exclusive of other topics relevant to AMEDD operations. You should, however, be familiar with the topics listed below.
 - The Deployable Medical System (DEPMEDS)
 - DEPMEDS equipment training.
 - Packing and using personal field gear.
 - Field sanitation and personal hygiene.
 - Availability of general and medical supplies to TOE units and operation of the supply systems.
 - Field medical records (North Atlantic Treaty Organization terminology).
 - Mass casualty management.
 - Removal of casualties from combat and tactical vehicles.
 - Transportation of sick and wounded (FM 8-35).
 - Food service operations in the field.
 - The AMEDD doctrine and health service operations in the division, corps, and communications zone.
 - Radio telephone procedures.
 - Communications capabilities in a division or separate brigade.
 - Survival, evasion, resistance, and escape (SERE) Level B training.
 - Training in NBC mission-oriented protection posture (MOPP).

4-4. Army Individual Training and Evaluation Program

CTT training and routine evaluation is required for all soldiers, regardless of military occupational specialty (MOS) and duty assignment. Leadership assessment is conducted IAW FM 25-101, appendix B.

MEDCOM Regulation 350-4

Appendix B

SUMMARY OF MEDCOM TRAINING REQUIREMENTS

<u>Subject</u>	<u>Reference</u>	<u>Audience</u>	<u>Frequency</u>	<u>Proponent</u>	<u>Record</u>
SRP	MEDCOM Reg 350-4 HSC Reg 40-25 AR 220-10 AR 601-142	PROFIS/CT PROFIS Designees	Within 60 days of designation and annually thereafter	DCSP	SRP Packet
Field Training	MEDCOM Reg 350-4 AR 601-142	PROFIS/CT PROFIS designees	Annually	Directorate of Operations	Roster
Weapons Qualification	DA PAM 350-38	PROFIS/CT PROFIS designees	Annually	Directorate of Operations	Roster DA Form 88 DA Form 3595
Military Justice	AR 350-212	All enlisted upon reenlistment	Upon reenlistment	MEDCOM SJA	Roster
Hague-Geneva	AR 350-41	PROFIS/CT PROFIS designees	Within 60 days of designation and annually thereafter	Directorate of Operations	Roster
Code of Conduct	AR 350-30	PROFIS/CT PROFIS designees	Within 60 days of designation and annually thereafter	Directorate of Operations	Roster

<u>Subject</u>	<u>Reference</u>	<u>Audience</u>	<u>Frequency</u>	<u>Proponent</u>	<u>Record</u>
SAEDA	AR 381-12	All military and civilian, Army contractors	Annually	Directorate of Operations Secty & Intel	Roster
Alcohol & Drug Abuse	AR 600-85 DOD 1010-7	Emergency Room staffs	Annually	DCSPER	Roster
MOBEX	HSC Reg 350-4	All hospital personnel	Semiannually	Directorate of Operations	MFR
Mass Casualty	MEDCOM Reg 350-4	All hospital personnel	Semiannually	Directorate of Operations	MFR
Army Physical Fitness Test	AR 350-15, FM-20-21	Active Duty Reservists	Semiannually Annually	Directorate of Operations	Roster
Officer Professional Filler System	MEDCOM Reg 350-4 AR 601-142	All officers	Monthly (2 hrs)	Directorate of Operations	Roster
CTT	AR 350-41	SFC & below	Annually	Directorate of Opns	Roster
NCO Development Program	AR 350-17	All NCOs	Monthly (2 hrs)	Directorate of Opns	Roster

Terminology and Definitions

1. Assigned Unit: The unit that the service member is permanently assigned (Permanent Duty Station).
2. Deployment: Term used for Active Army Units which must assemble, prepare, or put into operation for war or operations other than war.
3. Initial Orientation: Is information presented in the form of a briefing or packet which explains to the PROFIS or CT PROFIS individual on what the operational unit's mission, METL, task organization, and position he/she will be filling during times of deployment and/or mobilization.
4. Medical Readiness Training (MRT): Those courses, hand-on training programs, and exercises designed to develop, enhance, and maintain military medical skills. MRT includes individual, collective, and unit training experiences required to ensure health care personnel and units are capable of performing operational missions.
 - a. Initial Medical Readiness Training: Initial Medical Readiness Training begins when the officer attends OBC and is completed at the service member's permanent duty station, which focuses on military medical and unit specific medical readiness skills. Initial Medical Readiness Training at the unit for health care personnel, to include PROFIS/CT PROFIS, will at a minimum cover the following:
 - 1) Weapons qualification, NBC training, and an initial orientation to the operational unit (PROFIS/CT, PROFIS).
 - 2) Completion of Soldier Readiness Processing requirements (SRP), including routine immunizations.
 - b. Sustainment Medical Readiness Training: Training focused on individual development and maintenance of unit specific training with an emphasis on collective unit training. All Medical Military personnel shall receive training needed to maintain proficiency in military medical skills. Examples of training are operational command and control, communications systems in wartime, war wounds, casualty management, field sanitation training, triage, and evacuation.
5. Medical Readiness Training Certification: A process that verifies the preparation of health care providers and personnel for operational requirements. MTF/unit commanders will annually review and certify that health care personnel assigned have met ALL initial and sustainment medical readiness training requirements. *Note: Service member cannot be certified until all requirements have been met.

6. **Military Medical Skills:** Those first aid tasks necessary to perform lifesaving measures. Skills and tasks that prepare service members to function clinically during military operations.
7. **Mobilization:** Term used for U.S. Army Reserve or National Guard Unit(s) which must assemble, prepare, or put into operation for war or operations other than war.
8. **Mobilization Platform/Operational Unit:**
 - a. **U.S. Army Reserve/U.S. Army National Guard:** A unit, which could mobilize in the event of war, conflict, or in operations other than war.
 - b. **Active Army:** A unit, which could deploy in the event of war, conflict, or in operations other than war.
9. **Operational Billet:** A position in a unit that a service member occupies during mobilization (reserve component) or deployment (active component).
10. **Platform:** The unit that a service member is assigned.

NBC Readiness

NBC Training

You should perform NBC common task training at least once a year. This will include time in the gas chamber. Use that time to check the fit of your mask as it may be too late during the real thing.

Your NBC gear may be the difference between life and death in the NBC environment. If issued gas mask, examine it carefully for tears in the straps or seals. Clean and/or replace dirty or deficient parts. Make sure your mask fits comfortably and check for a proper seal. If you wear glasses, take the time to check for fit and cleanliness of your inserts. For more detailed information refer to T-M 10-277, Protective Clothing Chemical Operation.

In addition to your gas mask, you may be issued one or more sets of chemical suits. They should be sealed until you need to use them. During deployment, the level of threat and command policy will determine when you will carry and when you will wear your MOPP gear. When you sleep, keep your mask and chemical suit near or under your bed so that you can quickly reach it. You may be alerted to chemical attack out of a deep sleep. This doesn't give you much time to react. Always put your mask on and clear it first. Do not use your gas mask container as a pillow. Make sure you know what size chemical suit you should wear. It may **SAVE** your life later. Once you have used your chemical gear, check for tears and holes in the suit. Be careful to avoid sharp objects that might compromise your protection. Above all, use common sense. (Ref. TM 3-4240-280-12&P)

Deployment



Types of Missions

The raison d'être of the Army Medical Department is to conserve the fighting strength. The AMSC contributes substantially to fitness, wellness, injury prevention, and combat readiness. Historically, AMSC soldiers have served in a wide variety of deployment environments, ranging from humanitarian assistance to combat. Some of the possible deployment options are described below.

The Range of Military Operations

Military Operations	US Goals	Examples
C O M B A T	WAR	Fight & Win
N O N C O M B A T	Military Operations	Deter War & Resolve Conflict
	Other Than War	Promote Peace & Support US Civil Authorities
		Large Scale Combat Operations
		Peace Operations Counterterrorism Show of Force / Raid Strike / NEO Nation Assistance Counterinsurgency
		Freedom of Navigation Counterdrug Humanitarian Assistance Protection of Shipping US Civil Support

Ref: Joint Pub 3-07, Joint Doctrine for Military Operations Other Than War

Humanitarian and Civic Assistance Programs (HCA)

Humanitarian operations relieve or reduce the results of natural or manmade disasters or other endemic conditions such as human pain, disease, hunger, or privation in countries or regions. Humanitarian operations are usually limited in scope and duration; and are intended to supplement or complement efforts of host-nation or civil authorities or agencies with the primary responsibility for providing assistance. Such operations may be coordinated by the UN, performed jointly with other nations, or performed unilaterally by the US.

Humanitarian and civic assistance (HCA) is often provided in conjunction with military operations and exercises, such as medical readiness training exercises (MEDRETE) or medical civic action programs (MEDCAPS), and must fulfill unit training requirements that incidentally create humanitarian benefit to the local populace. AMEDD soldiers may also serve as members of humanitarian mobile medical training teams. Active and reserve AMSC officers have participated in HCA in El Salvador, Honduras, Russia, Ethiopia, Haiti, Thailand, and other diverse parts of the world.

Language skills (self or interpreter) may be particularly important in HCA missions. Equipment and supplies will often be minimal. Improvisation and resourcefulness are a valuable skills in such environments. Political factors, language barriers, and cultural backgrounds must all be taken into consideration in multinational operations.

Soldiers serving as advisors to host nation counterparts may need to emphasize simplicity, basic skills, and clinical teaching. Tact, diplomacy, strong interpersonal skills, and fluency in the native language are mandatory to achieve success. Soldiers who are deployed in nation-building missions can provide valuable assistance to improve the quality of care while substantially contributing to their own personal and professional growth.

Peace Operations (PO)

POs are military operations in support of diplomatic efforts to reach long-term political settlements. Peacekeeping operations are undertaken with the consent of all major parties to a dispute, and are designed to monitor and facilitate implementation of a cease-fire, truce, or other such agreement. An example of a peacekeeping operation in which physical therapists have been involved is the Multinational Force Observers in the Sinai since 1982.

Peace enforcement operations involve the application of military force, or threat of its use, to force compliance with resolutions or sanctions designed to maintain or restore peace and order. The enforcement of UN sanctions imposed on Iraq after the Gulf War is an example of this type of operation.

War Operations

During time of conflict, AMSC personnel will be deployed with medical units in the theater of war. Historically, the tasks in combat environments involve neuromusculoskeletal evaluation and treatment, care of burns and open wounds, treatment of a variety of acute injuries, and stress management.

Medical Training Exercises

AMSC participation in field medical training exercises, such as at the Joint Readiness Training Center at Fort Polk, offers a great way to obtain hands-on experience in performing skills in a field environment. The patients may be either simulated, actual, or both. Such field training provides an excellent opportunity to directly demonstrate our skills and usefulness to other medical care providers, hospital commanders, and to the line. Such education now will ensure better utilization of these skills and services in the future.

What to Bring When Deployed

Below is a list of suggested items that you should consider taking along should you be deployed. Typically you will be allowed any combination of two duffel bags or two flight bags or one of each. You may also be allowed to bring a carry-on bag that will be small enough to stow under your flight seat. You will be required most likely to bring your full military issue, CTA50-900, web gear, and NBC equipment. Keeping this and the area in the world that you will be deployed in mind, plan accordingly. Use common sense when selecting from this list. It is not all-inclusive. If you find you cannot get all the items you have selected into your bags, ask a friend to help. Try to ship as much ahead with your unit or have a care package sent to you from a CONUS facility if possible to lighten your load. Many of the items may already be on-hand. Therefore, in selecting from this list, please keep in mind the following:

- Climate
- Type of hospital setting (field vs. fixed facility)
- Baggage and shipping limitations
- Estimated time of deployment
- How far forward you will be deployed
- Pre-existing knowledge you might have of the area

Suggested Items List:

Military Items

Canteen (2 qt) with cover
Earplugs with case
Dog tags and ID card with current rank
Medical warning tags
Geneva convention card with current rank
Emergency data card, DD Form 93
Prescription glasses: 2 pair
Prescription inserts for protective mask
Hearing aids: 2 sets
Immunization record, updated
Dental records with current panoramic
Medical records with recent physical exam
Geneva convention card
Military ID card

Civilian clothing

Civilian clothes – 2-3 pairs
Running shoes and socks
Running clothes
Pajamas
Thongs/shower shoes
Jogging suit – for sleeping – making run to bathroom at night
Handkerchiefs

Military clothing:

<u>Item</u>	<u>Quantity</u>
BDUs (type will depend on climate)	4 sets
T-shirts, subdued	5-7
Green socks	8-10 pairs
Underwear	8-10
Combat boots	2 pr
Belt, black with subdued buckle	2
Fatigue cap with subdued insignia	2
Subdued insignia	2 sets
Fatigue jacket	2
Gloves, black leather with insert	1
Scarf, woolen, olive drab	1
Blousing bands	2 sets
Additional set of shoestrings	1
Wet weather gear	
Duffel bags (name and ss# in subdued paint)	2
Waterproof bag	1
PT uniform	
Poncho	

Note: To keep out dust and excessive moisture, it is helpful to pack most items in plastic containers, or plastic bags, securing with a twist tie. It is easier to locate items and also ensures clothing will be protected from moisture. Large plastic containers fit nicely into the flight bags. The above mentioned containers can be used later to store other necessary items on site.

Make sure that that you try on all of your clothing issue. Check for fit and wear and tear. Replace those uniforms which are ill fitting and which are in poor condition. Make sure you break in both sets of boots. If you wear foot inserts or orthoses, make sure they are in your boots when you break them in. Check for missing buttons and tears in your fatigues and make sure your boot laces aren't ready to break.

The uniform may include the following TA-50 items as well: LBE with suspenders and canteen, first aid pouch, ammo case, helmet with camouflage liner, subdued rank, mess kit, NBC equipment, possibly a weapon, and Kevlar helmet.

Be sure to include MOPP gear: over-garments, gloves, boots, and protective mask.

Reminders:

- Be prepared for all types of weather.
- Label everything you own.
- No aerosols, flammables, or explosives (the plane may not be pressurized).
- There is usually a weight limit on personal gear, so plan accordingly. Do not take anything you cannot carry.

(Ref: GR 61-390-252-1)

Medications:

One month supply of prescription meds
ASA, Tylenol
Motion sickness meds
Motrin
Antihistamines
Antacids
Bacitracin
Anti-diarrhea medication
Laxatives
Anti fungal creme and powder
Cold medication/throat lozenges
Calamine lotion
Band-Aids
Lip balm
Hydrocortisone creme
Vitamins
Foot powder
Insect repellent
Moleskin

Hygiene Items:

Soap, non-perfume
Deodorant (not spray)
Personal hygiene items (3-4 month supply)
Nail clippers/file
Hand mirror (preferably steel)
Moist towelettes
Baby powder
Toothpaste
Toothbrush
Floss
Skin cream or lotion
Razors and blades
Sunscreen
Shampoo
Comb/brush
Hair dryer
Toilet paper
Bug spray (non-aerosol)
Cotton balls/swabs

Food:

Hard candy
Instant coffee, tea, or chocolate
Sugar packets
Non-perishable snacks
Variety of seasonings (optional)
Powered drinks

Laundry:

Detergent
Clothespins
Lightweight cord
Laundry bags
Sewing kit
Fabric softener
Extra wire hangers

Miscellaneous Items:

Prescription glasses and an extra pair
Sunglasses
Alarm clock (wind up)
Pens, pencils, and stationary
Notebook/journal
Address book
List of all e-mail addresses
Copy of personnel roster for your area of concentration (AOC)
Language tapes, books, and dictionaries, country maps
Portable iron (optional)
Cards/games (optional)
Camera w/ film (slides and pictures)
Matches (wooden)
Small immersion heater
Sterno stove and sterno fuel (if permitted by unit)
P 38 Field can opener
Boot inserts
Traveler's checks (\$50 denominations or less) and some cash
Credit card
Phone card
Combination &/or key lock
Kleenex
Sheets/pillow
Air mattress/Therm-a-rest
Hot plate (optional)
Towels, bath and washcloth -- 2
Small flashlight (field), with clear and red inserts and batteries
Batteries (9v,C,D,AA as needed)
Electric adapters
Swiss military knife
Chronometer w/compass (plastic band)
2 rolls of duct tape
Electrical tape
Nylon rope (50 to 100 feet)
Rope/string
Multiband radio
Rubber dish gloves
Scotch tape
Small plastic bags (variety)
Business cards
Presents (inexpensive unit coins/momentos)
Family photos
Copy of important financial information

Copy of OER support form and last OER
Ear plugs
Battery powered radio with earphones
Shoe-shine kit
Umbrella
Fanny pack

Tools:

Hammer w/ax end	Pliers (needle-nose)
Phillips screwdriver	Miscellaneous nails, screws, and tacks
Flat had screwdriver	Rechargeable drill (optional)
Small crow bar/pry bar	Tape measure and flat ruler
Ratchet set (metric)	Entrenching tool with carrier
Pliers (regular)	Vice grips
Leatherman tool	

Professional Items:

Equipment packing list
Laptop computer
Video camera/blank tapes
Camera with both slide and picture film
One month of expendable supplies (ship in MILVAN)
Small cache of needed supplies in your carry-on bag (i.e. ace bandages, porous tape, scissors)
Any overheads/diskettes of presentations
Handouts for teaching classes
Patient education handouts (30-40 copies of each)
Copy of all protocols
Copy of clinic SOPs
Reference books
Name and serial numbers for all supplies

Unit Issued Items

NBC/MOPP Gear

If you are deployed to an environment where there is an NBC threat, you will be required to have a gas mask and MOPP gear. Depending on the state of the threat you may be required to dress at certain levels of MOPP readiness. Your unit usually has regular NBC training/briefings about the care and use of your NBC gear. Take this seriously. It could mean your ultimate survival. Lack of personal maintenance of your NBC gear could endanger you and the mission of your unit. Obtain prescription inserts for your mask if needed. Contact your unit's NBC Officer/NCO for additional guidance.

Weapons

When you are deployed to hostile environments, you may be issued a weapon. You may be issued a 9-mm pistol and/or an M16. Depending on the weapon accountability concerns, your weapon may be stored in the arms room. Issuance of ammunition is variable and depends on the mission and environment. Per AR 350-41, you must be individual weapons qualified in order for you to be deployed overseas.

During weapons qualification, you will be briefed on some aspects of weapon safety. Never point a loaded or unloaded weapon at another person. When not in use, keep the safety on and always clear your weapon. You may not be called upon to use your weapon, but if you do it must be ready. Make sure you clean your weapon on a regular basis. Always know where your weapon is. Losing a weapon is looked upon almost as critically as losing a tank. It is recommended that you familiarize yourself with AR 385-63, Procedures and Policies for Firing Ammunition for Training, Target Practice, and Combat. FM 23-9 addresses the M16A1/M16A2 rifles and marksmanship.

Field Environment

Personal Hygiene and Sanitation

Personal hygiene is extremely important in the field environment. Shower facilities may be available only every 3-4 days or even less often. The showers, if available, may be very rudimentary and do not afford much privacy. The difficulties of maintaining cleanliness in a field environment have been successfully countered by the following strategies.

- Bring along or procure a wash basin. A Kevlar helmet is also a satisfactory substitute but is a great deal smaller.
- Handiwipes or moist towelettes offer the opportunity to do spot cleaning.
- Powdered or liquid soap for hand-washables is important to include for those items that need daily cleansing or that one may not wish to send to the quartermaster laundry. Be careful to bring a soap powder or liquid that is easy to rinse completely from your garments.
- Clothes hangers and clothespins are a must.
- Both males and females would be wise to wear cotton underwear in tropical climates. Cotton is cooler, more absorbent and durable, and relatively simple to maintain.
- Change or wash clothing when possible. Socks may need to be changed twice a day.
- Air clothing daily by exposing to direct sunlight
- Always wear thongs or some type of footwear when you go to and from showers to avoid insects and prickly vegetation.
- Bathe with potable water if possible. Many diseases can get onto or pass through the skin from contaminated water.
- Use foot powder twice a day.
- Have medics treat cuts, scrapes, blisters, and burns.

Proper sanitation in deployment environments can reduce the problems with diseases transmitted by insects or microorganisms (vector diseases). Below are a few suggestions to help you in the field:

- All perishable food and leftover food should be destroyed.
- Secure all water supplies and sources especially at night to prevent its contamination from potentially diseased animals.
- Keep garbage pits away from where you sleep as it attracts animals, insects and other critters.
- Don't eat where you sleep. Food remnants attract animals, insects, and other critters.
- Avoid having eating areas collocated with the mess area. You risk the chance of cross contamination as occurred in one facility in Desert Storm.
- You may want to have zip lock bags available for emergencies. The Israelis found them very handy for human waste disposal when they were confined to their tanks.

Note: The EFMB manual AR 672-10 provides excellent information on field hygiene and sanitation. Another helpful reference is FM 21-10 (Field Sanitation).

Food and Water

Bottled and/or potable water are the only acceptable forms of drinking water in the field in a great majority of overseas deployments. Dehydration can incapacitate a person within 2-3 hours in warm climates. If possible, in hot climates carry four quarts of water or more. You may not feel thirsty because thirst does not occur until you lose 1.5 quarts of water. This can occur within one hour of work. Excessive water loss can result in heat cramps, heat exhaustion, or heat stroke. Heat stroke can be fatal.

Food will vary from hot meals served in mess tents, fixed dining facilities, or box lunches to meals ready to eat (MREs). Be careful not to eat local meat and poultry unless it has been thoroughly cooked. Avoid fresh local vegetables as the water in which they have been washed may be contaminated. Fruits such as bananas and oranges in which the outer skin is discarded are usually safe. When there is any question about food safety, consult your disease control persons, veterinarians, or environmental/preventive medicine personnel. Another excellent reference which will be applicable in most deployments is Environmental Medicine for Desert Operations: Practical Guidance and Suggestions for Deployment and Survival- pages 3-8 (10 Aug 90).

Sleeping Quarters

Expect a variety of sleeping quarters. You may sleep in a building but on a floor or you may sleep under the stars in a sleeping bag. A couple of helpful hints might make your nights more restful:

- You are usually issued a sleeping bag. However, if you appreciate additional comfort you should bring a pillow (air or other), pillowcase, sheet and air mattress.
- If you can get a cot, it will keep you off of the ground and away from many unwanted night visitors. It is also more comfortable than hard ground. It can be taped to one of your field bags for your trip.
- Keep your sleeping area clean from food wrappers and garbage, which attract hungry animals and insects.
- If you are billeted outside, tie a plastic bag to a tree or tent post and use it for garbage.
- Boots: Shake your boots out and hang them off the ground to avoid insect and animals from crawling in them. Never leave your boots outside your tent at night. If a heavy dew falls, they will be too wet to wear.
- Sleeping bag: Upon rising open it up and air it out. You may want to hang it up to avoid insects and animals. If that is not an option be sure to shake it out well before you retire.

References: M27 NCNB-09d-01(Field Guide), GR 61-390-252-1-055, 30 APR 85 (Field Nursing, An ANC Challenge).

Safety and Security



The June 25, 1996, bombing of the Khobar Towers apartment complex in Dhahran, Saudi Arabia killed 19 American servicemen.

When you are in a foreign or hostile environment, there should always be a heightened security awareness. If passwords and codes must be used, ensure that you know them and stay current. **Be alert** and report any suspicious persons, vehicles, or incidents. Be aware of potential terrorist activities. Know what places are off limits and stay away from them. Avoid high-risk areas and be cautious when mingling with crowds. Be alert for surveillance. Exercise caution with strangers. Avoid casually giving personal data such as addresses and telephone numbers.

Be unpredictable. Vary your travel routes and patterns; avoid personal routines. Keep your unit or group informed of where you are going and when you will return. Travel in groups of two or three – never alone or in large groups unless on scheduled tours. Know the location of civilian police, MPs, and U.S. facilities.

Keep a low profile. Avoid distinctive American clothing like football shirts. Remove USA stickers from luggage and leave camouflage bags and notebooks at home. Avoid “American hangouts” and bars, and don’t discuss military matters in public.

On deployments you need to be aware of your environment. Wear earplugs around small arms and artillery fire, loud equipment, and aircraft noise to protect you from hearing loss. To prevent stepping on a land mine, don’t walk in areas that have not been cleared by ordnance. Be aware of possible common booby-trapped persons, areas, and objects. Watch where you walk and try not to venture out on your own into unfamiliar territory. A safety briefing is required either before or upon arrival to your deployment site. This may consist of films, tapes, pamphlets, books, and handouts. The security briefing is required and area specific.

Be aware of the threat level in whatever area you deploy. The terrorist briefing is required prior to deploying to overseas. Take it seriously. People have died from ignoring terrorist threats. The greater the threat, the more it will impact on your job. As an American, you make a great target for snipers or kidnappers. Try not to draw attention to yourself in public when in local cities, towns or villages. If rank is to be worn, it should be subdued. Shiny rank makes a good target. Do not salute in public. Be aware that a smart sniper will look for officers. Wear your helmet and flack jacket (if you have one) while you are traveling about in hostile areas. Additional helpful information may be found in AR 350-225.

References:

AR 190-52	Countering Terrorism and Other Major Disruptions on Military Installations
DA PAM	Personal Security Precautions Against Acts of Terrorism
TC 19-16	Countering Terrorism on US Army Installations
AR 600-8-101	Personnel Processing (In and Out and Mobilization Processing)
AR 380-5	SAEDA
AR 381-12	Security

Preventive Medicine

It is helpful to become familiar with the local animal, insects and plants of the deployment environment. You may obtain briefings on the indigenous plant and animal life with movies, tapes, and pamphlets. The U.S. Army Research Institute of Environmental Medicine at Natick, MA may provide a great source of information on this and other subjects. Their address is: U.S. Army Research Institute of Environmental Medicine, Natick, MA 01760-5007, phone com. (508) 651-4811, DSN 256-4811, and Fax DSN 256-5298.

Weather

Depending on the climate in which you deploy, weather conditions may affect your performance especially if you have to wear MOPP gear. It is essential that you are physically fit. You should train in weather and conditions that will prepare you for a wide variety of climates. If you know your destination in advance, focus on preparing for the appropriate environment. You are responsible for protecting yourself from avoidable heat and cold injuries through wear of proper clothing, skin protection, and adequate hydration. For specific information on heat and cold injuries, Natick Labs provides an abundance of information. It is referenced in the above paragraph.

Laundry

Laundry services may or may not be available. It usually takes time to establish these services. In the meantime, expect to wash your own uniforms with available soap and water. Hopefully, you can dry your laundry outside. You may have to dry them in your tent to be protected from the colder elements. In overseas deployments, laundry often is provided by host country workers or by third country nationals hired by the host country. Make sure you have your clothing clearly labeled because mix-ups can easily occur. In some cases, laundry is done by hand. Bring extra fatigue buttons, as your fatigues will often be returned with broken or missing buttons from vigorous hand washings. Expect a turn around time of at least 2-4 days.

Helpful Hints When In a Hostile Environment

- Always be **flexible**.
- **Expect the unexpected.** Plan accordingly.
- Do not expect good logistical support. If it comes be happy.
- Learn to use your hands.
- Do not be afraid to scrounge or alternatively beg.
- In constructing your department expect minimal equipment.
- Check local disposal areas for useable items. Cardboard boxes, duct tape, and pallets go a long way.
- Do not be afraid to barter services for needed equipment. Get to know and be nice to your supply and logistics personnel.
- If possible check the local economy as another source of equipment needs.
- If possible, attempt to send ahead any supplies, books, special equipment, etc. that you can't carry with you (especially when deploying with a unit).
- You will always be short-handed. Try using ambulatory members in the medical hold company or cleared friendly locals.
- Because you will always be overworked, learn to prioritize your activities. Learn how to apply triage techniques to manage your patient load.
- If you leave your compound always take a buddy.
- **Always be security conscious.** Do not assume everything is as it appears.
- **Always be aware of your surroundings** whether in your compound or in the local village/city.
- When patronizing host country establishments, know where the exits are located. If seated, keep your back toward the wall. Maintain vigilance.
- If you are issued a weapon, always have it close by with the safety on. Otherwise, have it secured.

- If in an environment where there is an NBC threat, either carry your mask with you or have it within your easy reach.
- When sleeping keep your NBC gear near you at all times. **Do not use the mask and carrying case as a pillow.**
- Unless otherwise directed, do not salute in a hostile environment.
- Know where your local police, air shelter and/or bunker are located. Keep your steel pot/Kevlar (and if issued) your flack jacket handy.
- If in a field environment use sandbags to build an area of cover somewhere in or near your clinic. Should a rocket/mortar/artillery attack occur, protect your head and extremities. Get under a table or a bed or whatever else will provide cover. In a sandbag bunker look for a corner or wall.
- Be aware and sensitive of the local customs and beliefs and behave accordingly.
- Be aware and sensitive of the political environment when dealing with the host country and our allies.
- Working in a hostile environment can be very stressful. Make sure you have someone you can talk to.
- Your department is your team. Keep the lines of communication open. **Protect and support your NCOs and enlisted.** They will respond in kind.
- During your “off-duty” time, when not sleeping, try to keep active. Get involved with MWR activities and write home often.
- When all else fails, **use common sense.** Be a professional both as a soldier and as a clinician.

Two men looked out from the same bars;
one saw mud and one the stars.

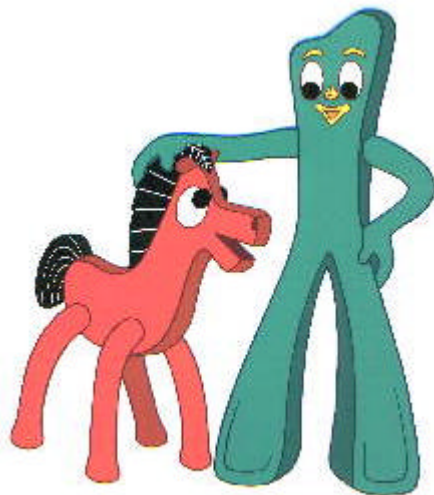
--Frederick Langbridge

Adaptability and Flexibility

The precise conditions under which the deployed individual or unit may be called into service cannot be predicted. One must constantly expect the unexpected from personnel, equipment, and the environment. Flexibility and adaptability are essential. Success will be influenced by the PT's or OT's ability to tolerate and handle the unexpected.

Maintaining a positive attitude in an environment of scarcity and potential stress is a strength that a true leader must possess. A “half full” outlook is a virtue that strengthens and motivates everyone around you. A good sense of humor, laughter, and a positive outlook are “force multipliers.” Those who spread joy invariably reap a good measure for themselves. Look for the humorous aspects of your experience. You will find plenty.

REMEMBER, SEMPER GUMBY!



Stress Management

The level of readiness of an individual or unit can often be measured by use of a checklist of goals, tasks, and objectives. Unfortunately, one cannot prepare oneself psychologically for wartime stresses from a checklist. This type of readiness is often ignored or only discussed briefly. Moving from a hospital setting to a field or foreign hospital environment requires a major physical, emotional, and professional transition. Tremendous personal adjustments must be made. In general, lesser degrees of emotional and physical adjustment reactions occur if prior training has included exposure to the roughness of the field environment and instruction or experience in what to expect.

In any type of combat situation, stress is an inherent factor that underlies the entire experience. It may be stress and anxiety from having too much to do, too little to do, and/or apprehension and fear of the unknown. Under these circumstances, our personal relationships become intensified and our positive and negative experiences magnified. Survival in rigorous, unpleasant conditions will largely depend upon developing strong interpersonal relationships with coworkers. Our ability or inability to interact with others will be accentuated since it is unlikely that we will go home to our own private home or apartment during off-duty hours. We will not only work together, we will eat, sleep, and play together. These relationships have the potential for creating strong support units or units plagued with disharmony and dissension, as the case may be.

During high-pressure situations, people will discover hidden resources of strength and self-confidence. Many will experience satisfaction from performing difficult tasks under arduous conditions. Some discover their coping mechanisms are strong at some points in time and less than adequate at other times. This situation points to the need for us to establish a strong network for support. We may be the ones who need support, while at other times, we may be the ones to give support. At times, our own strength needs replenishing to prevent the emotional vacuum from developing within ourselves. Whether colleagues, friends, subordinates, or superior, it doesn't really matter. When you're adapting to or coping with a combat, disaster, or peacetime training situation, the most important resource of all is people—working and living together as harmoniously as possible.

Physical exercise is an excellent way to let off steam. Recreation time is healthy and needs to be pursued creatively. Individual groups will develop shared common interest. Such groups promote special feelings of comradeship that develop and endure long after the experience has ended. Adequate sleep, food intake, and cleanliness should be pursued to reduce stress.

It is important for each of us to have a clear understanding of why we are in the situation of deployment. These include our beliefs, value systems, and personal feelings about the reasons the US Army is training you or utilizing your skills and knowledge in a disaster or combat situation.

Experts in the field of stress management advocate the PIE approach: Proximity, Immediacy, Expectancy. Proximity refers to treating the individual as near to the unit locale as is possible and safe. Immediacy indicates the need for early recognition with appropriate intervention. Expectancy refers to reinforcing the concept of wellness and a return to normalcy, not treating the individual as a sick person.

This is applicable to you, the individual, as well as to your colleagues and patients. All of us have a point at which we have the potential of reaching our “breaking point.” It may manifest itself as “burnout.” The inability to continue functioning in a normal, effective way occurs when these physical and emotional needs are unmet or unfulfilled for a period of time.

The stress reaction from caring for seriously injured casualties to being in actual combat is an extension of the burnout syndrome with fear for loss of one’s own life and grief for the loss of others. The key to effective treatment lies in early recognition of signals of an impending stress reaction in yourself and others with early appropriate intervention. An understanding, supportive approach aims at reducing the stigma attached to these reactions associated with a temporary breakdown. Recognizing that these reactions are a normal component of prolonged exposure to stress and fear reduces the stigma and promotes an attitude of concern combined with reassurance. Intervention, combined with support from friends and peers, usually returns the individual to full duty very quickly. Chances for recovery are the greatest when stress casualties are treated by professionals who recognize the soldier is temporarily disabled, but expected to quickly resume full duty.

Modified from Field Nursing, An ANC Challenge

Adopting the right attitude can convert a negative stress into a positive one.

--Dr. Hans Selye

Deployment Stress

Introduction

It is reasonable to expect that a soldier will be separated from family members during the course of his or her career, either due to deployment or remote assignments. Separations can be traumatic.

All humans experience some form of separation in their lives. Without the experience of separation, we would not be the autonomous, capable individuals that we are today. Hopefully, from those previous experiences with separation, we have learned some techniques or skills to cope successfully.

“The myths of deployment listed below are described in the booklet, “Making a Home in the Navy.”

Myth #1: Many people assume that one “gets used to” separations, and that they therefore don’t hurt as much.

Research proves this is false, as does personal experience. The first deployment requires the greatest adaptation because everything is new. The next several deployments are somewhat easier because of lessons learned. However, if the deployment cycle is frequent and continuous, families find that the effect is cumulative, and the strain is great.

Knowing that there are certain feelings and experiences that are common to those who are separated may help you feel less alone.

Myth #2: After a deployment, you pick up where you left off before the deployment.

This is not true, particularly after the first separation. Each partner has been changed by his or her experiences and the physical, mental, and emotional challenges. There is a saying “you cannot cross the same river twice, because the second time, both you and the river have changed.” Service members, spouses, family members, and friends must learn to be flexible as they adapt to each other’s growth. The reacquaintance process may be a combination of both pain and pleasure.

Myth #3: All of the illnesses experienced during deployment are a figment of your imagination or due to the stress of separation.

Prior to a deployment, and in preparation to return, military personnel work hard physically. Family members may go through the same process. If emotional exhaustion factors in, stress readily results. Studies of people under stress show them to be more vulnerable to illness and more accident-prone.

A Few Suggestions to Deal with Stress

- **WORK OFF STRESS** – If you are angry or upset, try to blow off steam through physical activities. Physical effort gives you ammunition to fight against the mental stress.
- **TALK OUT YOUR WORRIES** – Another person can help you see a new side of your problems and, perhaps, a new solution. Seeking a professional listener is not admitting defeat. It is admitting you are an intelligent being who knows when to ask for assistance.
- **LEARN TO ACCEPT WHAT YOU CANNOT CHANGE** – If the problem is beyond your control at this time, try your best to accept it until change is possible.
- **AVOID SELF-MEDICATION** – Chemicals, including alcohol, increase stress rather than reduce it. If the ability to handle stress interferes with sleep, seek medical assistance.
- **GET ENOUGH SLEEP AND REST** – Sleep deprivation can lessen your ability to handle stress by making you more irritable. If stress repeatedly prevents you from sleeping, you should inform your doctor.
- **BALANCE WORK AND RECREATION** – “All work and no play” is a bad lifestyle choice. Schedule time for recreation to relax your mind.
- **DO SOMETHING FOR OTHERS**—When you are distressed, you tend to concentrate on yourself. Doing something for someone else will take your mind off your problems.
- **TAKE ONE THING AT A TIME** – It is defeating to tackle all your tasks at once. Instead, set some aside and work on the most urgent.
- **GIVE IN ONCE IN A WHILE** – If the source of your stress is other people, try giving in instead of insisting you are always right. You may find others will begin to give in, too.
- **MAKE YOURSELF AVAILABLE** – When you are bored and feel left out, go where the action is! Get involved and be willing to be an active participant in life.

How to Survive Separations: Suggestions for Family Members

Experience has shown that a deployment is much easier on families if they prepare for it and know the tricks of getting along during a separation. These suggestions ease the potential strain associated with a deployment. Refer as needed to the section on Family Readiness and the Military Spouse Checklist.

- Service all major appliances, air conditioning and heating systems, and automobiles before the separation occurs. Make a list of phone numbers of repair persons who will service the appliances or cars if anything should break down.
- Be aware of the rights and benefits to which families are entitled.
- Attend pre-deployment briefings. They offer valuable information and provide an opportunity to meet people facing the same problems.
- Neighbors can be very helpful. Good neighbors will check occasionally to see that all is well and they'll usually make themselves available to help out if they can.
- Have allotment checks sent directly to the bank. The family at home will find it easier to pay monthly bills on time, buy food and clothing, and meet emergencies.
- A cassette tape recorder at home and in the site of deployment can be a morale booster. Tape recorded messages break the monotony of letter writing and can be fun.
- Remember, the mail is not always regular. Letters can cross in the mail and may seem to take forever to get answered. Blame it on the mail service, not on each other.
- Special services may be offered to a family during a deployment, such as sponsored trips and excursions, tickets to sporting or entertainment events. Take advantage of these opportunities. Hobby shops on post such as auto, ceramics, woodworking, framing, silk-screening, etc., can be an enjoyable and productive diversion.
- Set goals for yourselves. Pursue self-development programs. Study interesting topics, or learn a new skill or hobby.
- Get involved in some ongoing activities such as a job or volunteer work.
- Know at least three of your neighbors. You may need their help in an emergency and they can offer day-to-day support.

- Take up a new hobby or return to one you gave up for lack of time.
- Don't feel guilty about going out with friends and leaving your children with a babysitter. It might be a cheap price to maintain your sanity.
- Don't "run home to parents" if the going gets rough.
- If you and your spouse have some differences, try to resolve them before the departure. The flames of discontent can grow to raging fires if not extinguished early.
- Find a friend that you can enjoy being yourself with.
- Formal or informal support groups can help ease the stress of separation.
- Little things help, such as cooking a special dish you enjoy, starting a project, playing a musical instrument, or performing some physical exercise. It will help to relieve emotional strain.
- If you have children, take them on an outing to a museum, library, movie, recreational activity, or shopping trip.
- Break up the week with special activities, such as a Thursday night movie or a Tuesday morning shopping trip.
- Don't sit home on weekends thinking "if only he or she were here." Go on an outing. Do something.
- Don't be afraid to invite guests over to your home.
- When your spouse returns, give him or her time to adjust. Don't confront them with problems as soon as they arrive. Allow your spouse some time to be alone.

Children and Deployment

Parents can help children understand and accept the deployment and their feelings about it by planning ahead. Anticipate what some of the problems might be and discuss them with the entire family while both parents are still at home.

Often when asked if something is bothering them, a child will say “no.” But there are ways to get through. Make some casual reference to the deployment. Sometimes that enables parents and children to share similar feelings. It also helps a child to realize that the parent is a real person who can cry as well as laugh, and it models in an appropriate way how to release feelings – by talking about them.

Visit your child’s teachers. Children frequently react to the deployment by misbehaving in class or performing poorly in their schoolwork. A teacher who is aware of the situation is in a better position to be sensitive and encouraging. The deploying parent should leave at least three stamped, self-addressed envelopes with the teacher with a request for periodic communication regarding the child’s progress as well as a special product of the school or classroom, such as a classroom newspaper and school PTA newsletter.

It is helpful for children to see the mom or dad’s workplace. Very young children need to see where dad/mom eat, sleep, and spend some of their day away from home. This provides them with a concrete image of where their dad or mom is when they can’t be home.

Plan for communicating. Expect children to stay in touch with their mom/dad. A lively discussion needs to take place before deployment. Encourage children to brainstorm the many ways that communication can occur in addition to letter writing, such as cassette tape exchanges, photographs with their father/mother while he/she is away, encoded messages, “puzzle messages” (a written letter cut into puzzle parts that must be assembled in order to read), unusual papers for stationery and pictures drawn by preschoolers.

The pre-deployment period is stressful for parents and children. Confronted with an extended absence of a parent, family members sense a loss of continuity and security. Children may not fully understand why their dad or mom must leave. Very young children may become confused and fearful that their mom or dad will also desert them.

Children are not very good at expressing fears and feelings in words. Anger and a desire for revenge, and guilt for feeling that way, is often demonstrated in the child’s behavior. Children want everything to remain the same. When change occurs, and there is nowhere to go, the change is puzzling and disturbing to children.

What can be done about relieving the stress of the pre-deployment period?

Talk to your children about the deployment before it happens. Communicate your thoughts and feelings about the separation. Be open and honest. Some parents worry that advance warning will only give a child more time to fret. However, children can sense when something is about to happen and worry more when they are left in the dark. Knowing about the deployment in advance helps adjusting to the idea.

SUGGESTED RESOURCE MATERIAL

Military Family Separation Video Series: Available at the Family Support Centers upon request.

Amen DG, Jellen L, Merves EM, Lee RE. Minimizing the impact of deployment separation on military children: Stages, current preventive efforts and system recommendations. *Milt Med*, 153(9), 441-6, Sep 88.

Black WG. Military-induced family separation: A stress reduction intervention. *Social Work*, May 1993.

Hints for Making Deployment Easier for Soldiers with Young Children

- Kids can record cassettes to dad/mom,, especially tots learning to talk. The spouse away can record a cassette for the children; read a favorite story and “visit” with each child.
- A snapshot picture book can be made of dad/mom doing everyday things with the kids (one for each child); giving baths, reading, taking walks, playing ball, etc. and the spouse in uniform where he/she works.
- The deployed spouse should send postcards or letters to each child with brief, easy sentences about the child’s or his/her own daily events. Children love receiving their own mail and enjoy pictures also.
- Buy or plan presents for birthday and holidays in advance and attach a special message. Kids love getting gifts through the mail from other countries – T-shirts from different countries or items they can share at school.
- On a world map, place map pins to show the location of mom/dad. Children can see for themselves where mom/dad are. Help them to learn about the geography, people, and customs of the foreign environment.
- Give children a method of measuring the passage of time. Families use such techniques as a ceremonial crossing off each day on the calendar as it passes, or tearing off a paper chain consisting of the number of days of the weeks the spouse will be away.

Family Care During Deployment

Family Medical Care

DEERS

The Defense Enrollment Eligibility Reporting System (DEERS) is a system used in conjunction with the identification card for determining eligibility for medical and dental care in U.S. military medical treatment facilities.

Everyone in the Uniformed Services-Army, Air Force, Navy, Marine Corps, Coast Guard, the Commissioned Corps of the Public Health Service, and the National Oceanic and Atmospheric Administration is affected by DEERS. DEERS is used to verify and confirm eligibility for those on active duty, retired, family members, surviving family members, Guard/Reserve personnel who are activated for a period in excess of 30 days, and other special categories of people who qualify for benefits.

A member of the National Guard or Reserve on active duty under orders that specify a period of more than 30 days must complete a DD Form 1172, Application For Uniformed Services Identification Card DEERS Enrollment on eligible family members and submit this to the Service personnel office for processing.

A member of the National Guard or Reserve not on orders that specify a period of active duty for more than 30 days must pre-enroll all eligible family members in DEERS so that in the event of a general mobilization, family members eligibility can be confirmed immediately. In the 90-day period preceding a sponsor's 60 birthday, which marks his or her entitlement to retirement pay and other DOD benefits, the sponsor is automatically enrolled by his/her Service. The sponsor must then enroll all eligible family members.

Active duty members of the Army and their eligible family members should contact their local Uniformed Service personnel office. Anyone with further questions concerning his or her DEERS enrollment can call the DEERS Beneficiary Telephone Center at 1-800-538-9552; in California call 1-800-334-4162; in Alaska, Hawaii, or Puerto Rico call 1-800-527-5602 or 1-800-538-9552.

Once enrolled in DEERS, the sponsor is carried in the DEERS computer data bank along with their family members and eligibility for service can be checked when necessary. Whenever the status of a family member changes, the sponsor is responsible for ensuring that such changes are reported. This can be accomplished by contacting the Personnel section of their unit.

Patients presenting themselves for treatment are required to be processed for DEERS eligibility. This is accomplished at three locations on post: Admissions, Pharmacy, and Outpatient Administration.

CHAMPUS

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is intended to supplement medical benefits received from a military hospital or medical clinic. When care is not available through the local military treatment facility, civilian providers are used for medical treatment. Also, CHAMPUS recognizes different categories of eligible persons, for whom available benefits and costs vary. Some people are not eligible for CHAMPUS, such as active duty service members, parents, parents-in-law, and most persons eligible for Medicare. All CHAMPUS eligible persons must be enrolled in the Defense Eligibility Enrollment Reporting System (DEERS), which is a computerized eligibility checking system, before CHAMPUS claims can be paid.

A full range of information on Health Benefits Programs, including CHAMPUS and CHAMPUS Partnership Program is available at the CHAMPUS office in the nearest military medical facility. A toll-free CHAMPUS claims number is (800) 866-6337.

TRICARE

In addition to the traditional CHAMPUS Standard benefit (now called TRICARE Standard), CHAMPUS beneficiaries now have two additional health care options, TRICARE Prime and TRICARE Extra. TRICARE Prime features expanded benefits, no deductible, less paperwork, and reduced out-of-pocket costs. Under TRICARE Prime, a Primary Care Manager (PCM) must coordinate all non-emergency care and provide a referral for specialty care. In addition, all specialty care and non-emergency out-of-area care must be pre-approved by the Health Care Finder. Enrolling in the TRICARE Prime program is voluntary. For program information, call (800) 406-2832. Or email at <http://www.ha.osd.mil/> email

Family Assistance Services

Army Emergency Relief

AER is a private, nonprofit organization that “helps the Army take care of its own.” AER provides financial assistance to Army members and their families in times of emergency. For a reservist to be eligible, they must be on active duty for more than 30 days or ordered to active duty. When seeking assistance from AER, soldiers should bring their ID card, leave and earning statement (LES), and any other useful information (i.e. medical bills, eviction notices etc.). The AER headquarters telephone number is: (202) 325-0184.

Categories of authorized emergency financial assistance:

- Non-receipt of pay
- Loss of funds
- Medical, dental, or hospital expense
- Funeral expense
- Emergency travel
- Rent
- Food
- Utilities
- Essential transportation (POV)
- Clothing
- Fire or other disaster
- Lack of necessities

Who does AER help?

- Active duty soldiers, single or married, and their dependents
- ARNG and USAR soldiers on active duty for more than 30 days and their dependents
- Soldiers retired from active duty for longevity or physical disability, and their dependents
- ARNG and USAR soldiers who retired at age 60, and their dependents
- Surviving spouses and orphans of soldiers who died while on active duty or after they retired

What can AER do?

Help with emergency financial needs for:

- Food, rent or utilities
- Emergency transportation and vehicle repair
- Funeral expenses
- Medical/dental expenses
- Personal needs when pay is delayed or stolen
- Give undergraduate-level education scholarships, based primarily on financial need, to children of soldiers

What can't AER do?

- Help pay for nonessentials
- Finance ordinary leave or vacation Pay fines or legal expenses
- Help liquidate or consolidate debt
- Assist with house purchase or home improvements
- Help purchase, rent or lease a vehicle
- Cover bad checks or pay credit card bills

For more information, contact:

AER National Headquarters
Department of the Army
200 Stovall Street
Alexandria, VA 22332-0600

The American Red Cross

The Red Cross provides a wide range of services to military personnel and their families 24 hours a day. The ARC cooperates closely with the Department of the Army by carrying out activities supplementing and otherwise assisting the Army in its programs relating to the health, welfare, recreation, and morale of military personnel and their families. Some of the services provided by the ARC are:

Communication: With their world-wide communications network, the Red Cross can rapidly transmit verified information to help clarify misunderstandings, reestablish broken communications, or support requests for Emergency Leave.

Assistance with Emergency or Convalescent Leave: The Red Cross does not have the authority to grant or deny emergency leave, but can provide the complete verified information to the Commanding Officer to enable him or her to make the correct decision concerning emergency leave. Therefore, soldiers should contact the Red Cross first if there is an emergency that may require the presence of the service member. Emergency leave usually has to involve the service member's family—the spouse, the children, the spouse's parents, brothers and sisters. Uncles, aunts, cousins and grandparents are seldom considered as close enough relations to require emergency leave. Emergency leave is not a grant. It counts as ordinary leave.

Financial Assistance: The Red Cross will help with funds for food, clothing, shelter, and transportation to see soldiers and their families through an unanticipated financial emergency. These funds can be provided as either an unsecured, non-interest bearing loan or an outfight grant.

Other Programs: The Red Cross can assist with family counseling; patient recreation programs; courses of instruction in first aid, water safety, and home nursing; youth services programs; disaster preparedness; and various activities by Red Cross volunteers.

United Service Organization (USO)

The USO is much more than a troop of entertainers. It is the only civilian organization dedicated exclusively to helping service members and their families. The USO is nonprofit and relies solely on private and corporate donations. The USO is a comfortable place for soldiers in an unfamiliar location. USOs are located in some commercial air, rail, and bus terminals, and sometimes in large city centers. The USO is staffed largely by service-oriented volunteers.

Army Community Service Center

The Army Community Service Center is one of the mainstays for family assistance during deployment or mobilization. Every Army post has one and each is staffed with highly trained human service professionals and volunteers. Family assistance centers are established during large deployments and mobilizations, and can serve as the first point of contact for a soldier who needs help in any matter. They provide financial management assistance, information on the exceptional family member program, child support services, family advocacy, relocation services, and information regarding other services available both on and off post.

The six essential services of ACS are:

- Information, referral, and follow-up service program.
- Financial planning and assistance service program.
- Relocation service program.
- Handicapped dependent's assistance services.
- Army child advocacy program.
- Child support service program.

Army Education Center

The Army Education Center can be a helpful resource for continuing education and professional development. Information is available on various officer programs (PA, OCS, ROTC, etc).

Services include:

- Basic Skill Education Program (BSEP)
- High School Completion Program
- Servicemen's Opportunity College Associate Degree Program (SOC)
- Veteran's Educational Assistance Program (VEAP)
- Skill Recognition Program
- Language Program (Headstart-Gateway)
- Defense Activity for Non-Traditional Education Support Service (DANTES)
- Education Counseling Service
- MOS Reference Library
- Testing Service

Chaplain Support

The chaplains minister to the religious needs of the soldiers and their families. They are clergy in uniform, and provide service to persons of all religions. Chaplains lead in worship and prayer, provide religious instruction, sacraments, church ordinances, and life cycle ministry. They provide pastoral care and assistance in crisis and emergencies.

Worship, prayer, religious education, and spiritual growth are important in the lives of soldiers and their families. Family unity, strong community ties, and support in times of separation or crisis are all benefits of these programs. Get acquainted with the chaplain(s), and do not hesitate to share in these programs.

The Army Family Life Communication Line

This is a toll free line for family members of active component (AC), reserve component (RC), and Department of the Army (DA) civilians. A well-trained staff is available to provide information and refer family members to appropriate programs or agencies to meet their needs. They are open from 0830 to 1630 eastern time. Their toll free number in CONUS (except Virginia) is (800) 336-5467. In Virginia it is (800) 572-5439. The number in Hawaii, the Virgin Islands, and Puerto Rico is (800) 336-5480.

MWR Support

Morale, Welfare and Recreation (MWR) activities are normally present on post during times of non-deployment. MWR provides amenities such as video rentals, TV rooms, athletic rentals, and many other items and activities to boost the morale and support for soldiers and their families. Most of the activities are free of charge. MWR often provide a snack bar with chips, candy bars, and sodas at nominal prices. They also provide athletic gear and plan and run a variety of activities to meet the many needs of the soldiers. In hostile environments, there is often a lot of “down” time interspersed with times of chaos and stress. MWR can provide much needed support in the field and for families back home.

Legal Assistance

Legal officers at the Judge Advocate General’s office provide the following services:

- Advice and assistance with legal problems
- Preparation of wills
- Preparation of powers of attorney
- Notary public service
- Legal assistance relative to insurance claims and financial problems

It is best to call ahead and make an appointment. Remember that Army lawyers are not allowed to appear as counsel in civil courts.

Other Sources

There are other agencies that provide a wide range of services that warrant mention. For additional information refer to DA Pam 360-525 and the local family assistance center. Other services available through military, governmental, or civilian agencies include:

- Legal aid centers
- Alcohol and drug abuse prevention program.
- Veteran's Administration
- Public Health Department
- United Way agencies
- Alcoholics Anonymous
- Parents Anonymous
- Local churches
- Hot lines
- Public library
- Civic and fraternal organizations (Lions, Elks, Rotary, Kiwanis, Jaycees)
- The Salvation Army

Communications

Keeping in Touch

Good communication is an important part of keeping any friendship or relationship alive. During a prolonged separation, communication becomes a vital necessity.

Now is the time to open up communication lines. Honestly discuss with your spouse, family members, and/or friends your feelings about the deployment. What are your fears and expectations? Have you considered and discussed what kinds of changes can be expected by the time the deployment is over? Spouses often become more independent by deployment's end. The spouse at home may begin or end a job. Personalities may change, especially with children. By the time the service member returns, goals may have changed.

Letters

Letters are your lifeline to sanity. (Wait until you have not received one in a week and see if you don't think so). Expect a delay in receiving letters at the beginning of a deployment. Writing letters is an excellent means of reducing stress and letting others know that they are important to you. The following provides guidelines for writing letters during separations:

- Answer all questions.
- Ask advice when needed.
- Explain problems clearly. If any confusion exists, worry results.
- Express appreciation for letters, cards, and tapes. Mention one or two points of special interest.
- Relate daily activities in an amusing or interesting way.
- Share your feelings as openly and freely as you can without indulging in self-pity.
- Express yourself clearly so the reader will not misinterpret the intended meaning.
- Children should be encouraged to write notes, draw pictures, and express their feelings as well.

- Share news of the neighborhood, friends, and relatives. If deployed, share news of daily activities.
- Write regularly and often. If writing letters is too tedious, send cards.
- Send an occasional gift or care package.
- Consider occasional phone calls. However, be alert to the costs of such calls. Discuss and decide before deployment the frequency and duration of the calls. Set a time limit.
- Record the date in your letters. This helps to eliminate confusion if the mail is delayed and will help keep track of which letter was written first.
- When security is an issue, do not share information about your exact location, mission, code names, etc.
- WRITE! WRITE! WRITE!

Messages

Some occasions might require a faster method of contacting the service member than a letter, such as a serious illness or injury, or a death in the family. Depending on the severity of the situation, there are two primary ways to send a message to the deployed unit. The American Red Cross will send verified emergency information only. There is no charge for Red Cross messages. Before you call, have the following information on hand:

Rank and Full Name
Social Security Number
Complete Duty Address

Personal and non-emergency messages can be sent through Western Union, (800) 325-6000. These include births, seasonal salutations, birthday and anniversary greetings, expected hospitalization, or just personal messages.

There are different types of Western Union messages, each with its own rate. Except for the Mailgram, the address does not count as any of the words for which you must pay. Keep in mind that all rates are subject to change, and you should ask before you definitely decide to send a message.

A night letter is less expensive and a couple hours is usually the only difference between the telegram and the night letter. Most telegrams and night letters are delivered within 36 hours, depending upon the priority status (a death would have priority over a valentine) and the number of other messages which must be sent by the communications center. However, Western Union emphasizes that there are no guarantees for delivery times. Once the message is delivered to the communications center, it is out of Western Union's hands.

The contents of the Western Union message are not confidential. Don't say anything that might be embarrassing. Western Union should not be used to send the service member bad news that will potentially cause pain and/or distress, such as serious illness, hospitalization complications, or a death or injury in the family. These messages are best sent through the Red Cross. This message is free and can be delivered by the Chaplain who can provide appropriate support.

Military Affiliated Radio System (MARS)

MARS operators are HAM radio owners who have been certified by the FCC and, after meeting certain qualifications, accepted by the director of the MARS program. They are volunteers who bring hundreds of families together every day. Their primary purpose is to provide a point of personal contact for the service member and his family, but they have filled a wide range of needs. Each operator has a strict code of confidentiality.

If you receive a MARS call, the MARS operator will first verify that you are the person they want, then give you their name and location, and tell you they are a MARS operator and for whom they are calling. You'll be asked if you have ever talked on a phone patch before. If you say you have, you will get the quick refresher course. If you have not, they will tell you the do's and don'ts.

There is a 3 to 5 minute limit on these calls. Topics related to mission security, such as the exact location of the unit, or previous or future activities, may not be discussed because the line is not secure. It is helpful to have a prepared list of topics so that the limited time is used effectively.

Overseas Phone Calls

Hearing a familiar voice can be wonderful, **but the cost may be expensive.** Agree before the deployment how often, and when, phone calls will be made. As with MARS calls, it is helpful to be prepared for the call by keeping a list of discussion topics near the phone.

Care Packages

A care package is a terrific morale booster. They can be fun to put together, and are a good outlet for creativity. Here are some suggestions for contents:

cookies	fudge	brownies
magazines	newspaper clippings	joke books
pictures	cartoon books	self-addressed envelopes
puzzle books	personal cards	puzzles
nuts	medicines (Tylenol, aspirin)	international coffees
trail mix	health food snacks	snacks
jerky	music tapes	deodorant
shampoo	shoe insoles	candy bars
stamps	specialty teas	taped TV shows
VCR home movies	games	dry soup mixes
sewing kit	chewing gum	cheeses
plastic containers	batteries	hand lotion
pocket books	board games	

Always place an extra address card inside of the package before you seal it. If the box should be damaged, and the address on the outside cannot be read, the backup address increases chances that the package will arrive at its intended destination instead of the dead-letter bin.

Further suggestions for care packages:

- Don't send anything that is highly perishable; there's no refrigeration available.
- Although a 2-3 week space between mailing and receiving a package is about normal, it could take as long as 6 to 8 weeks.
- If you are sending a package for a special occasion, be sure to mail it so it has plenty of time to arrive.
- Don't send aerosols or liquids in glass containers.
- Never send fireworks or other explosives.
- Include photographs.
- Mark any packages that contain recorded messages, music, or VCR tapes with the words "Magnetic, Recorded Tape Enclosed."

Mailing Tips

- UPS will not accept packages with an APO address.
- The package cannot weigh more than 70 pounds, and must not exceed 108 inches in combined girth and length.
- Don't use wrapping paper if you can help it. String should not be used because it will foul up the postal machines. The post office recommends use of reinforced, nylon strapping tape.
- Pack everything snugly, so it doesn't move around, and try to distribute the weight evenly so one side is not heavier than the other.
- Baked goods must be packaged in sealed containers and well-cushioned.

Host Country Considerations

Learn as much as possible about the country you are deploying to in advance. Consider its history, geography, customs, culture, religions, economy, political system, and languages. It is important to always use good judgment, tact, and diplomacy in any dealings you have with the people.

Customs and Courtesies

You must be aware of the host country customs and courtesies. We are the visitors and we must behave accordingly. Customs, foods and types of greetings in our country vary greatly from other countries. Many things we do normally in the US are considered rude or taboo by other countries. There are restrictions on foods, clothing, and touching. To familiarize yourself with the culture and customs of the host country, request pamphlets or consult with your library. Be sure to attend any briefings on these topics.

Laws

We live in a democratic society which has laws that govern about everything we do. We are protected by the law and afforded due process. In most foreign deployments you will go to countries that do not share the same view. Their laws are different and their justice may swift and severe. Familiarize yourself with available information in this area. Obey their laws. If you get in trouble, the American government may not be able to rescue you.

Religious Customs

Religious customs are very different from country to country and within the same country. People take their religions very seriously. If you know where you might be deployed, it is wise to familiarize yourself with the religious beliefs of that country to avoid insulting your hosts. The chaplain's office can offer some helpful information on various religious customs. The local post library will also provide useful information in this area.

Food

Each culture has food indigenous to its geographic area and culture. If you sample the local food, be sure that it is clean and properly prepared. Stay away from raw fish, meat, and poultry.

Political Considerations

We will be guests in the area we are deployed. It is essential that we behave and do not cause an international incident. You must treat the host country's military personnel with all of the respect due their rank. Try to avoid religious, ideological, or political debates with your hosts. Keep a low profile and as the saying goes, "when in Rome do as the Romans do!"

Local military/Police Force

You will be briefed on the host country and allied forces military. Get to know the rank structure and identity so that you may extend to them the courtesy due their rank. Allied military personnel will often be working side by side with us and can help as interpreters. Be judicious in your interactions with native uniformed personnel.

Host Country Medical Providers

If you work closely with host country medical personnel, realize that their training is different than yours. Often, because of cultural and religious differences, they may treat patients differently. Some may avoid physical contact with patients of the opposite gender. Because many countries do not recognize gender equality as in the U.S., female clinicians will be posed with additional challenges, and male clinicians may not be allowed to treat women. Be ready to adapt to the restrictions placed upon you.

Reintegration

This discussion on reintegration is based on the conviction that it is more comforting and positive to meet problems in an open manner rather than to deny their existence. Reintegration back into society from a combat situation is a topic that should be addressed. In WWI, WWII, the Korean War, and the Gulf War, the military returned home to a hero's welcome. This was not the case for Vietnam War veterans or veterans of other low intensity conflicts.

Most returning soldiers from WWI or WWII returned on troop or hospital ships. The passage was long and slow so the time between leaving the war zone and re-entry into their old way of life was a week or longer. This time allowed for some closure to take place whether individually or with their unit. Reunions were planned, friendships cemented and war stories told and retold. Vietnam vets had an entirely different type of departure and arrival. They reached the end of their tour, said goodbye to their unit, caught a ride to the airport, and entered the plane for the return home. They may not have known anyone else on that airplane. They left a hostile environment and returned to a hostile environment.

In the Vietnam War, people had a 12-month set tour. Soldiers arrived in country by themselves and were placed in a unit that had been in country for a while. With the exception of some elite units, people were constantly rotating in and out. Unit cohesion was very poor. Individual rotation in and out of the combat environment plays havoc with bonding. Morale and discipline problems were great. Proper closure never really took place. People were relieved to be coming home and wished to forget the experience.

As with the Vietnam War, jet transportation will make the transition from the deployed environment to the home environment very abrupt. Chances are high that persons returning will have had experiences not likely to be repeated in a peacetime environment. These experiences may range from the exciting to the horrible and ugly aspects of war. As health professionals, we deal mainly with war's victims. War experiences bring about permanent changes in people's lives. The physical, mental, and emotional changes can be both positive and negative.

It is important to be able to talk about your experiences – both good and bad. Accept that an experience such as this changes you permanently. Upon returning home you are not really going to be the same person. Some of these changes will be primarily temporary, such as an exaggerated startle reflex to loud sounds. These responses are normal and acceptable. Tell yourself these will gradually fade. Talk about your experiences with others who either have been there or can act as good listeners. Catharsis is good therapy. Reunions with others who have been deployed with you link the past to the present and permit memories and feelings to be dealt with in a "safe" atmosphere.

Reunions encourage positive exchange of feelings, positive feedback, and esprit de corps, and often bring about a sense of closure.

Do not worry about coming back and being normal.. Accept that you have changed and so has the place you are returning to.

Modified from Field Nursing, An ANC Challenge

Summary

Every deployment or mobilization brings its own unique challenges and circumstances. It is a journey into the unknown, without exact eight digit coordinates. The azimuth you shoot will depend on your insight from previous training and experience, your needs assessment, environmental requirements, and your motivation, attitude, and PREPARATION. Well-prepared soldiers are confident in themselves and their ability to accomplish the mission.

By being well-prepared, the experience of serving your country in a special operation or mission can lead to immense professional and personal satisfaction, knowing that you played an important part in achieving the success of our military mission and a return to peace.

If you aren't ready for deployment, act now. Considering the precarious and delicate state of world affairs, that ominous phone call could come tonight.

**Physical Therapy
and
Occupational Therapy
Section**

Duties and Responsibilities

(References: AR 611-101, AR 40-48, FM 8-10-14, FM 8-10-15, STP 8-2-MQS)

General

Physical and occupational therapy refers to the services provided by physical therapists (PT) or occupational therapists (OT) and supporting enlisted specialists. PTs and OTs have complementary backgrounds and training, but are not substitutable for each other. When providing unit level care (physician extender mission) for neuromusculoskeletal problems, PTs provide primary care for complaints involving the head/neck, spine/trunk, and extremities; OTs provide care of the elbow/wrist/hand. If both services are present, they are ideally located together.

During a mass casualty situation, PT personnel may assist in managing “delayed” or “minimal” category patients, or supplement the Orthopedic section. OT personnel have skills and training to provide combat stress support to casualties and staff. In emergency situations, PT and OT personnel may be called upon to assist with triage, as occurred in the Vietnam War.

Both PT and OT services include outpatient and inpatient care. Both services are involved in injury prevention, health promotion, and fitness consultation.

OT Guidelines

OT can impact positively on a broad variety of medical, surgical, and psychiatric conditions and greatly ease the workload of the theater hospital staff, since human performance is its focus. OT treatment requires simple equipment and few supplies, relying instead upon educational methods and materials at hand. Through OT intervention, casualties can retain their identities as soldiers, achieve self-care independence, become productive and mission effective, obtain useful employment, and regain confidence in their ability to return to duty at the earliest opportunity.

OTs evaluate thoroughly aspects of performance involving sensorimotor, motor, neuromuscular, cognitive, and psychosocial skills. OTs also evaluate skills related to daily functioning, such as maintaining hygiene, dressing, eating, communicating, and moving about. At greater functional levels, performance areas include the capacity to perform the basic soldiering skills, to survive, to work, to manage emotions, and to rest or sleep appropriately. OT treatment develops these capacities and designs intervention programs to prevent their deterioration.

PT Guidelines

The goal of PT in a deployed environment is to provide accurate and timely evaluation, restore function, and alleviate pain and suffering with minimal use of consumable supplies and durable medical equipment. PTs evaluate, plan, supervise, and implement treatment programs to correct, prevent, or retard physical impairments resulting from injury, disease, or pre-existing biomechanical problems. PT enlisted personnel perform treatments as directed by the therapist, monitor response to treatment, and assist in collecting measurement data to assess the effectiveness of treatment procedures.

Immediate PT evaluation and treatment of patients with neuromusculoskeletal conditions (e.g. sprains, and strains of spinal and peripheral joints and muscle groups) allows rapid return to duty for a majority of patients and thus becomes a force multiplier. For some patients with injuries requiring evacuation from the theater, early PT evaluation and treatment is essential to facilitate a more rapid rehabilitation and subsequent return to functional status. Early intervention in the intensive care and recovery areas for enhanced mobility (transfers, breathing exercises, etc.) prevents morbidity due to deep vein thrombosis and pneumonia complications.

PTs serve as independent practitioners and physician extenders in accordance with the established guidelines and regulations of each military service. The PT performs primary assessment of patients with neuromusculoskeletal conditions and may order appropriate radiological or lab tests. Prescription of non-narcotic medications is included in the scope of practice for credentialed providers.

PTs perform baseline and interim assessments of each referred patients. The evaluation may include functional status, gait analysis, specific manual muscle testing, and assessment of mobility, structure/posture, neurological, and circulatory status. These documented objective findings are referenced by physicians as indicators of stabilization, improvement, or deterioration of a patient's condition and used for determination of return to duty status or evacuation.

Treatment may include individual and group exercise, manual therapy/mobilization procedures, ambulation, transfer training, balance facilitation, initial and subsequent non-surgical debridement of burns and open wounds, hydrotherapy, dressing application, positioning programs, general reconditioning, and application of various modalities (ice, heat, electricity, traction, ultrasound, etc.).

Staffing

PT and OT sections in field or combat support hospitals will be small. There may be only one therapist and one technician assigned to the section. Administrative support is generally absent. Sometimes staffing can be augmented by soldiers with medical or administrative military occupational specialties. Soldiers in a temporary medical hold status may be able to assist with some administrative and other duties. Sometimes local civilians are available to do odd jobs and act as interpreters. However, do not count on this. You might be disappointed.

Patient Population

Therapists in deployed environments may treat a variety of patients other than American military personnel. Patients may include:

- Host country and allied military personnel
- Third country nationals
- Host country civilians
- American DOD/DA civilians
- State Department personnel
- Host country VIPs
- Refugees
- Enemy prisoners of war
- American contractors
- American civilians

Because the American medical system may be perceived as superior to local (foreign) medical care, our services may be in high demand.

Enemy prisoners of war (EPWs) are to be treated as any other wounded patient. Be aware that they may be terrified, angry, or relieved. Your access to EPWs may be determined by their guards, usually host country military.

Logistical Support

Do not expect an abundance of logistical support. Supplies should be more readily available at a permanent facility. If serving in a medical facility of the host country, as occurred for some PTs and OTs in Desert Storm, the religious customs, outdated protocols and equipment, and different philosophies of treatment by the host country's medical personnel may provide additional challenges. For example, the Saudis, because of their beliefs, were very penurious in administering pain medications. As a result, many of their burn patients were under-medicated during treatment. Regardless of the standards of medical care in other countries, US military medical personnel should strive to maintain high standards of care within environmental and logistical constraints.

Anticipated Injuries

In a non-combat environment, or prior to the participation of troops in military operations, musculoskeletal problems and sports related injuries are among the most common types of injuries treated by PTs and OTs. Therapists will serve as physician extenders. It may be possible to develop fitness programs, participate in injury prevention and screening, and present informational programs on a variety of health topics.

In a war zone or environments in which troops are engaged in combat, management of patients with multiple orthopedic trauma, brain and spinal cord injuries, burns, blast and mine injuries, traumatic amputations, and open wounds becomes the priority. Professional competence in management of the above conditions is imperative.

“Other Duties as Assigned”

AR 40-1, paragraph 2-22, clarifies that the senior physical therapist and senior occupational therapist will be chiefs of their respective sections. Paragraph 2-3 governs the utilization of AMSC officers. As an exception to policy, AMSC officers may be detailed as members of courts-martial boards or nonprofessional boards or committees when AMSC officers or other food service, physical therapy, or occupational therapy personnel are involved in the proceedings. (Ref. AR 40-1 Paras. 2-3& 2-22)

AMSC officers who work regularly established clinic hours may perform AOD or SDO functions. The regulation requires that scheduling be fair and equitable.

AMSC officers will not be assigned special administrative duties, such as linen inventory, drug inventory, hospital inspection, and cash verification unless they are serving in an administrative headquarters or as administrative residents.

PTs and OTs should be very visible and active participants in unit activities such as assembling and disassembling field hospitals and all training activities.

Special Opportunities

When deployed, AMSC personnel may have the opportunity to accompany Preventive Medicine or Special Forces units on outreach programs. Such participation can improve access to soldiers in remote locations, improve safety during travel, and expand the provision of needed services to troops and other populations.

Deployment with DEPMEDS

The Deployable Medical Systems (DEPMEDS) were developed in the 1980's in response to a recognized need to provide medical support that was austere but adequate, affordable, relocatable, maintainable, modular, capable of airlift, and of most importance, quadservice.

DEPMEDS are commonly used by active duty and reserve Army medical units in field environments and when deployed. DEPMEDS consists of two components: 1) prefabricated, containerized modules that house the pharmacy, X-ray, laboratory, and operating rooms, and 2) double-lined tents that house patient-care areas and ancillary services. These tents are called TEMPER (tents, extendible, modular, personnel). It is the responsibility of the medical personnel assigned to the Army medical units to erect and dismantle the containerized modules and TEMPER system during field training exercises (FTX) and during deployment. This process can take several days and is physically demanding. The various components of DEPMEDS can be configured according to the medical needs of the unit. This flexibility is essential in a combat environment.



DEPMEDS Layout, 67th Combat Support Hospital, Hungary, 1996

The DEPAMEDs contain medical material sets (MMS). For PT and OT, these are metal chests that contain equipment and supplies. As part of a Deployable Medical System (DEPMEDS), the Physical/Occupational Therapy Medical Material Set (MMS) contains the types and quantities of supplies and equipment needed to conduct an expedient PT/OT operation. The service is further augmented by wound management, burn, and splint packages. The PT/OT service should be located as close as possible to the intermediate and minimal care wards. It should also be adjoining Orthopedics. This MMS operates in a 64' x 20' Tent, Extendible, Modular, Personnel (TEMPER) and is stored and transported in a MILVAN (military-owned demountable container).

The PT/OT service provides the following:

- Neuromusculoskeletal evaluation and treatment
- Fabrication and application of orthotic devices
- Exercise programs to improve function
- Debridement and wound management

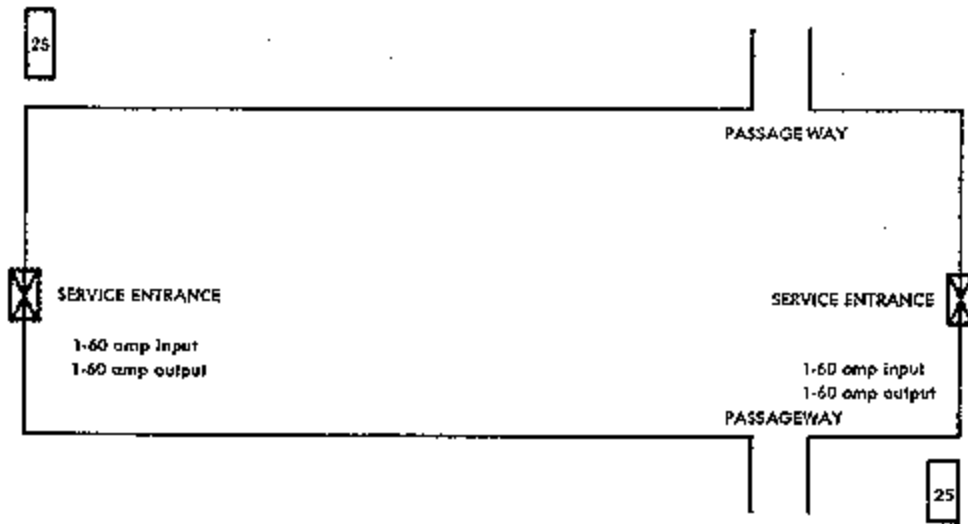
- Activity programs designed to improve fitness, reduce stress, and increase work tolerance
- Wellness and injury prevention programs

Examples of the equipment in the PT/OT MMS are:

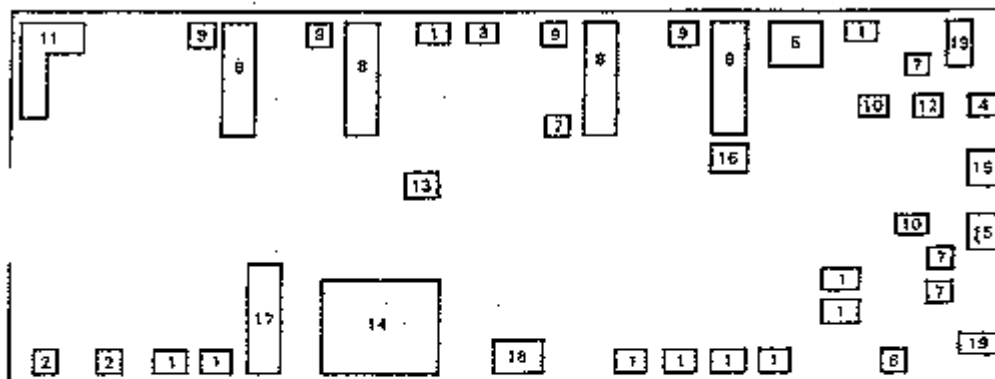
- Tool kit, carpenters, with chest
- Cabinet, electrocardiograph, mobile (augmentation)
- Sink unit, surgical, scrub
- Heater, heat treatment pad
- Cryotherapy unit
- Folding treatment table
- Ultrasound/high galvanic stimulator
- Portable traction apparatus
- Portable whirlpool and whirlpool chair
- Adjustable surgical instrument stand
- Laptop computer

The layout of the PT/OT service is depicted in the below figures (ref: TC 8-13). The items identified in 1 through 10 in the matrix make up the basic PT/OT MMS. The items identified in 11 through 19 are components of the COMMZ augmentation set. Try to position your clinic close to orthopedics and as close to a potable water supply, and bunker, if possible.

MMS, PHYSICAL THERAPY, DEPMEDS



PT/OT MMS Floor Plan



TEMPLATE	NOMENCLATURE	TEMPLATE	NOMENCLATURE
1	CHEST, MEDICAL INSTRUMENT AND SUPPLY	11	CHAIR, FOLDING
2	DESK, FIELD WITH FOLDING CHAIRS	12	CHAIR, WHIRLPOOL
3	HEATER, HEAT TREATMENT	13	BICYCLE, STATIONARY, ERGOMETER
4	HOSE, GARDEN WITH NOZZLE	14	MAT, EXERCISE
5	REFRIGERATOR, COLD PACK THERAPY	15	PANELS, SHOWER, DISINFECTING ARMJ
6	SINK UNIT, SURGICAL SCRUB	16	UNIT, TRACTION
7	STOOL, REVOLVING	17	TABLE, TILT
8	TABLE, TREATMENT, FOLDING	18	SET, WEIGHT
9	STIMULATOR, ULTRASOUND/HIGH GALVANIC	19	BATH, WHIRLPOOL, PORTABLE
10	STAND, SURGICAL		

Physical therapy/occupational therapy MMS.

Collocation of PT and OT makes for better teamwork. Be aware of drainage and other topography in locating your clinic. Ensure that the number of electric outlets are adequate, and that potable water is nearby. Although DEPMEDS allocated 64' x 20' for the PT/OT section, space may be limited. Acquire as much space as the unit allows. If necessary, the space may be expanded by use of a tarp or extra tent.

Supplies & Equipment:

If mobilized with a combat support hospital, the MMS will be included in DEPMEDS. It is strongly advisable to become familiar with the contents of the equipment box if you are PROFIS and assigned to a combat support hospital (CSH). Ensure that hand tools such as hammers, saws, and measuring tape are part of the kit. Consumable supplies will be obtained from a general supply area and though burn/wound care instruments will be part of the set, they will be prepared, sterilized, and handed out by Central Material Supply (CMS).

It is best to anticipate an austere environment. “Scrounging,” improvisation, ingenuity, and resourcefulness are valuable skills. Order expendable supplies, such as gloves, dressings, tape, and sterile packs, well in advance. It is essential to keep a running inventory of expendable items. A daily or weekly count will allow you to successfully anticipate supply needs. Limited supplies can severely impact your effectiveness in the field. Expect delays and “glitches” in the system. Do not become frustrated over the perceived lack of support. Your logistic/supply personnel are some of your hardest working and most under appreciated persons. Below are listed some the possible sources of equipment and/or supplies you might need.

- Logistics
- The local economy.
- Other units: Non medical items such as chairs, tables, cots, beds, paper, etc.
- Other sources: Discarded packing boxes, pallets, wood from construction areas etc.

The following page lists recommendations for the physical therapy inventory.

References:

Handouts from Combat Development Division, AMEDD Ctr & School
Deployable Medical Systems, Doctrine and Tactics Training Outline, AMEDD Ctr & School
TC 8-13, Deployable Medical Systems: Tactics, Techniques, and Procedures, HQ, DA

LOGISTICS IN OT/PT OPERATIONS

A good understanding of logistics in deployment is necessary if the occupational and physical therapist are to ensure they'll have the supplies needed to meet the needs of the soldiers in the theater of operations. In addition, the therapist must be knowledgeable about logistics actions in the event they deploy as a "slice element" away from their parent unit or logistical base of support.

There are traditional and non-traditional methods of acquiring supplies to meet operational needs. The traditional methods are those common to the Army logistical system for ordering and receiving supplies that are in the standard stock system. Non-traditional logistics are those methods and supplies used to meet mission needs that utilize more unconventional methods which may assist the therapist in acquiring items that are either not in the standard stock system or may take an inordinate amount of time to receive through traditional supply channels.

The following are some general suggestions to consider in order to maximize logistical support of your clinical operations in the field.

A. Traditional Logistics

Perform layout of all equipment. Take all you are authorized! Check for any additional room in supply containers (MilVans) to take additional supplies if possible. Check with S4 on operational funds and acquiring excess equipment or supplies. Your S4 may be able to get a "Project Code" which is the accounting code for the operation. OTs check with Department of Housing (DEH) on post for packing and crating lumber.

Therapists should acquire Class II and Class VIII supplies for Deployment Phase of operation. If possible, find out which Main Support Battalion will be supporting you in your area of operation (AO). Check to see if your Unit Identification Code (UIC) has been identified on the theater of operations G4 (Operations) list for units in theater. Establish a rear detachment re-supply through prior coordination. Fill out in advance 2765's supply transaction cards for high use items. Use your deployment UIC, Project code and receiving MSB on cards.

Therapists should plan for no re-supply for the first 90 days of the operation. Consideration should be given to the electrical source in theater and the environmental conditions.

B. Non-Traditional Logistics

Use personnel movement of unit personnel in and out of theater as an alternate method of re-supply e.g. MEDEVAC or rest and relaxation (R&R). Therapists should

make a list of all e-mail addresses / phone numbers of all traditional and non-traditional supply sources and give a copy to rear detachment. Consider use of Army Post Office (APO) mail for small item and emergency re-supply. If possible have unit maintain International Merchant Purchasing Card (IMPAC) account for use by rear detachment and with prior coordination, the card may be used in theater and /or communication zone (COMMZ). Training of rear detachment card holder must be done in advance of deployment or current unit card holder may be able to maintain card with prior coordination with resource management and project code. In addition, authorizing agent must be in the area of operation (AO).

The following are some logistical actions therapists may want to consider. These actions are broken down according to deployment cycle.

DEPLOYMENT PHASE LOGISTICS

- * Check all equipment and inventory supplies during the load up
- * Pack immediate use supplies in deployment vehicles / trailers or near front of Mil Vans
- * Keep all supply sources information with you
- * Make contact with professional peers who might be able to support you logistically
- * Check in at Intermediate Staging Base (ISB) Logistics Center to confirm in-theater UIC. Get Mobile Subscriber Equipment (MSE) field telephone numbers and attempt to identify Medical Logistics Battalion that will support your AO.

IN-THEATER: EARLY DEPLOYMENT PHASE

- * Make contact via phone / e-mail with all supply sources as soon as possible
- * If possible visit Combat Support Hospital (CSH), Forward Support Medical Company (FSMC), MEDLOG BN and MSB get POC's and phone numbers
- * Visit base camp operations office (Mayor's) office. He or she controls base camp layout / space and construction materials.

IN-THEATER: LATE DEPLOYMENT PHASE

- * OT/PT contact G5, Civil Affairs to determine assistance (if any) to CA operations, e.g. work therapy assistance, soldier to children programs, or pediatric development programs, etc.
- * Contact Morale, Welfare and Recreation (MWR) personnel for their deployment timeline, services and programs as well as cooperative programs or logistical support

SUSTAINMENT PHASE: Approx. Day 90-120

- * Begin receiving sustainment phase operational supplies for soldiers and mission support
- * Coordinate programs through MWR, CA and base camps. Push supplies and equipment forward with therapy teams if possible.
- * Identify any additional sources of supplies available in theater
- * If possible use IMPAC Card in theater or CommZ through AAFES. Remember that monthly reconciliation of account must be continued through rear detachment.

RE-DEPLOYMENT PHASE: Beginning Determined by Operation

- * Turn in all excess equipment and supplies received in theater
- * Turn over all-important POCs and phone numbers to follow-on therapist in on-going operations
- * Write up logistical lessons learned and share with peers

Recommended Physical Therapy Inventory

Expendable Supplies	Durable Supplies	Non-Expendable Items
pre-wrap	1 trash can/lid	1 field desk/2 stools
athletic tape (1 ½")	4 linen bags	medical chest
elastic tape	72 hand towels	6 boxes (shipping)
rubber tubing/theraband	50 towels	1 refrigerator/freezer
theraputty	36 sheets	1 field sink
3", 4", 6" elastic bandages	7 pillows with covers	1 CHCS computer/printer (pt. Tracking)
canes	20 pillow cases	4 exercise mats
crutches with tips and pads	1 cervical traction unit	1 x-ray viewing box
ultrasound gel	2 spreader bars with tx cord	1 field stove
chemical hot and cold packs	10 ankle weights	2 portable US/ES units
stockinette, 4" and 6"	14 sand weights	4 TENS units
twine	1 bolster	3 exam tables
traction cord	4 timers	2 exam stools
sterile gauze	1 field fracture brace	1 hydrocollator
¼" or ½" orthopedic felt	5 gait belts	reference books (burns, trauma, ortho/neuro, neuromusculoskel. eval
wound dressings	6 restraints	medical terminology, language)
ankle/knee braces	stethoscope	laptop computer with diskettes
knee immobilizer	sphygmomanometer	portable whirlpool
lumbosacral corsets	tape measures	
cervical collars	hydrocollator forceps	
exercise handouts	3 emesis basins	
rehab protocols	1 rocker or BAPS board	
thermoplastic material	leather punch	
(i.e. Aquaplast or Orthoplast)	4 6" curved Mayo scissors	
fishing line and rubber bands	4 Russian forceps	
Surgilube	goniometers	
Cups	2 reflex hammers	
Sterile brushes	2 bandage scissors	
	2 reflex hammers	
	tuning fork (128 c)	
	hot packs and covers	
	hand dynamometer	
	tin snips	
	Handtools (pliers, convertible screwdriver, vise grips, leatherman tool)	

Bring a complete listing of national stock numbers (NSN) of needed supplies. Consider ordering thru Orthopedics if their service has a higher acquisition priority.

Let no man's soul cry out: "Had I been properly trained..."

Monument at Fort Benning, GA

Professional Preparation

Clinical

In a field environment, everyone will be expected to perform at a higher intellectual and skill level with a decreased level of technology. It is essential to keep current with the standards of treatment of the military required for deployment. Take advantage of continuing education opportunities. When on two weeks of active duty, reserve officers should serve as patient care providers in Army clinics to become comfortable with military therapy procedures and responsibilities. Therapists must become adept with administrative procedures, to include personnel management and resource management, record keeping, and data collection.

Begin problem solving in advance. As you go through your daily patient care, observe and ask yourself what you would use if a particular item were not available. Ask the advice of others on acceptable substitutes.

Based on the suggestions of previously deployed therapists, the following continuing education courses should be pursued:

- Care of burns/wounds/acute trauma
- Early amputee rehabilitation
- Early spinal cord trauma management
- Combat care casualty course
- Upper extremity splinting
- Pediatric evaluation/rehabilitation
- Neurological evaluation/rehabilitation
- Manual therapy

ARTEP 8-955-MTP lists task standards and outlines task steps and performance measures in a "go" or "no-go" format. This is a valuable training tool and can be used to assess staff skills and as a guideline for training emphasis. These task standards are listed in Appendix M.

Military

- Common task training
- Physical training and acclimatization
- Medical field training. Training with your unit in medical training exercises provides hands on experience in a field environment and familiarization with available equipment.
- Joint Field Exercises. Field exercises with combat units provide realistic training and educate the line as to the value of PTs and OTs in directly conserving the fighting strength. Participation also enables us to promote our skills and educate others on the important role of PT and OT in a field medical unit.
- Combat Care Casualty Course (C4)
- Triage
- Expert Field Medical Badge training
- Emergency Medical Technician (EMT) training
- Anti terrorist training (SAEDA briefing). See Appendix K.
- Biohazard training/NBC training
- Advanced cardiac life support/advanced trauma life support training

Data Collection and Record Keeping

Data collected during deployments provide valuable information regarding the types of patients receiving care, workload, utilization of services, effectiveness of interventions, etc. When deployed, most therapists remain very busy. An expedient way of collecting information is desired. Familiarity with spreadsheets and databases can be helpful if a computer is available.

Suggested items for data collection:

- Number of neuromusculoskeletal evaluations performed
- Percentage of patients that would have been evacuated from the theater if PT or OT care were not available
- Types of injuries and percentages
- Location of injury and percentages (i.e. shoulder/upper arm, knee)
- Numbers of visits per injury
- Percentages of patients with chronic or exacerbated chronic conditions
- Time to return to duty
- Categories of patients treated (e.g. active duty, reservist, civilian, native, allied)
- Any trends in injuries (e.g. truck drivers on bumpy roads, falls during icy conditions)
- Percentage of outpatients vs. inpatients
- Number of soldiers participating in fitness or injury prevention programs if offered.

The PT or OT should remain alert for research opportunities. These need not be detailed studies. A physical therapist who participated in Operation Joint Endeavor from December 1995 through July 1996, administered a brief questionnaire to MC, MSC and NC officers in his deployed unit to determine their perception of the need of a PT in a MASH unit before deployment compared with their perception once deployed with a PT. The results demonstrated a need for education regarding the role of the therapist in the field, and verified the value of a therapist as a member of a MASH.

An injury data collection form provides a means to consistently collect and report injuries and/or illnesses seen in the clinic. An example of a generic form for collection of research information is provided in Appendix Q.

After Action Reports

After action reports from those who have previously deployed, if available, can serve as an excellent reference prior to deployment. Such references offer insights into the peculiarities of the mission, the challenges, obstacles, strategies, suggestions, lessons learned, and direction for future endeavors. Collectively, they provide a compilation of lessons learned and valuable historical information.

Weekly summaries of accomplishments and challenges serve as excellent references for writing final after action reports or for later publication of the experience. Slides and videotapes offer excellent means of sharing the experience with others and for future presentations.

The following format has been standardized for use among deployed Army physical therapists, and may be useful for other specialties as well. It provides a reporting structure appropriate for a variety of missions.

After Action Report Format (AAR)

Your deployment experience is very important to us. Your input will be used: (1) to ensure that Physical Therapists deploying in the future are well prepared to contribute to the mission, and (2) to enhance the personal safety and professional satisfaction of those deploying. This is to be prepared with your peers and junior officers in mind.

Within 10 working days of the completion of a deployment an AAR should be submitted to the Chief, Physical Therapist Section who will review and distribute accordingly. Use appropriate letterhead, date the report, and prepare as follows:

Consolidate and summarize your important points specifically addressing all areas noted in the following format. Include attachments, photos, slides, and appendices as needed to portray an accurate description. Your thoughtful and thorough assessment of problems and issues, along with recommendations for resolution are required; personal opinions and comments are welcomed but should be so identified. See Appendix N.

If serving as a member of a Process Action Team (PAT), you may be requested to submit a trip report through channels to your AOC chief. A recommended format can be found in Appendix P.

Dietitian Section

Dietitian Deployment

I. Mission

(Reference FM 8-505)

The primary mission of the Dietitian (65C) and the Hospital Food Service Specialist (91M) is to provide safe wholesome meals to patients and personnel authorized to subsist in the nutrition care dining facility; coordinate special diets, nutritional supplements, and nutrition intervention; and provide consultation to the commander on nutrition related health and performance issues.

Soldiers need to understand the importance of being flexible in the field environment. Each situation will dictate different circumstances and responsibilities. Regardless of the situation, patients will require nutritious foods during evacuation in both peacetime and combat operations. Past deployments such as to Bosnia and Somalia have presented incredible circumstances to the mission of medical field feeding and their constituents. Hospital Dietitians and Food Service Specialists have demonstrated their potential in adapting to the environment while deployed on these missions.

It is very important for leaders involved in the planning process to understand the focus of the mission prior to deployment. This will help in determining the resources needed to accomplish specified goals. Perhaps the mission will require special equipment or changes in the amount of personnel originally planned.

II. Duties and Responsibilities

(Reference FM 8-505)

Soldiers involved in medical field feeding operations must take necessary measures to become familiar with the mission, personnel, and resources prior to deployment. This will allow key personnel to conduct necessary training to reinforce mission requirements and enable personnel to fulfill their responsibilities to the deployed unit.

The following are key areas of responsibility while deployed:

1. Administration
2. Clinical
3. Consultation
4. Education & Training

These responsibilities do not differ greatly from that of a TDA hospital. The senior dietitian is responsible to the commander and ensures that the coordination of therapeutic and administrative nutrition care activities is maintained. Especially important is the role of the dietitian as consultant to the commander and his staff on a variety of nutrition related topics.

Management of both officer and enlisted personnel is vital to the success of the operation. Monitoring and executing personnel actions can both improve morale and establish mutual respect throughout the organization. The NCOIC of the nutrition care operations has a key responsibility in preparing work schedules in conjunction with the commander's policy and guidance. Appropriate attention should be given as to the anticipated length of tours of duty. Effective utilization of other personnel to include dining facility attendants, kitchen police (KPs), host nation personnel, civilians, and special details can enhance operations significantly.

III. Kitchen Layout and Design

(Reference FM 8-505)

The location of the hospital kitchen is critical in ensuring successful medical field feeding operations. The site should be adjacent to the hospital and practical to the needs of the unit. Optimal placement will allow soldiers to work smarter to meet mission requirements.

The following are some considerations in selecting the kitchen site:

- Tactical situation
- Use of disposables/solid waste disposal
- Hospital configuration/accessibility to hospital wards
- Location away from sources of contamination
- Water source(s)

Leaders responsible for the site selection of the hospital field kitchen should be familiar with DEPMEDS equipment and the components of the kitchen site layout. Effective space management should be employed and communicated as early as possible in the planning phase of the mission.

The kitchen site layout may include the following components:

- Kitchen shelter for patient food preparation (30 yds from grease trap/laundry)
- Sanitation shelter (30 yds from grease trap/laundry)
- Staff dining tent (30 yds from grease trap/laundry)
- Storage shelter(s) for subsistence and supplies
- Water trailer/lyster bag (outside tent)
- Refrigeration units (inside tent)
- Handwashing stations (inside tent or directly outside tent)
- M2 burner fueling and storage area (50 ft from tents)
- Garbage pit/grease traps (50 ft from dining tent)

The following are examples of hospital site kitchen layouts:

-Figure 2-1 (FM 8-505)

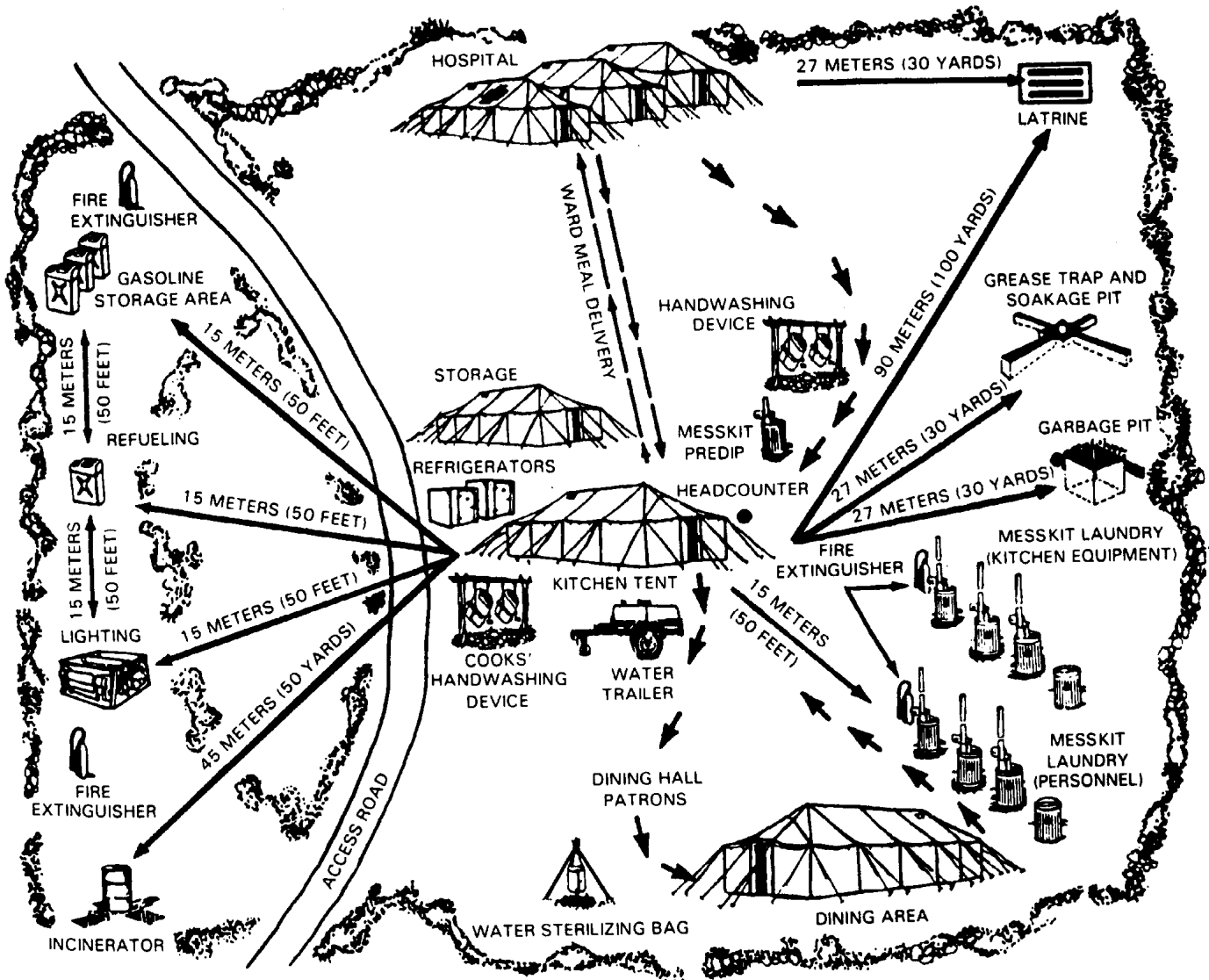
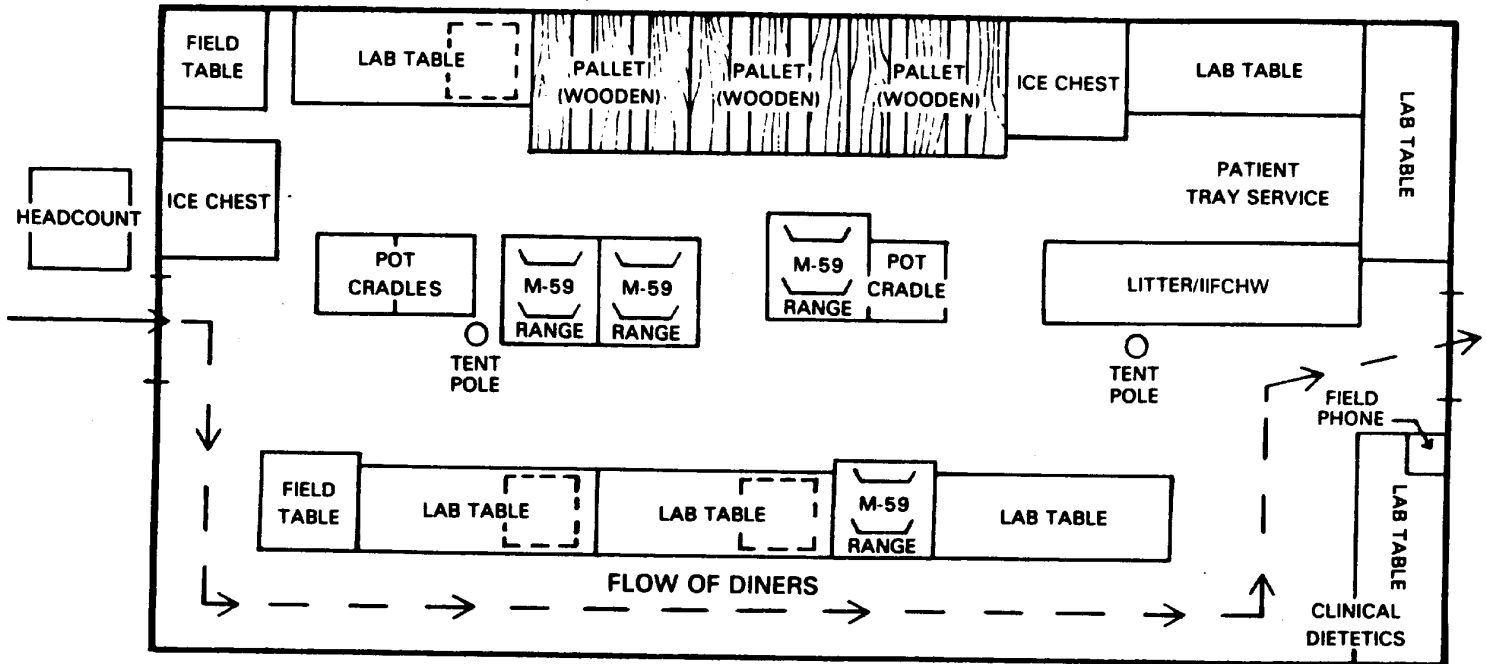



Figure 2-8 (FM 8-505)



- 1 POT CRADLES  CAN BE STORED UNDER TABLES WHEN NOT IN USE.
- 2 HEADCOUNT CAN BE INSIDE TENT OR OUTSIDE TENT, DEPENDING ON WEATHER CONDITIONS.
- 3 BEVERAGES AND OTHER SELF-SERVICE ITEMS CAN BE SET UP IN THE DINING AREA IF SPACE IS LIMITED.

DIMENSIONS OF GP MEDIUM TENT:

HEIGHT AT RIDGE	- 10 FT
HEIGHT OF EAVES	- 5 FT 6 IN
LENGTH	- 32 FT 8 IN
WIDTH	- 16 FT
FLOOR SPACE	- 512 SQ FT

DIMENSIONS OF GP LARGE TENT:

HEIGHT AT RIDGE	- 12 FT 3 IN
HEIGHT AT EAVES	- 5 FT 6 IN
LENGTH	- 52 FT
WIDTH	- 18 FT
FLOOR SPACE	- 936 SQ FT

IV. Equipment & Supplies

(Reference FM 8-505)

It is essential that prior to deployment, a review of all TOE equipment necessary for deployment be conducted. The preferred method is a physical inventory. This will help planners visualize equipment and determine the necessity by analyzing the mission. Here are some issues to consider:

1. Types of rations to be used
2. Special dietary food preparation requirements
3. Patient meal delivery system
4. Type of number of vehicles available
5. Electrical requirements
6. Serving procedures
7. Fuel consumption
8. Water requirements
9. Expected workload
10. Load-plan preparation

Assessment of spare parts and maintenance is also part of the pre-deployment planning phase. The age of your equipment will dictate the amount of spare parts you may require. Lack of attention to these issues may leave the medical field feeding operation crippled early on during deployment.

Dietitians and Senior Hospital Food Service Specialists should be aware of the special demands of the operation. Often, pre-deployment training does not mirror that of the actual operation. For this reason, safety should always be emphasized. Training and educating soldiers on possible dangers and stressing the importance of following standard operating procedures under stressful conditions can conserve personnel and equipment.

Medical field feeding operations often require significant storage and transportation requirements. Coordination with logistics personnel needs to be initiated early. Re-supply points and amounts can be established once storage space and the expected duration are determined.

Finally, there may be other specific requirements to anticipate. Dietitians who have special consultant requirements should be prepared to provide nutrition education to a variety of populations. This may place a demand for specific educational materials, handouts, and instructional aids. The availability of a computer may allow for the use of the Nutrition Management Information System (NMIS).

V. Rations and Diets

Food plays a very important part in providing nourishment for our bodies and serves a social role as well. This does not change despite deployment to various areas around the world. Food serves as a morale booster for soldiers. Whether it is a birthday celebration or a special meal, this can assist in reminding soldiers of home or something familiar in a strange land.

In general, as much information as possible should be gathered prior to deployment. A few of the questions you may want to ask include: Who will be fed? What types of rations are available (MREs, AGR-A, UGR-Heat and Serve [unitized group ration])? Does the host nation have a contract food service? Is the Hospital or area you are going to already established? Additional detailed information can be found in FM 8-505, Army Medical Field Feeding Operations.

Another concern will be the types of diets that will be provided to patients. Generally special diets will be limited. The MRE will only be used for patient feeding in emergency situations. If only AGR-A or UGR-T is available, it may be possible and necessary to modify these to meet the individual patient needs. Types of diets will include Regular, High Calorie, High Protein, Dental Soft, Dental Liquid, Full liquid, or Clear Liquid. In some instances weight control or diabetic diets will be needed. The UGR-medical supplement is available to augment rations with modified consistency products and a variety of liquids.

VI. Personnel Training

Training is an important part of completing a mission. Therefore it is encouraged that PROFIS personnel receive training prior to deployment. Training should be realistic and must consider the following:

1. Train with the unit prior to deployment by participating in FTXs,
2. Rotate assignments - provide opportunities for cross training for Food Service Specialists. Proficiency in all areas is important. An effective training program is vital to developing teamwork.
3. Consider your time and resources available for training. Ask the following questions:
What types of rations are available?
What is the knowledge, proficiency capabilities, education level, and amount of field experience of the personnel?
4. Table 3-1 in FM 8-505 lists training topics that can be used to develop a training program.

Professional Officer Filler Dietitian (PROFIS)

Direct responsibility between the PROFIS and the gaining unit is strongly encouraged. As early as possible, the gaining unit should include the dietitian in the planning phase prior to deployment to provide expertise and to become more actively involved in the management of the Nutrition Care Operation. Additionally, it is necessary to clarify with the Commander the scope of responsibility and authority for administrative, clinical and consultative duties. This will facilitate the effectiveness of the PROFIS and provide a smooth transition in responsibilities. Many times personnel may need education regarding their role in the TO&E environment.

For the Senior Hospital Food Service NCO (91M), he/she serves as the NCOIC of Nutrition Care Operations. He/she manages the junior 91Ms and other personnel assigned to Nutrition Care Operations and reports to the Chief Dietitian.

VII. After Action Reports

After any FTX or deployment, an After Action Report (AAR) is essential. This is your opportunity to share what you have learned with others who may follow or to make improvements for a future deployment. This also serves as an evaluation tool, a historical record and a reference.

Generally an AAR is completed by the deployed unit. Each section provides information on their activities during the deployment. A copy is provided to the AMSC (Chief, Dietitian), Medical Group Dietitian, dietitians in the region, units to be deployed and others deemed appropriate. See After Action Report Appendix O for a sample format. Remember, each deployment will be unique in its experiences. Some sections may not be applicable.

Physician Assistant Section

I. GENERAL:

This section was not prepared as an authoritative or all-inclusive document, but as a “single cover resource” to provide a basic overview of the duties and responsibilities of a Physician Assistant before, during and after the deployment process. It is intended as a guide and not a replacement to Division or unit Standard Operating Procedures (SOP). Source documents have been listed at the end of some subject areas so that readers may refer to current editions for guidance.

In an atmosphere of constant change, down-sizing and streamlining, it becomes ever more essential for the Physician Assistant to be able to advise and assist their commanders on medical matters pertinent to the command to include preventive measures, curative measures, restorative care, and related services. This document is intended to be used as one of many resources in this process.

Don't ever forget:

**“An unhealthy soldier equals an unhealthy team
which equals poor mission performance
which equals an unhappy commander.”**

II. DUTY DESCRIPTION:

AOC 65D: Physician Assistant

Plans, organizes, performs and supervises troop medical care at Levels I and II; directs services, teaches, and trains enlisted medics; performs as medical platoon leader or officer-in-charge in designated units. Functions as a special staff officer to the commander, advises on medically related matters pertinent to unit readiness and unit mission. Participates in the delivery of health care to all categories of eligible beneficiaries; prescribes courses of treatment and medication when required and consistent with his/her capabilities and privileges. Provides specialized care in orthopedics, emergency medicine, occupational health, cardiac perfusion, and aviation medicine upon completion of appropriate specialty training programs. Assignments may also include special operations units for appropriately trained personnel. In the absence of a physician, the PA is the primary source of advice to determine the medical necessity, priority, and requirements for patient evaluation, and initial emergency care and stabilization of combat casualties. Functions as medical staff officer at battalion, brigade, division, corps, MACOM / MEDCOM, and DA levels, advising the commander on medical matters.

III. PHYSICIAN ASSISTANT ASSIGNMENTS

Many opportunities exist for an Army PA after graduation. Each assignment presents its own unique challenges and responsibilities. The vast majority of these assignments are in TOE units at the division level. In these units, the PA provides Level I and Level II medical care. Because of restrictions of federal law, female PA's cannot be assigned to direct combat units; including armor and infantry battalions.

In some situations, PAs find themselves assigned to TDA units. When assigned to a TDA unit PAs are often PROFIS'd (Professional Officer Filler System) to a TOE unit. This allows the PA to be assigned to TDA positions during peacetime and be part of a TOE unit during deployment.

Physician Assistants in an Armor or Infantry (Mech) Battalion:

One PA is assigned to each Armor and Infantry Battalion. This individual functions as the medical expert within that battalion. This PA serves as the Battalion Commander's advisor on all health issues regarding the unit and is expected to know all the answers in terms of health issues within the battalion.

In a garrison environment, the day begins normally with sick call at the Battalion Aid Station (BAS). The PA is the primary care provider for soldiers within the battalion. He/she provides primary medical care for soldiers within the battalion and gives the commander advice on the health of his/her soldiers. In many locations, following morning sick call at the BAS, the PA reports to the Troop Medical Clinic to provide medical care for those soldiers whose units lack organic medical support. At the TMC the PA may also provide additional services such as physical exams and minor surgical procedures. At isolated assignments where there are no Medical Treatment Facilities (MTF), PAs may perform minor procedures and physical exams within the BAS, as per local SOP. The PA also monitors medical issues within the platoon/company and ensures records are screened; immunizations are up-to-date; and medical supplies are ordered on a timely basis.

While in the BAS, the PA should monitor the medical equipment chests checking for accountability, availability, serviceability, and expiration dates. Since the PA will utilize this equipment in the field, it is essential that he/she ensures the equipment and medications are in optimal condition.

When the battalion deploys, the medical platoon is their medical support. Medical care is provided as far forward as possible. In today's Army, the rapidly changing battlefield requires medical support that is able to move quickly and stay with its unit. Medical personnel must be prepared to move at any time. The BAS is designed to split into two identical teams. The first team is comprised of a physician, a medical NCO, a medical specialist, and a driver. The second team is comprised of a PA, a medical NCO, a medical specialist, and a driver. Each module is capable of performing physical

assessments, providing advanced trauma life support, preparing patients for evacuation to the next echelon of care, and performing routine sick call.

In the Armor or Infantry unit, the medical treatment teams are known as the FAS (Forward Aid Station) and the MAS (Main Aid Station). The PA generally provides care at the FAS often operating only two kilometers from the actual battlefield. The team will monitor the battle and follow it as it moves. After the company medics and combat lifesavers treat the casualties on the battlefield, they will send patients to the PA in the FAS. The PA will continue to stay immediately behind the battle in order to treat patients in as timely a manner as possible.

Once the PA has treated the patients, they are sent to the MAS or the ambulance exchange point. At the MAS, the team headed by the physician would further stabilize the patient. At the ambulance exchange point, the patient will be taken directly to the next echelon of care, which will be at the Forward Support Battalion. These and many other challenges await those who are assigned to the Armor or Infantry battalion.

PA ASSIGNMENTS: Artillery

Artillery units provide PAs the challenge of being a “platoon leader” as well as a medical care provider. Field artillery units (ADA, FA), do not have authorizations for MSC officers; therefore, the PA functions as both medical and administrative officer. The PA is a member of the battalion staff and attends all staff meetings with the commander.

Mission: Most artillery units do not deploy as a battalion; they deploy batteries to support a particular task force (TF) or brigade. The BAS is usually co-located with the HHB element and provides Level I support to assigned and attached soldiers in the area. The PA also tracks the illnesses and injuries of the soldiers of the forward batteries to assist the S-1 replacement operations.

Food for thought: If assigned to these units, become familiar with FM 10-1-5. As the medical tactician and expert, the PA will be composing multiple operations orders and performing the Military Decision-Making Process (MDMP). Another manual to be familiar with is FM 8-55.

PA ASSIGNMENTS: DISCOM

A common duty position for PA's is the Division Support Command or DISCOM. In DISCOM PA's may be assigned to the Forward Support Medical Company (FSMC) or the Main Support Medical Company (MSMC). The FSMC provides support for the brigade assigned while the MSMC supports the division. MTOE equipment authorized to the FSMC and MSMC varies based on the type of division it supports. The FSMC is generally comprised of a headquarters platoon, treatment platoon and ambulance platoon. The MSMC has essentially the same structure, but also has a mental health section;

preventive medicine section, optical section, and division medical supply operations (DMSO).

Mission: To provide Level I and II health-service-support to the assigned brigade. They also re-supply and reconstitute the medical supplies of the supported brigade. The PA may be part of a “jump squad” that moves ahead of the Brigade support area as the tactical situation dictates.

Food for thought: Establish a dialogue with medical elements of all units supported. This will increase cohesiveness and improve communications during field training exercises and deployments.

V. UNIT READINESS

Unit readiness is essential for worldwide deployment with little or no notice. All Army units must be able to receive the mission and deploy quickly with a minimum of last minute preparation.

MEDICAL RECORDS: AR 40-66

Medical records are the property of the federal government and are maintained by a designated custodian. The Battalion Aid Station or MTF is the custodian for all soldiers' health records. Soldiers may make copies of health records, but originals are government property. The medical record is like a “library book.” You can sign it out for a short period of time, but it must be returned promptly. Maintaining personal possession of the medical records and failure-to-return medical records in a timely manner can result in UCMJ action IAW AR 40-676.

Battalion medical personnel should routinely screen each assigned soldier's medical record to verify the following:

- determination of deployment status
- current physical status
- current HIV
- blood type
- current mask optical insert/contact lens prescription
- current immunizations
- permanent profile status

Medical records are also required to accomplish the following tasks:

- periodic review by medical officer (IAW AR 40-66)
- hospital and IG inspections
- PSD and security background medical screening
- immediate access to medical history in case of emergency

PHYSICALS: AR40-501

TYPES OF PHYSICALS:

Periodic/Over 40: Every 5 years on the 5th birth year (i.e. 25, 30, 35, etc.)-best if initiated 90 days prior to birthday

Retirement: Mandatory - initiate 120 days prior to signing out of unit.

ETS: Voluntary - Must be initiated not earlier than 120 days and not less than 30 days prior to the day the soldier is scheduled to sign out of the unit.

Special: Special Forces, Flight, Drill Sergeant, Airborne, ROTC, and OCS - must be completed within a reasonable period of time

Chapter Physicals: IAW AR 40-501 and AR 635-200

PERIODIC MEDICAL TESTS / EXAMS:

Periodic Physicals: Every 5 years during birth month (i.e. 25, 30, etc)

Eye Exam: Done in conjunction with periodic physical

HIV Blood Test: Every 2 years and 6 months prior to PCS

TB test: Annually

Hearing Test: Annually

Dental Exam: Annually during birth month

Dental Panorex: To be determined by DENTAC

DNA: One time only, mandatory.

Influenza: annually

PROFILES: AR 40-501 / AR 600-6 / FM 21-20

The profile is given to protect the soldier from further injury/illness, promote faster healing/recovery, and return the soldier to full duty as quickly as possible. The medical officer can use either the long profile form or the sick slip to limit the soldier's activity. Both are authorized formats for temporary profiles. As per FM 21-20 a soldier is given two times the length of the profile (not exceed 90 days) to prepare for the APFT.

SICK SLIP: DD Form 689

The sick slip is used as a personnel-tracking mechanism for the unit when the soldier requests to go on sick call. The medical officer may use DD Form 689 to recommend duty-limitations for sick and injured soldiers under his or her care.

The sick slip has the following limitations:

- assign a temporary profile, not to exceed 30 days.
- give quarters up to 72 hrs

NOTE: The soldier's condition as well as the type of profile recommended (i.e., temporary U-2) must be indicated on the DD Form 689. Instructions must be legible and signed by the medical officer making the recommendation.

LONG PROFILE FORM: DA FORM 3349

1. Defines what physical activities the soldier *may* perform.
2. Written remarks may denote which activities a soldier *should not* perform
3. Customarily used for temporary profiles 30 to 90 days in length.
4. Must be used for permanent profiles

Sometimes a soldier's profile conflicts with mission requirements. An ill or physically impaired soldier is ineffective. If directed to perform duties, it may cause further injury/illness to himself and/or others around him.

Permanent profiles:

Soldiers placed on permanent 3 or 4 profiles are nondeployable until such time as the MOS/Medical Retention Board (MMRB) has reviewed their case. The MMRB will determine whether or not a soldier is fit for duty in his current MOS in a worldwide field environment. The MMRB has four options:

1. *RETAIN PMOS* - The soldier's medical condition does not preclude satisfactory performance of PMOS or specialty code physical requirements in a worldwide field environment. The soldier is fully deployable.
2. *PROBATION SIX MONTHS MAXIMUM* - A probationary period of up to six months may be granted for conditions which currently prevent a soldier from performing his

duties but are expected to improve sufficiently to allow the soldier to fully function in his PMOS or specialty code in a worldwide field environment.

3. *RECLASSIFICATION* - The recommendation for reclassification or change of specialty code will be made only when the soldier cannot physically perform the full range of PMOS or specialty code duties, but possesses the physical ability to perform another MOS or specialty code.
4. *MEB / PEB* - The soldier's assignment limitation or medical condition precludes satisfactory performance in any MOS or specialty code for which the Army has a requirement in a worldwide field environment, and the soldier is referred for a Medical Evaluation Board.

IMMUNIZATIONS

Many medical officers find themselves deploying with little or no notice. It is therefore paramount for PA's to keep up with the battalion immunization program. As mentioned earlier, the immunizations will vary based on your unit's mission; all divisions have some minimum requirements that will cover their Theater of Operation (TO).

MEDICAL INTELLIGENCE

As medical officers, it is important to know what diseases are endemic to the area in which you and/or the soldiers you provide medical care for will deploy. Prior identification of the medical threat is necessary in order to prepare soldiers for the deployment (i.e. malaria prophylaxis) and to ensure that you and your medical company are prepared to diagnose and treat illnesses that may not be routinely encountered in garrison. In most divisions, the Division Surgeon and the Division Medical Operations Center (DMOC) will provide medical officers with information on the medical threat. The following is a list of additional sources that may provide such information. These agencies can also give information concerning host nation hospitals and facilities.

Medical Intelligence Agencies

Armed Forces Medical Intelligence Center (AFMIC)
Ft. Detrick, Maryland
COMM 301-663-9154 AV 343-7154

Naval Environmental Preventive Medicine Units (NEPMU)
NEPMU 2 Norfolk, VA
COM 804-444-7671 AV 654-7671

NEPMU 5 San Diego, CA
COMM 619-556-7070

NEPMU 6 Pearl Harbor, HI
COMM 808-471-9505 AV 471-9505

NEPMU 7 Naples, Italy
COMM 011-39-81-724-4468 ext 4468

Walter Reed Army Institute of Research (WRAIR)
Washington, DC
COMM 202-576-3517/3553 AV 291-3517/3553

Epidemiology Service
Brooks AFB, TX
AV 240-2604

U.S. Army Special Operations Command
Office of the Command Surgeon
Attn: Medical Intelligence Section
Ft Bragg, NC 28307
COMM 910-432-5883/9829
FAX 910-432-4292

SUPPLIES

It is extremely important to deploy with all medications and supplies listed on your units UAL. There have been complaints over the years about medications being out of synchronization with current treatment plans, but obtaining the more expensive medications on your own could put your unit in a financial dilemma. Use your medical chain of command in order to request changes to the MES packing list.

Most deployment orders will give units guidance on how many days worth of supplies (DOS) to take on a mission. Be aware of the common ailments that will deplete your supplies quickly. Common sick call complaints include gastroenteritis, URIs, STDs, EENT disorders, and dermatological diseases. Patients should be instructed to take a six-month supply of any prescription medication they require with them on all deployments.

TRAINING

It is imperative that the PA conducts and supervises training of his medics whenever time allows. Preparation for combat during peacetime is essential and absolutely critical for perishable medical skills. Formal training at the BAS should be scheduled once or twice a week and put on the long-range training calendar so it is locked in and not preempted. Senior medics and PA's alike can provide training opportunities for the medical platoon/company.

In addition to regularly scheduled classes your medics will benefit from on-the-job training. Medics learn a great deal by evaluating patients using ADTMC guidelines and then "presenting" the patient to the PA. Medics must receive formal training prior to using the ADTMC patient-screening method. PA's should take one or two battalion medics to the Military Treatment Facility (MTF) each day to see patients jointly in the morning or the afternoon. Medics must practice IV placement, splinting, bandaging, suturing, and other critical patient-care skills in a formal setting.

The following list suggests specific training topics for formal or informal training:

1. Physical examination of the:
 - a. head, eye, ear, nose and throat
 - b. cardiac system
 - c. respiratory system
 - d. abdomen
 - e. genitalia / rectum
 - f. upper extremities
 - g. ankle / feet
 - h. cervical spine
 - i. thoracic spine
 - j. lumbosacral spine
 - k. hips
 - l. neurological system
 - m. integumentary system
 - n. musculoskeletal system
2. Treatment for shock
3. Open the airway
4. Vital Signs
5. Bandaging / Splinting
6. Triage
7. Pressure Dressings
8. Wound Management
9. Sucking Chest Wound
10. Penetrating Abdominal Wound
11. Amputations
12. IV Placement and Fluid Replacement
13. Primary Survey
14. Secondary Survey
15. Litter Carriers
16. Manual Carriers
17. Ambulance Land Navigation (day / night & with night vision devices)
18. Cervical Spine Immobilization
19. Nine Line Medical Evacuation Request
20. Landing Zone Marking (day/night)
21. Jungle Penetrator / Stokes Litter / Skedko
22. Air Ambulance Loading / Unloading

Medics should attend and complete the following courses for professional development

1. Emergency Medical Technician Training (EMT)
2. Basic Cardiac Life Support Training (BCLS)
3. Expert Field Medical Badge Training (EFMB)
4. Algorithm Directed Troop Medical Clinic Training (ADTMC)

COMBAT LIFESAVER COURSE

A strong Combat Lifesaver Program is essential in all units. Combat Lifesavers (non-medical personnel providing basic emergency care) are great medical force multipliers and will be crucial on the battlefield. They must be trained and re-certified on a regular basis to reinforce skills and to replace soldiers who rotate to other units. Combat Lifesaver Bags are bought as complete sets and are considered “accountable” items. They can be issued on a hand receipt to the combat lifesaver. The bags can be easily stored in the Battalion Aid Station supply room and issued to each Combat Lifesaver as they are needed and returned upon completion of training. Company medics are responsible for inventory and replacement of expired, lost, or used items.

**REFERENCES,
RESOURCES
and
GENERAL
INFORMATION**

Appendix A

MILITARY AND FEDERAL GOVERNMENT LINKS

(<http://www.dencom.army.mil/interest/milfed.html#military/>)

Note: The Federal Web Locator is a quick way to obtain the web site of numerous federal agencies. The address is www.vcrlp.org/Fed-Agency/fedwebloc.html

TABLE OF CONTENTS

MILITARY LINKS:

GENERAL MILITARY LINKS

Army Emergency Relief	http://www.wramc.amedd.army.mil/aer/
Army Research Institute	http://2055.130.63.3/
American Red Cross	http://www.redcross.org/
ARPERCEN (Access to other USAR links)	http://www.army.mil/usar/arpercen/atoc.html
Army Times Publishing (Click on the magazine you want to see - Army, AF, Navy, MC.)	http://www.armytimes.com/
Asst. Secretary of the Army for Financial Management and Comptrollership	http://www.asafm.army.mil
Bosnia Link	http://www.dtic.dla.mil/bosnia/
Center for Army Lessons Learned (CALL)	http://call.army.mil:1100/call.html
Center for Military History	http://www.army.mil/cmhpg/default.html
CGSC Combined Arms Library	http://www.cgsc.army.mil/cgsc/carl/carl.html
Current Military Pay Rates	http://www.dfas.mil/money/milpay/97pay/index.html
DC Military(Military News in the DC Area)	http://www.dcmilitary.com/
Defense Accounting and Finance Service	http://www.dfas.mil/
Defense Link	http://www.defenselink.mil/
U.S. Army Home Page	http://www.army.mil/
US Army Reserve Home Page	http://www.Army.mil/usar/
More USAR links of interest	http://www.Army.mil/usar/morelnks.html
U.S. Navy	http://www.navy.mil/
U.S. Air Force	http://www.af.mil/index.html
U.S. Marine Corps	http://www.usmc.mil/
U.S. Coast Guard	http://www.dot.gov/dotinfo/uscg/
DC Military(Military News in the DC Area)	http://www.dcmilitary.com/
Defense News	http://www.defensenews.com/
Defense Technical Information Center (DTIC)	http://www.dtic.mil/

DOD Directives	http://www.dtic.mil/adm/tips.html
Federal Times	http://www.federaltimes.com/
Force XXI	http://140.139.18.189.1100/force21jv/jvhome.html
Military City Online	http://www.militarycity.com/
Military Family Institute	http://mfi.marywood.edu/
Military Woman Home page	http://www.militarywoman.org/gopher://sipb.mit.edu:70/7search%3awhois.nic.ddn.n
Military Personnel Locator	http://image.redstone.army.mil/html/mwr/patron1.htm
MWR Home Page	http://www.ncesgr.osd.mil
National Committee for Employer Support of the Guard and Reserve (NCESGE)	
National Military Family Association	http://www.nmfa.org/
OCAR Pay Support Center	http://www.Army.mil/usar/psc/ocarhp.html
Per Diem Rates	http://www.dtic.mil/perdiem/pdrates.html
Per Diem, Travel and Allowance Committee	http://www.dtic.mil/perdiem/
Regulations and Forms U.S. Army Publications and Printing Command FTP Site	http://www.usappc.hoffman.army.mil/
Reserve Affairs Office	http://raweb.osd.mil/RAMain.html
Soldiers Magazine	http://www.dtic.mil/soldiers/aug97/index.html
Training Digital Library Army	http://www.atsc-army.org/atdls.html
USOD for Personnel and Readiness	http://dticaw.dtic.mil/prhome
US Dept. of Labor Veterans' Employment and Training Service	http://www.ncesgr.osd.mil/
Women in Military Service for America Memorial Foundation	http://www.clark.net/pub/wimsa/

MEDICAL AND DENTAL MILITARY LINKS

AMEDD C&S	http://www.acs.amedd.army.mil/
AMEDD C&S Center for Healthcare Education and Studies	http://ches2.acs.amedd.army.mil/
Armed Forces Medical Intelligence Center	http://www.awpi.com/IntelWeb/US/Defense/AFMIC/index.html
Army Environmental Policy Institute	http://aepi.atdc.gatech.edu/
Army Medicine Homepage	http://140.139.12.249/otsg
AMSC Homepage	http://www.acs.amedd.army.mil/html
Armed Forces Institute of Pathology	http://www.afip.mil/default.html
Armstrong Lab Brooks AFB	http://www.brooks.af.mil/HSC/AL/al-home.html
Defense Issues Maintaining Cost-effective Military Health Care	http://ches2.acs.amedd.army.mil/
Defense Women's Health Information Center	http://www.4woman.org/
DOD Glossary of Healthcare Terminology	http://www.ha.osd.mil/dmim/glossary.html
DOD Health Affairs Homepage	http://www.ha.osd.mil/
DOD Office of the Surgeons General	http://www.ha.osd.mil/tricare/surg.html

DOD Telemedicine Homepage
Defense Women's Health Information Center
MEDCOM Civilian Personnel Division
Most Frequently asked TRICARE
Questions
National Naval Dental Center
Navy Dental Corps
Navy Health Research Center
OASD Health Affairs
Patient Administration Directory
Persian Gulf Illness
Medical Readiness
TRICARE Dental Issues
Uniformed Services University of Health Sciences
U.S. Army Center for Health Promotion and
Preventive Medicine
U.S. Army Medical Command Web Server Index
U.S. Army Office of the Surgeon General
U.S. Army Veterinary Corps
Walter Reed Army Institute of Research, Dental
Research Division

<http://www.matmo.army.mil>
<http://www.4woman.org/>
<http://140.139.12.250/medcom/civpers/>
<http://www.ha.osd.mil//tricare/news/market.html#wh>

<http://nnd40.med.navy.mil/>
<http://support1.med.navy.mil/med-06/>
<http://mac088.nhrc.navy.mil/>
<http://www.ha.osd.mil/>
<http://www.medcom.amedd.army.mil/>
<http://www.defenselink.mil/pubs/di95/di1027.html>
<http://www.txdirect.net/users/jeturner>
<http://www.ha.osd.mil/hso/os-dent.html>
<http://www.usuhs.mil/>
<http://chppm-www.apgea.army.mil/>

<http://www.medcom.amedd.army.mil/>
<http://www.amedd.army.mil/otsg/>
[http://vetpath1.afip.mil/Vet_Services/VS.](http://vetpath1.afip.mil/Vet_Services/VS)
<http://wrair-www.army.mil/drd/drdhp.html>

INTERNATIONAL MILITARY LINKS

Armed Forces of the World - Canada
NATO

<http://www.cfsc.dnd.ca/links/milorg/index.html>
<http://www.nato.int/>

FEDERAL GOVERNMENT

HEALTH RELATED FEDERAL AGENCIES

Free Medline Search
Veterans Administration
Public Health Service
Department of Health and Human Services
Center for Disease Control and Prevention
Public Health Page, School of Aerospace
Medicine, Brooks AFB
World Health Organization

<http://www4.ncbi.nlm.gov/pubmed>
<http://www.va.gov>
[http://phs.os.](http://phs.os)
<http://hhs.gov>
<http://www.cdc.gov>
<http://wwwsam.brooks.af.mel/eh/>

<http://who.ch/>

OTHER FEDERAL AGENCIES

Central Intelligence Agency	http://www.odci.gov/
Department of Veterans Affairs	http://www.va.gov/
Federal Government	http://gov.mci.net/fed/fed.html
FEDWORLD	http://www.fedworld.gov/
Government Accounting Office (GAO)	http://www.gao.gov/
Internal Revenue Service	http://www.irs.ustreas.gov/prod/cover.html
Medical Planners Resource Center	http://www.geocities.com/CapitolHill/7533
State Department Travel Warnings	http://travel.state.gov/travel_warnings.html
The White House	http://whitehouse.gov
Thomas Access to Congress and Current Legislation	http://thomas.loc.gov/
US DOC National Technical Information Service (Army manuals & Publications)	http://www.ntis.gov/databases/armypub.html
U.S. Information Service	http://www.usia.gov/usis.html
U.S. Treasury Department	http://www.ustreas.gov/

Appendix B

A LESSON IN ALPHABET SOUP

Many phrases commonly used in the Army are expressed as acronyms. These abbreviations often take on their own pronunciation, and entire new words are born. Acronyms are confusing if you don't know their true meaning. This list contains some of the more common abbreviations.

<u>Acronym</u>	<u>Meaning</u>
AC	Active component
ACS	Army Community Service
AD	Active duty
ADMIN	Administrative
ADT	Active duty for training
AGR	Active Guard Reserve
AMEDD	Army Medical Department
AR	Army Regulation
ARPRCEN	Army Personnel Center
ASF	Aeromedical Staging Facility
AT	Annual training
AUS	Army of the United States
AWOL	Absent without leave
BAS	Basic Allowance for Subsistence
BAH	Basic Allowance for Housing
BCT	Basic combat training
CHS	Combat Support Hospital
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CINC	Commander-in-Chief
CMS	Central Material Supply
CO	Commanding officer
COLA	Cost of living allowance
COM	Command
COMMZ	Communications Zone
CONUS	Continental United States
COSCOM	Corps Support Command
CSS	Combat Service Support
CZ	Combat Zone
DA	Department of the Army
DA PAM	Department of the Army Pamphlet
DEERS	Defense Eligibility Enrollment Reporting System
D-Day	Day on which operations begin

DEF	Defense
DFAS	Defense Finance and Accounting Service
DFAS-IN	Defense Finance and Accounting Service - Indianapolis
DIC	Dependency and Indemnity Compensation
DISCH	Discharge
DOD	Department of Defense
DVA	Department of Veterans Affairs
EFT	Electronic Funds Transfer
EPW	Enemy prisoner of war
EUR	Europe
EX	Exercise
EXEC	Executive
FCP	Family care plan
FEBA	Forward Edge of the Battle Area
FICA	Federal Insurance Contribution Act
FLOT	Forward Line of Own Troops
FM	Field Manual
FOR	Forces
FORSCOM	United States Army Forces Command
FSA	Family separation allowance
GP	Group
HFP	Hostile fire pay
ID	Identification (card)
IG	Inspector general
INFO	Information
INS	Instruction
JAG	Judge advocate general
LES	Leave and earning statement
MASH	Mobile Army Surgical Hospital
MEDCOM	Medical Command
MEDCEN	Medical Center
MEDDAC	Medical Department Activity
MEDSOM	Medical Supply, Optical, and Maintenance
MOPP	Mission Oriented Protective Posture
MOS	Military Occupational Specialty
MRE	Meals-Ready-to-Eat
MTF	Medical Treatment Facility
MUTA	Multiple unit training assembly
NBC	Nuclear, Biological, and Chemical
NBI	Nonbattle Injury
NCO	Non-Commissioned Officer
NCOIC	Non-Commissioned Officer in Charge
NSLI	National Service Life Insurance
OCONUS	Out of Continental United States
OJT	On the Job Training

OIC	Officer in Charge
OPLAN	Operation Plan
PCS	Permanent Change of Station
PERSCOM	U.S. Total Army Personnel Command
PMCS	Preventive Maintenance, Checks, and Services
POC	Point of Contact
POL	Petroleum, Oils, and Lubricants
POR	Preparation of Replacements for Overseas Movements
PX	Post Exchange
RATS	Rations
RC	Reserve Component
ROTC	Reserve Officer Training Corps
RSO	Retirement Services Office(r)
SBP	Survivor Benefit Plan
SEP	Separation
SGLI	Serviceman's Group Life Insurance
SOP	Standard Operating Procedure
SSBP	Supplemental Survivor Benefit Plan
SSI	Specialty Skill Identifier
SYS	Systems
TA	Theater Army
TAACOM	Theater Army Area Commander
TTAD	Temporary Tour of Active Duty
TB	Technical Bulletin
TC	Training Circular
TDA	Table of Distribution and Allowances
TDRL	Temporary Disability Retired List
TDY	Temporary Duty
TEM	Temporary
TM	Technical Manual
TO	Theater of Operations
TOE	Theater of Organization and Equipment
TR	Transportation request
USAR	United States Army Reserve
USFSPA	Uniformed Services Former Spouses Protection Act
USSAH	United States Soldiers and Airmen's Home
USVIP	Uniformed Services Voluntary Insurance Program
UTA	Unit Training Activity
VEAP	Veterans Education Assistance Program
VGLI	Veterans Group Life Insurance
WIA	Wounded in Action
XO	Executive Officer
ZI	Zone of the Interior

Appendix C

Helpful Terms

Army Career and Alumni Program

Transition and job assistance for retiring soldiers, civilians, and their family members

Army Emergency Relief

A private organization which provides financial assistance to active and retired soldiers and their families

Arrears in pay

Retired pay which has not been paid to the retired soldier before his or her death

Army Echoes

An authorized periodical published for retired soldiers and their annuitant survivors

Base amount

Gross retired pay or any amount down to \$300 upon which an SBP annuity is based

CHAMPUS

A program that shares with retired soldiers and their families the cost of medical care through civilian sources

Deemed SBP election

An SBP election established by a former spouse's request when a retired soldier has failed to establish the election in compliance with a court order to do so

DEERS

A data base containing information on beneficiaries eligible for military medical care and CHAMPUS

Dependency and Indemnity Compensation (DIC)

A tax-free, monthly compensation paid by the VA when an active or retired soldier's death is due to an injury or illness incurred on or aggravated by active duty.

Disposable retired pay

Retired pay which may be divided with a former spouse as property when a court so orders

Electronic Funds Transfer

A method of electronically sending retired pay to a financial institution

Gray area retiree

A reserve soldier who has completed 20 years service, qualifying for retirement purposes but who has not reached age 60 and entitled to retired pay

Non-annuitant spouse

A surviving spouse who is not eligible for a Survivor Benefit Plan annuity

Retirement Services Office

A local office that provides information and assistance to retired soldiers and their families

Survivor Benefit Plan (SBP)

A plan into which retiring soldiers may enroll to provide for continuation of a portion of their retired pay to survivors

Supplemental SBP

A plan which can be elected by retiring and retired soldiers to increase the age-62 SBP annuity by 5 percent, 10 percent, 15 percent, or 20 percent of the base amount.

Unpaid retired pay

The same as arrears of pay

Uniformed Services Former Spouses Protection Act

A law that provides benefits for former spouses of retired soldiers

US Voluntary Insurance Program

A private health insurance for those who lose eligibility for medical care through the military medical care system

Veterans' Educational Assistance Program (VEAP)

A program run by the VA that pays education benefits to soldiers based on active duty served

VGLI

A renewable VA insurance available to retiring soldiers

Appendix D

UNCONVENTIONAL WARFARE TERMS

Auxiliary Units: A civilian organization which supports the resistance movement through clandestine operations by providing the guerrilla force with food, clothing, shelter, arms, ammunition, early warning, intelligence, replacements, funds, medical supplies, and moral support.

Cold War: A state of international tension wherein political, economic, technological, sociological, psychological, paramilitary, and military measures short of overt armed conflict involving regular military forces are employed to achieve national objectives.

Counterinsurgency Operation: Operations against insurgent forces.

Guerrilla Warfare: Military and paramilitary operations conducted in enemy-held or hostile territory by irregular predominately indigenous forces.

Infiltration: Movements of individuals or vehicles, singularly or in small groups at extended or irregular intervals.

Insurgency: A condition resulting from a revolt or insurrection against a constituted government that falls short of civil war.

Irregular Forces: Irregular forces refer in a broad sense to all types of insurgents to include partisans, subversives, terrorists, revolutionaries, and guerrillas.

Military Intelligence: Knowledge of a possible or actual enemy or area of operation.

Paramilitary Forces: Forces or groups which are distinct from the regular Armed forces of any country, but resembling them in organization, equipment, training, or mission.

Special Warfare: Special warfare is a term used by the US Army to embrace all military and paramilitary measures and activities related to unconventional warfare, counterinsurgency, and psychological warfare.

Subversion: Action designed to undermine the military, economic, psychological, moral, or political strength of a regime.

Unconventional Warfare: The interrelated fields of guerrilla warfare, evasion and escape, and resistance. Such operations are conducted in enemy-held or controlled territory and are planned and executed to take advantage of or to stimulate resistance and movements or insurgency against hostile governments or forces. In peacetime, the United States conducts training to develop its capability for such wartime operations.

Appendix E

Military Regulations and Publications

Army Regulations:

AR 5-13	Training Ammunition Management System
AR 10-6	Branches of the Army
AR 10-43	US Army Health Services Command
AR 10-87	Major Army Commands in the Continental United States
AR 40-1	Composition, Mission, and Functions of the Army Medical Dept
AR 40-2	Army Medical Treatment Facilities: General Administration
AR 40-3	Medical, Dental, and Veterinary Care
AR 40-4	Army Medical Department Facilities/Activities
AR 40-5	Preventive Medicine
AR 40-13	Medical Support- Nuclear/Chemical Accidents and Incidents
AR 40-25	Nutrition Allowances, Standards, and Education
AR 40-48	Nonphysician Health Care Providers
AR 40-61	Medical Logistics Policies and Procedures
AR 40-66	Medical Record and Quality Assurance Administration
AR 40-68	Quality Assurance Administration
AR 40-90-1	Professional Specialty Recognition of Army Medical Department Officer and Enlisted Personnel
AR 40-400	Patient Administration
AR 40-501	Standards of Medical Fitness
AR 95-1	Flight Regulations
AR 95-3	Aviation: General Provisions, Training, Standardization, and Resource Management
AR 135-101	Appointment of Reserve Commissioned Officers for Assignment to AMEDD branches
AR 135-175	Separation of Officers (Voluntary and involuntary separation of USAR Officers)
AR 140-145	Individual Mobilization Augmentee (IMA) Program
AR 190-11	Physical Security of Arms, Ammunition, and Explosives
AR 190-13	The Army Physical Security Program
AR 190-30	Military Police Investigations
AR 190-52	Countering Terrorism and Other Major Disruptions on Military Installations
AR 190-56	The Army Civilian Police and Security Guard Program
AR 220-1	Unit Status Reporting
AR 220-10	Preparation of Overseas Movement of Units (POM)
AR 301-12	Subversion and Espionage Directed Against U.S. Army (SAEDA)

AR 310-25	Dictionary of United States Army Terms
AR 310-50	Authorized Abbreviations and Brevity Codes
AR 340-15	Preparing Correspondence
AR 350-9	Overseas Deployment Training
AR 350-15	The Army Physical Fitness Program
AR 350-17	Noncommissioned Officer Development Program
AR 350-21	Service Benefits
AR 350-28	Army Exercises
AR 350-38	Training Device Policies and Management
AR 350-30	Code of Conduct Training
AR 350-41	Training in Units
AR 350-91	Army Individual Evaluation Program
AR 350-216	The Geneva/Hague Convention
AR 350-225	Survival, Evasion, Resistance and Escape
AR 351-1	Individual Military Education and Training
AR 351-3	Professional Education and Training of AMEDD Personnel
AR 360-61	Community Relations
AR 380-5	Department of the Army Information Security Program
AR 380-19	Information Systems Security
AR 381-12	Subversion and Espionage Directed Against U.S. Army (SAEDA)
AR 385-10	The Army Safety Program
AR 385-32	Protective Clothing and Equipment
AR 385-40	Accident Reporting and Records
AR 385-55	Prevention of Motor Vehicle Accidents
AR 385-63	Policies and Procedures for Firing Ammunition for Training, Target Practice, and Combat
AR 385-95	Army Aviation Accident Prevention
AR 420-55	Food Services and Related Equipment
AR 500-4	Military Assistance to Safety and Traffic (MAST)
AR 525-13	The Army Combating Terrorism Program
AR 530-1	Operations Security (OPSEC)
AR 600-8-101	Personnel Processing (In- and Out- and Mobilization Processing)
AR 600-9	The Army Weight Control Program
AR 600-10	The Army Casualty System
AR 600-20	Army Command Policy and Procedures
AR 600-21	Equal Opportunity Policy
AR 600-25	Salutes, Honors and Visits of Courtesy
AR 600-30	Moral Leadership and Chaplain Activities
AR 600-50	Standards of Conduct for Department of Army Personnel
AR 600-85	Alcohol and Drug Abuse Prevention and Control Programs
AR 600-100	Army Leadership
AR 600-130	Officer Procurement Programs of the Army Medical Department
AR 600-200	Enlisted Personnel Management System
AR 601-142	Army Medical Department Professional Officer Filler System
AR 601-210	Regular Army and Army Reserve Enlistment Program

AR 601-280	Army Reenlistment Program
AR 611-101	Commissioned Officer Classification System
AR 611-201	Enlisted Career Management Fields and Military Occupational Specialties
AR 614-5	Permanent Change of Station Policy
AR 614-100	Officer Assignment Policies, Details, and Transfers
AR 614-105	Initial Assignment of Regular Army Second Lieutenants
AR 614-120	Interservice Transfer of Army Commissioned Officers on the Active Duty List
AR 614-200	Selection of Enlisted Soldiers for Training and Assignment
AR 621-1	Training of Military Personnel at Civilian Institutions
AR 623-1	Academic Evaluation Reporting System
AR 623-105	Officer Evaluation Reporting System
AR 624-100	Promotions of Officers on Active Duty
AR 630-5	Leaves and Passes
AR 630-10	Absence Without Leave and Desertion
AR 635-100	Officer Personnel (Separations and retirement)
AR 635-120	Officer Resignation and Discharges
AR 635-200	Enlisted Personnel (Enlisted personnel separations)
AR 640-10	Individual Military Personnel Records
AR 670-1	Wear and Appearance of Army Uniforms and Insignia
AR 672-10	Expert Field Medical Badge Test
AR 672-5-1	Military Awards
AR 680-29	Military Personnel—Organization and Type of Transaction Codes

Department of the Army Pamphlets

DA Pam 350-38	Standards in Weapon Training
DA Pam 351-4	U.S. Army Formal Schools Catalog
DA Pam 700-19	Procedures of U.S. Army Munitions Reporting Systems

Field Manuals

FM 8-8	Medical Support in Joint Operations
FM 8-10	Health Service Support in a Theater of Operations
FM 8-10-1	The Medical Company
FM 8-10-3	Division Medical Operations Center
FM 8-10-4	Medical Platoon Leaders' Handbook
FM 8-10-5	Brigade and Division Surgeons Handbook
FM 8-10-6	Medical Evacuation in a Theater of Operations
FM 8-10-7	Health Service Support in an NBC Environment
FM 8-10-9	Health Service Logistics in a Theater of Operations
FM 8-15	Health Service Support in a Combat Zone
FM 8-21	Health Service Support in a Communications Zone
FM 8-35	Evacuation of the Sick and Wounded

FM 21-2	Soldier's Manual of Common Tasks
FM 21-10	Field Sanitation
FM 21-20	Physical Readiness Training
FM 21-26	Map Reading
FM 21-76	Survival, Evasion, and Escape
FM 21-41	Soldier's Handbook for Defense Against Chemical and Biological Operations and Nuclear Warfare
FM 22-5	Drill and Ceremonies
FM 22-100	Military Leadership
FM 22-101	Leadership Counseling
FM 22-102	Soldier Team Development
FM 23-9	Rifle Marksmanship
FM 23-35	Pistols and Revolvers
FM 25-100	Training the Force
FM 25-101	Battle Focused Training
FM 27-1	Legal Guide for Commanders
FM 27-10	The Law of Land Warfare
FM 350-225	Survival, Evasion and Escape Training
FM 100-5	Operations
FM 100-10	Combat Service Support
FM 100-17	Mobilization, Deployment, Redeployment and Demobilization
FM 101-5-1	Operational Terms and Symbols

MEDCOM Supplements and Regulations

MEDCOM Suppl 1 to AR 380-5, DA Information Security Program Regulation
MEDCOM Suppl 1 to AR 385-10, The Army Safety Program
MEDCOM Suppl 1 to AR 530-1, Operation Security (OPSEC)
MEDCOM Suppl 1 to AR 600-20, Army Command Policy
MEDCOM Reg 10-1, Organization and Functions Policy
MEDCOM Reg 40-5, Ambulatory Patient Care
MEDCOM Reg 40-9, MEDCOM Exercise/Support Personnel
MEDCOM Reg 40-25, Army Medical Department (AMEDD) Professional Officer Filler System
MEDCOM Reg 190-1, MEDCOM Key and Lock Control and Physical Security Standards
MEDCOM Reg 350-3, Reserve Component Training
MEDCOM Reg 350-4, Readiness Training Requirements
MEDCOM Reg 351-1, Individual Military Education and Training
MEDCOM Reg 525-1, Soldier Readiness Exercise (Short Title)

Soldier Training Publications

STP (all skill levels). Soldier's Manual of Common Tasks

Department of the Army Pamphlets

DA PAM 50-6 Chemical Accident or Incident Response and Assistance (CAIRA)
DA PAM 108-1 Index of Army Motion Pictures and Related Audio-Visual Aids
DA PAM 310-12 Index and Descriptions of Army Training Devices
DA PAM 350-15 The Commander's Handbook on Physical Fitness
DA PAM 360-525 Family Assistance Handbook for Mobilization

FORSCOM/TRADOC Supplements

FORSCOM/TRADOC Suppl 1 to AR 385-95, Army Aviation Accident Prevention (ATPL), (subject matter is endorsed by MEDCOM for aviation units)
FORSCOM Reg 40-3 AMEDD Professional Officer Filler System
TRADOC PAM 350-34 Education Video Tape Catalog

Regulatory Guidance

Joint Commission on Accreditation of Health Care Organizations (JCAHO) Standards
Reserve Component Training Development Action Plan (RC TDAP)

Additional References

TA 50-901 Clothing and Equipment (Peace)
TA 50-902 Clothing and Equipment (Mobilization)
TC 21-7 Personal Financial Management for Soldiers
MEDCOM Mission Statement
MEDCOM Annual Training Guidance
Any MEDCOM Memorandums of Understanding
Any MEDCOM Memorandums of Agreement

Referenced Forms

DA Pam 1-10 Improve Your Writing
DA Form 2 Personnel Qualification Record, Part I
DA Form 2-1 Personnel Qualification Record, Part II
DA Form 705 Physical Fitness Scorecard
DA Form 4187 Personnel Action
DA Form 5514-B TAMIS Training Ammunition Forecast Report

Appendix F

Insight on the Code of Conduct

“In the midst of winter, I found there was in me an invincible summer.”
--Albert Camus



In the event of capture or detention, the Code of Conduct provides moral guidance to assist military personnel in living up to the ideals of DOD policy. This guidance seeks to help US military personnel survive a hostage or detention situation and does not constitute a means for judgment or replace the UCMJ as a vehicle for enforcement of proper conduct.

US military personnel, whether detainees or captives, can be assured that the US Government will make every good faith effort to obtain their earliest release. Faith in one's country and its way of life, faith in fellow detainees or captives, and faith in one's self are critical to surviving with honor and resisting exploitation.

ESTABLISHING MILITARY DISCIPLINE THROUGH A CHAIN OF COMMAND UNDER THE RANKING SERVICE MEMBER IS THE KEY TO SURVIVAL.

If held as a detainee, captive or hostage, you should:

- Maintain your military bearing.
- Remain calm, courteous, and project personal dignity.
- Resist attempts by captors to obtain classified information.
- Organize in a military manner under the senior military representative.
- Avoid any aggressive, combative, or illegal behavior.
- Seek immediate and continuous contact with US or friendly embassy personnel.

- Provide only name, rank, social security number.
- Revolve discussion around health and welfare matters.
- Avoid signing any form or document or making any statements.
- Attempt escape only after careful consideration.
- Never pander, praise, participate, or debate the terrorist's cause.

References: AR 350-216 Geneva and Hague Conventions
AR 350-30 Code of Conduct Training

Code of Conduct

1. I am an American Fighting Soldier. I serve in the forces which guard my country and our way of life. I am prepared to give my life in their defense.
2. I will never surrender of my own free will. If in command I will never surrender my men while they still have the means to resist.
3. If I am captured, I will continue to resist by all means available. I will make every effort to escape and aid others to escape. I will accept neither parole nor special favors from the enemy.
4. If I become a prisoner of war, I will keep faith with my fellow prisoners. I will give no information or take part in any action which might be harmful to my comrades. If I am senior, I will take command. If not, I will obey the lawful orders of those appointed over me and will back them up in every way.
5. When questioned, should I become a prisoner of war, I am required to give only my name, rank, service number, and date of birth. I will evade answering further questions to the utmost of my ability. I will make no oral or written statements disloyal to my country and its allies or harmful to their cause.
6. I will never forget that I am an American Fighting Soldier responsible for my action and dedicated to the principles which made my country free. I will trust in my god and the United States of America.

NOTE: You are not required to memorize the Code of Conduct. You should become familiar with the six items of the Code.

Appendix G

General Orders

1. I will guard everything within the limits of my post and quit my post only when properly relieved.
2. I will obey my special orders and perform my duties in a military manner.
3. I will report violations of my special orders, emergencies, and anything not covered in my instructions, to the commander of the relief.

NOTE: You should be able to recite the general orders.

Appendix H

Geneva and Hague Conventions

The basic principle of the Hague and Geneva Conventions is humanity. The Hague Rules are concerned with targeting and weapons. The Geneva Convention rules cover the conduct and protection of individual people caught up in combat. The Hague and Geneva Conventions and the Customary Law of War require that we, as American soldiers:

- Will not inflict unnecessary destruction or suffering in accomplishing our military mission.
- Will treat prisoners of war, other captured and detained personnel, and civilians humanely.
- Will not obey an order whose execution is a crime in violation of the law of war.
- Are personally responsible for unlawful acts committed by ourselves.
- Are entitled to humane treatment if we are captured or detained by the enemy. Specifically, the Geneva Prisoner of War Convention requires our captors to feed, shelter, and care for us. We can also practice our religion and send and receive mail and other items. These are our basic rights as prisoners of war.
- So long as we are held as prisoners of war, we must obey all the lawful camp rules. We may be punished for violating these rules, but the punishment must not endanger our health.
- Medical personnel who are captured should be allowed to care for their fellow prisoners.

Our captor may require us to work in limited circumstances. Prisoners of war who are not officers or non-commissioned officers may be compelled to perform labor which is neither military in character or purpose, nor humiliating, dangerous, or unhealthy. The removal of mines or similar devices is considered by the convention to be dangerous work. Noncommissioned officers may only be compelled to do supervisory work. Commissioned officers may volunteer but may not be compelled to work.

Article 41 of the Convention of Prisoners of War provides for the posting of a copy of the convention and its annexes, including any special agreements, all to be in the prisoner's own language, at places where all may read them.

An American soldier must obey promptly all legal orders. However, he or she also must disobey an order which requires commission of a criminal act. American soldiers are obligated to report any violations of the Law of War. This may be done through the chain of command or a report may be filed with the local office of the Inspector General, the office of the Provost Marshal, with a Judge Advocate or with the Chaplain. The officer who receives a report alleging a violation of the Law of War must take appropriate steps to report or investigate.

As American soldiers, it is our duty not to inflict any unnecessary suffering or destruction. We must treat all prisoners of war, other captured or detained persons, and all civilians humanely. We will not obey any order which requires us to commit a criminal act in violation of the Law of War. Any violation of the Law of War will be reported to the appropriate authorities. Above all, we must not forget that we will be held personally responsible for any unlawful act we commit.

By knowing our responsibilities as American soldiers, by reporting all suspected war crimes to the proper authorities, by knowing our rights, the rights of our enemy, and the rights of the civilian population, by respecting our law and honoring our Code as American soldiers, we will ensure that our military mission is performed honorably, contributing to a return to peace.

Appendix I

Survival Considerations

The will to survive is the most important factor

Survival actions:

- If you are alone, remember **SURVIVAL**:

Size up the situation.

Undue haste makes waste.

Remember where you are.

Vanquish fear and panic.

Improvise.

Value living.

Act like the natives.

Learn basic skills.

The Group:

- Organize group survival activities.
- Recognize one leader.
- Develop a feeling of mutual dependence within the group.
- No matter what the situation, the leader must make the decisions.

Use Natives:

- Let natives make initial contact. Deal with the recognized headman or chief to get what is needed.
- Show friendliness, courtesy, and patience. Do not show fright; do not display a weapon.
- Treat the natives with respect.
- Respect their local customs and manners.
- Respect personal property.
- Learn from the natives about getting food and drink. Seek their advice concerning local hazards.
- Avoid physical contact without seeming to do so.
- Paper money is worthless in many places. Hard coin is good. Also items such as matches, tobacco, salt, razor blades, empty containers, or cloth may be valuable bartering items. One word of caution —do not overpay.
- Leave a good impression. Others after you may need their help.

Appendix J

Guerrilla And Psychological Warfare: Questions Often Asked

What is guerrilla warfare?

Guerrilla warfare is military and paramilitary operations conducted on enemy-held or hostile territory by irregular, predominately local forces.

What are the requirements for a successful guerrilla operation?

- Cause
- Civilian support
- Unity of effort
- Outside assistance
- Favorable terrain
- Effective leadership
- Use of propaganda
- Intelligence effort
- Discipline

What are the three phases of guerrilla operations or insurgency?

- Initial or organization phase.
- Training and operation phase.
- All out assault of government forces.

On what are guerrilla tactics based?

- Surprise
- Mobility
- Dispersion of forces

What is psychological warfare?

The planned use of propaganda and exploitation of other actions, with the primary purpose of influencing the opinions, emotions, attitudes and behavior of the enemy, neutral or friendly foreign groups in such a way as to support the accomplishment of national aims and objectives.

Name the type of radio broadcasts used in psychological warfare operations.

Strategic
Tactical

What is the most effective appeal to a target audience?

Face to face contact.

Name the three types of media used in psychological operations.

Audio
Visual
Printed material

What is meant by "black", "white", and "gray" propaganda?

Black identifies the source incorrectly.
White identifies the source correctly.
Gray does not identify the source.

What are covert operations?

Those which do not disclose the source of origin.

What is the "scam formula"?

The scam formula is a method of analyzing and evaluating the source, content, audience, media, and effect of both enemy and friendly propaganda.

Appendix K

SAEDA

What is SAEDA? It is the acronym for Subversion and Espionage Directed Against the US Army.

What is subversion? Attempts by the enemy to compromise our faith, loyalties, and confidence. One example is propaganda.

What is espionage? Attempts by the enemy through covert means to hinder our goals and efforts. Two examples are spying and sabotage.

What is common trend for a foreign intelligence service to use? From a seemingly accidental or spontaneous meeting to threats of exposure for moral indiscretions.

Why must the Army have a positive SAEDA program? To indoctrinate all DA personnel on the methods used to subvert or trap soldiers into compromising security.,

What must all MACOM commanders have? An annual SAEDA training program which will reach all levels of subordinate units and supported commands.

Who would you notify of any actual or suspected SAEDA approach? The nearest military intelligence office, or if immediate contact is impractical, the unit security officer.

What would make an individual a prime candidate for SAEDA approach? Indebtedness, drug or alcohol abuse, defective moral character; that is, any reason for which an individual could be bribed or blackmailed.

What is the purpose of AR 381-12? To set forth responsibility, guidance, and procedures for the prompt recognition and reporting of the incidents of attempted criminal subversion, sabotage, international terrorism and espionage. Also included is training of Army personnel in such matters.

Who does SAEDA apply to? All DA civilians, active military and dependents, National Guard and Reserve personnel.

Where is the Army vulnerable to subversion and espionage? The continental United States and outside of CONUS.

Are defensive security measures designed enough to prevent sabotage? Never completely.

Who is responsible for the safeguarding of classified information? This is the responsibility of each individual who possesses or has knowledge of such information, regardless of how it was obtained.

What must the rank of the unit Security Manager be? He/she must be an officer, warrant officer, or noncommissioned officer E-7 or above, or a DA civilian GS7 or above.

What are the three classifications of defense information? Top secret, secret, and confidential.

A current list of combinations of classified document containers will be maintained on what form? The DA Form 727.

A physical inventory of all TOP SECRET material will be conducted on what date? On 1 April of each year.

What classification would be assigned to a document the compromise of which could be expected to result in exceptionally grave damage to the national security? Top Secret

What classification would be assigned to a document the compromise of which could be expected to result in serious damage to the national security? Secret

What classification would be assigned to a document the compromise of which could be expected to result in damage to the national security? Confidential

(Reference: AR 380-5)

Appendix L

FIELD SANITATION

1. **What is sanitation?**

Sanitation may be defined as the effective use of measures that will create and maintain healthful environmental conditions to include safeguarding of food and water and the control of disease-carrying insects and animals.

2. **What is military sanitation?**

Military sanitation includes the practice of both environmental sanitation and personal hygiene, particular within the framework of situations and experiences associated with Army life.

3. **What are the five communicable disease groups classified by the Army?**

Respiratory
Intestinal
Insect born disease
Venereal diseases
Miscellaneous diseases

4. **What is artificial immunity?**

Resistance to infection acquired from vaccines stimulating the body to produce antibodies or immunizing serums (injections already containing the desired antibodies).

5. **For what use are iodine tablets and calcium hypochloride ampules?**

To purify water.

6. **Name five (5) diseases carried by mosquitoes.**

Malaria
Dengue
Yellow Fever
Virus encephalitis
Filariasis

7. **Name three (3) germs that flies may carry.**

Typhoid
Cholera
Dysentery

8. **What does the word "potable" mean when used in reference to water?**

It is drinkable.

9. **What are the four ways through which disease may be transmitted?**

- Physical contact
- Droplets (water or dust in air)
- Insects
- Food

10. **To protect food and water, how far from a unit mess or water supply must a latrine be located?**

At least 100 yds (90-92 meters) from unit mess and at least 100 feet (30-31 meters) from water and downhill (water drains away from source).

Appendix M

TASK STANDARDS (ARTEP 8-955-MTP)

ELEMENTS: OT/PT SECTION SPECIALTY CLINICS

TASK: PROVIDE PHYSICAL THERAPY SERVICES (8-1-0241 CSH)

(FM 8-16)	(AR 200-1)	(AR 385-10)
(AR 40-3)	(AR 40-48)	(AR 40-501)
(AR 40-66)	(AR 611-101)	(AR 611-201)
(FM 21-20)	(FM 8-10)	(FM 8-230)
(FM 8-42)	(STP 21-III-MQS)	

ITERATION: 1 2 3 4 5 (Circle)

COMMANDER/LEADER ASSESSMENT: T P U (Circle)

CONDITIONS: Patients have been directed to PT clinic for evaluative, supportive, or preventive care. Radiological, pharmacy, and laboratory support is available. PT is part of specialty clinics. The hospital may be subject to attack by threat forces, NBC attack, or radiological fallout. The CSOP and TSOP are available. NOTE: This will be performed by the OT/PT section, minimal care medical detachment, when attached. This task should not be trained in MOPP4.

TASK STANDARDS: All PT services are performed IAW accepted standards of practice, TSOP, and CSOP.

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>* 1. OIC/NCOIC PT clinic supervises PT clinic operations. (STP 21-24-SMCT: 071-328-5301, 091-309-0710, 850-001-2001, 850-001-4001, STP 21-II-MQS: 01-4965.90-0001, 03-9001.10-0003, 03-9001.10-0004, 03-9001.12-0002, 03-9001.14-0002, 03-9001.15-0002, 03-9003.02-0001, 04-8951.00-8951, S3-9001.18-0001, STP 8-II-MQS: 01-8310.06-1017, 01-8310.06-6009, 01-8310.06-6020, 01-8310.65-4004, S1-8310.06-6019, S1-8310.60-4000)</p> <ul style="list-style-type: none"> a. Schedule personnel staffing to ensure proper coverage. b. Manage in-service training program. c. Maintain call rosters. d. Participate in staff rounds IAW CSOP. e. Maintain communication with hospital elements IAW TSOP and CSOP 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> f. Maintain workload data and submit required reports IAW CSOP and TSOP. g. Coordinate with supply and service division for logistical support. h. Monitor periodic and unscheduled maintenance of equipment for compliance with applicable TM(s) and TSOP. i. Maintain accountability of supplies and equipment IAW CSOP and TSOP. j. Enforce safety procedures IAW AR 385-10, TSOP, and TSOP. k. Enforce environmental protection procedures IAW AR 200-1 and TSOP. <p>* 2. Physical therapist provides primary care of neurological and musculoskeletal conditions as physician extenders. (STP 8-II-MQS: 01-8310.65-4003, 01-8310.65-4004)</p> <ul style="list-style-type: none"> a. Validate appropriateness of referrals IAW AR 40-48 and the CSOP. b. Conduct baseline and progress evaluations IAW AR 40-48, AR 40-3, and the CSOP. c. Request X-rays, as required. d. Screen X-rays IAW CSOP. e. Prescribe selected medications IAW AR 40-48. f. Request lab tests IAW CSOP. g. Plan PT treatment programs IAW results of examination, AR 611-101, and CSOP. h. Establish treatment goals IAW results of examination and CSOP. i. Record patient evaluation IAW AR 40-66. j. Refer patients as required. k. Identify patient's profile needs IAW examination, CSOP, and AR 40-48. l. Consult with other care providers as required. m. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. n. Employ environmental protection procedures IAW AR 200-1 and TSOP. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<p>3. PT personnel perform appropriate PT treatment. for neurological and musculoskeletal. (STP 8-91J14-SM-TG: 081-830-3005, 081-830-3007, 081-833-0007, 081-833-0010, 081-834-0020, 081-834-0030, 081-835-3014, 081-836-0004, 081-836-0005, 081-836-0008, 081-836-0013, 081-836-0016, 081-836-0017, 081-836-0018, 081-836-0019, 081-836-0020, 081-836-0021, 081-836-0031, 081-836-0032, 081-836-0033, 081-836-0034, 081-836-0035, 081-836-0036, 081-836-0037, 081-836-0038, 081-836-0039, 081-836-0040, 081-836-0041, 081-836-0042, 081-836-0043, 081-836-0044, 081-836-0045, 081-836-0046, 081-836-0047, 081-836-0048, 081-836-0049, 081-836-0050, 081-836-0051, 081-836-0052, 081-836-0053, 081-836-0054, 081-836-0055, 081-836-0056, 081-836-0057, 081-836-0058, 081-836-0059, 081-836-0060, 081-836-0061, 081-836-0062, 081-836-0063, 081-836-0064, 081-836-0065)</p> <ul style="list-style-type: none"> a. Provide gait training with or without assistive devices IAW FM 8-16. b. Perform nonsurgical debridement, dress burns, and/or wounds IAW FM 8-16, CSOP, and the TSOP. c. Provide residual limb wrapping and other appropriate amputee care IAW FM 8-16. d. Provide instruction in therapeutic stretching, strengthening, and functional exercises IAW FM 8-16 and FM 21-20. e. Provide modality treatment as indicated (heat, cold, electrical stimulation, traction, etc.) IAW FM 8-16 and CSOP. f. Enforce proper patient positioning IAW FM 8-16. g. Instruct patients in self-care IAW the treatment plan and CSOP. h. Perform pulmonary drainage and breathing exercise instruction IAW FM 8-16. i. Perform goniometric measurements, manual muscle testing, and other appropriate measurements IAW FM 8-16. j. Monitor patient functional/RTD status. k. Monitor patient response to treatment to determine status IAW FM 8-16 and CSOP. <ul style="list-style-type: none"> l. Report adverse patient response to treatment IAW CSOP. m. Document patient treatment IAW AR 40-66. n. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. o. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. <p>4. PT personnel provide educational training in health/fitness and injury prevention. (STP 21-II-MQS: 03-9001.12-0002, STP 8-11-MQS: 01-8310.65-4003, 01-8310.65-4004)</p> <ul style="list-style-type: none"> a. Provide education and instructional guidance on prevention of musculoskeletal injuries to individuals and units IAW FM 8-42. b. Provide ergonomic and biomechanical consultation to individuals and units IAW FM 8-42. 		

TASK STEPS AND PERFORMANCE MEASURES	GO	NO-GO
<ul style="list-style-type: none"> c. Provide health/fitness consultation IAW FM 8-42, FM 21-20, and CSOP. d. Identify injury trends IAW CSOP. e. Provide consultation to other medical professionals (HN personnel, domestic support operations personnel, or coalition forces). <p>5. PT personnel maintain equipment. (STP 21-24-SMCT: 071-328-5301,091-309-0710, 850-001-2001, 850-001-4001)</p> <ul style="list-style-type: none"> a. Perform PMCS of equipment IAW CSOP and manufacturer's instructions. b. Clean equipment and supplies between patient use IAW CSOP. c. Store equipment and supplies between patient use IAW CSOP. d. Request medical maintenance support IAW CSOP and manufacturer's instructions. e. Employ safety procedures IAW AR 385-10, CSOP, and TSOP. f. Employ environmental protection procedures IAW AR 200-1, CSOP, and TSOP. <p>6. PT personnel provide assistance during mass casualties. (STP 8-II-MQS: 01-8310.65-4003, 8310.65-4004; STP 8-91J14-SM-TG: 081-831-0007, 081-831-0008, 081-833-0007, 081-833-0010, 081-835-3014, 081-836-0016, 081-836-0022, 081-836-0023, 081-836-0041, 081-836-0042, 081-836-0043, 081-836-0052)</p> <ul style="list-style-type: none"> a. Assist in providing evaluation and treatment in the minimal or delayed areas for closed orthopedic injuries IAW AR 40-48 and CSOP. b. Assist orthopedic clinic personnel IAW CSOP. c. Provide crutch fitting and gait training IAW FM 8-16. d. Assist in the management of burns/wounds IAW FM 8-16, CSOP and TSOP. 		

TASK PERFORMANCE / EVALUATION SUMMARY BLOCK							
ITERATION	1	2	3	4	5		TOTAL
TOTAL TASK STEPS EVALUATED							
TOTAL TASK STEPS "GO"							
TRAINING STATUS "GO"/"NO-GO"							

“*” indicates a leader task step.

SUPPORTING INDIVIDUAL TASKS

References
STP 21-24-SMCT

Task Number
071-328-5301

Task Title
INSPECT PERSONNEL/EQUIPMENT

SUPPORTING INDIVIDUAL TASKS

References	Task Number	Task Title
	091-309-0710	SUPERVISE PREVENTIVE MAINTENANCE CHECKS AND SERVICES
	850-001-2001	ASSESS POTENTIAL FOR ACCIDENTS
	850-001-4001	INTEGRATE RISK MANAGEMENT IN PLATOON MISSION
STP 21-II-MQS	01-4965.90-0001	Supervise Unit Maintenance Operations
	03-9001.10-0003	Apply the Ethical Decision-Making Process
	03-9001.10-0004	Apply the Ethical Decision-Making Process as a Commander or Staff Officer
	03-9001.12-0002	Communicate Effectively
	03-9001.14-0002	Motivate Subordinates to Accomplish Unit Missions
	03-9001.15-0002	Conduct Subordinate Counseling
	03-9003.02-0001	Manage Accident Risk in Unit Operations
	04-8951.00-8951	Explain the Army's Training Philosophy
STP 8-91J14-SM-TG	S3-9001.18-0001	Manage Organizational Stress
	081-830-3005	PERFORM AUSCULTATION OF THE LUNGS
	081-830-3007	ADMINISTER POSTURAL DRAINAGE AND PERCUSSION ON AN ADULT
	081-831-0007	PERFORM A PATIENT CARE HANDWASH
	081-831-0008	PUT ON STERILE GLOVES
	081-833-0007	ESTABLISH A STERILE FIELD
	081-833-0010	CHANGE A STERILE DRESSING
	081-834-0020	APPLY A SHORT LEG CAST
	081-834-0030	APPLY A SHORT LEG SPLINT
	081-835-3014	OBTAIN A SPECIMEN FROM A WOUND
	081-836-0004	ADMINISTER A COMBINATION THERAPEUTIC ULTRASOUND WITH ELECTRICAL THERAPY TREATMENT
	081-836-0005	ADMINISTER A MOIST HEAT PACK TREATMENT (NON-CHEMICAL)
	081-836-0008	ADMINISTER A PARAFFIN BATH TREATMENT
	081-836-0013	ADMINISTER A CERVICAL TRACTION TREATMENT
	081-836-0016	ADMINISTER A WHIRLPOOL TREATMENT
	081-836-0017	ADMINISTER A CONTRAST BATH TREATMENT
	081-836-0018	INSTRUCT A PATIENT TO TRANSFER FROM WHEELCHAIR TO BED USING A SITTING TRANSFER
	081-836-0019	INSTRUCT ADVANCED SITTING TRANSFERS TO A PATIENT
	081-836-0020	INSTRUCT A PATIENT TO TRANSFER FROM WHEELCHAIR TO BED USING A STANDING TRANSFER
	081-836-0021	INSTRUCT ADVANCED STANDING TRANSFERS TO A PATIENT
081-836-0022	USE THE TILT TABLE TO STAND A PATIENT	
081-836-0023	AMBULATE A PATIENT IN THE PARALLEL BARS	

SUPPORTING INDIVIDUAL TASKS

References	Task Number	Task Title
	081-836-0031	PERFORM GIRTH MEASUREMENTS
	081-836-0032	ADMINISTER A GRIP STRENGTH TEST
	081-836-0033	PERFORM PASSIVE EXERCISES
	081-836-0034	ADMINISTER ASSISTIVE EXERCISES
	081-836-0035	INSTRUCT ACTIVE EXERCISES
	081-836-0036	ADMINISTER RESISTIVE EXERCISES
	081-836-0037	INSTRUCT QUADRICEPS STRENGTHENING EXERCISES
	081-836-0038	INSTRUCT BACK FLEXION EXERCISES
	081-836-0039	BANDAGE THE STUMP OF A PATIENT WITH AN ABOVE THE KNEE (AK) AMPUTATION
	081-836-0040	BANDAGE THE STUMP OF A PATIENT WITH A BELOW THE KNEE (BK) AMPUTATION
	081-836-0041	ADMINISTER A CRUTCH AMBULATION TREATMENT
	081-836-0042	INSTRUCT A PATIENT IN PROTECTIVE FALLING WITH CRUTCHES
	081-836-0043	ADMINISTER A CANE AMBULATION TREATMENT
	081-836-0044	MEASURE A PATIENT'S LEG LENGTH
	081-836-0045	MEASURE ANKLE JOINT SWELLING USING THE FIGURE-OF-8 METHOD
	081-836-0046	MEASURE JOINT RANGE OF MOTION (ROM) OF THE UPPER EXTREMITY JOINTS
	081-836-0047	MEASURE JOINT RANGE OF MOTION (ROM) OF THE LOWER EXTREMITY JOINTS
	081-836-0048	PERFORM GROSS MANUAL MUSCLE TESTING (UPPER EXTREMITY)
	081-836-0049	PERFORM GROSS MANUAL MUSCLE TESTING (LOWER EXTREMITY)
	081-836-0050	ASSESS ABNORMAL GAIT PATTERNS
	081-836-0051	ADMINISTER A CRYOTHERAPY TREATMENT
	081-836-0052	CLEAN A WHIRLPOOL BEFORE OR AFTER TREATMENT
	081-836-0053	ADMINISTER A THERAPEUTIC ULTRASOUND TREATMENT (DIRECT CONTACT METHOD)
	081-836-0054	ADMINISTER A THERAPEUTIC ULTRASOUND TREATMENT (UNDERWATER METHOD)
	081-836-0055	ADMINISTER A THERAPEUTIC ELECTRICAL STIMULATION TREATMENT
	081-836-0056	MEASURE CHEST EXPANSION
	081-836-0057	INSTRUCT PENDULUM (CODMAN'S) EXERCISES
	081-836-0058	INSTRUCT IN ACTIVE HAND AND WRIST EXERCISES

SUPPORTING INDIVIDUAL TASKS

References	Task Number	Task Title
	081-836-0059	INSTRUCT BACK EXTENSION EXERCISES
	081-836-0060	INSTRUCT ANKLE STRENGTHENING EXERCISES
	081-836-0061	INSTRUCT SHOULDER ISOTONIC STRENGTHENING EXERCISES
	081-836-0062	FABRICATE A FELT HEEL PAD
	081-836-0063	FABRICATE A FELT HEEL LIFT
	081-836-0064	TAPE AN ANKLE
	081-836-0065	INSTRUCT DYNAMIC EXERCISES TO A LOWER EXTREMITY AMPUTEE
STP 8-II-MQS	01-8310.06-1017	Report Medical Materiel Type I Complaint
	01-8310.06-6009	Prepare a Medical Standing Operating Procedure
	01-8310.06-6020	Manage the Users' Maintenance of Medical Equipment
	01-8310.65-4003	Supervise the Treatment Protocols for the Practice of Physical Therapy
	01-8310.65-4004	Ensure That Physical Therapy Section Services Provide for the Needs of Combat Casualties
	S1-8310.06-6019	Explain the Management of Medical Equipment Sets
	S1-8310.60-4000	Explain the Command Responsibilities and Roles of a Clinic or Service Chief in a TOE Hospital

OPFOR TASKS AND STANDARDS

NONE:

Appendix N
After Action Report (Physical Therapy)
AMEDDC&S Memo 25-50.

MEMORANDUM FOR: CHIEF, PHYSICAL THERAPIST SECTION,
OTSG, ATTN: DASG-HS-PA, 5109 LEESBURG PIKE,
FALLS CHURCH, VA 22041

SUBJECT: AFTER ACTION REPORT OF DEPLOYMENT TO XXXX , inclusive
dates

1. **PURPOSE or MISSION:** Should include who deployed and/or team composition, unit, where, and when, what was the objective or mission.
2. **INTINERARY:** May be appropriate to include preparatory training or training enroute.
3. **WORKLOAD.** Describe beneficiaries and percentage of caseload. Number of NMSEs, inpatient treatments, and outpatient treatments. May cite the percentage of patients seen by PT, which is an important statistic if available to justify our presence. May also break the type of injury down by location: (back, knee, shoulder, neck, ankle, hand, elbow). Chronic versus acute. Primary etiology of injuries (GSW, land mine, sports injuries, etc.)
4. **SUPPLIES AND EQUIPMENT:** List equipment available to you, equipment failure issues, equipment problems, needs, and your recommendations.
5. **ACTIVITIES:** Projects undertaken or accomplishments. List and describe any classes you may have initiated and how they were received. Key in on any injury prevention, physical training, or enhanced rehab activities initiated, refined, or terminated. Include outcome assessments.
6. **SPECIAL OR GENERAL COMMENTS/PROBLEMS/ISSUES:** This section can include observations and suggestions, recommendations or lessons learned. The format may include listing the problem or situation, the observation, discussion, lessons learned/conclusions, and recommendations. Another approach is to list issue, discussion and then recommendations. Use whatever format fits your situation.
7. **CONCLUSIONS or SUMMARY:** As a minimum, review the salient points of your AAR. Share your personal opinions of your preparation for deployment and how you were utilized. Discuss what addition preparation would have enhanced your contributions.

Signature block of the reporting officer.

Appendix O
After Action Report (Dietitians)
AMEDD C&S Memo XX

MEMORANDUM FOR: CHIEF, DIETITIAN SECTION

SUBJECT: AFTER ACTION REPORT OF DEPLOYMENT TO XXXX, inclusive dates

1. **PURPOSE or MISSION:** Should include who deployed and/or team composition, unit, where, and when. What was the objective or mission?
2. **INTINERARY:** May be appropriate to include preparatory training or training enroute.
3. **WORKLOAD:** Include average daily bed count and type of beds occupied. What are the rations served? Discuss rations served, average daily meals served, theater ration policy, types of patients (U.S. Military/ other Military), enemy POWs, local national, and number of patients served.
4. **SUPPLIES AND EQUIPMENT:** List equipment available to you, equipment failure issues, equipment problems, needs, and your recommendations.
5. **ACTIVITIES:** Projects undertaken or accomplishments. List and describe any classes you may have initiated and how they were received.
6. **SPECIAL OR GENERAL COMMENTS/ PROBLEMS/ ISSUES:** This section can include observations and suggestions, recommendations or lessons learned. The format may include listing the problem or situation, the observation, discussion, lessons learned/conclusions, and recommendations. Another approach is to list issue, discussion and then recommendations. Use whatever format fits your situation.
7. **CONCLUSIONS or SUMMARY:** As a minimum, review the salient points of your AAR. Share your personal opinions of your preparation for deployment and how you were utilized. Discuss what additional preparation would have enhanced your contributions.

Signature block of the reporting
officer

Appendix P

Trip Report

(Date)

MEMORANDUM THRU Secretary of the General Staff

FOR

SUBJECT: Trip Report for (Location), (Date)

1. ADMINISTRATIVE DATA:

- a. ACTIVITY VISITED: (If not the same location as the subject site).
- b. DATE: (Not always the same as location date).
- c. PERSONNEL CONTACTED: May be an enclosure.
- d. TDY COST: Take info from DD Form 1610 (TDY orders).

2. PURPOSE. State the purpose of the trip.

3. EXECUTIVE SUMMARY. Summarize areas/functions observed, cite commendable and major areas. Comment on morale, command climate, and effectiveness of activities visited. Describe assistance provided/conducted.

4. STAFF OVERSIGHT FINDINGS. List findings of the activity's compliance with policy and mission performance and capability.

a. COMMAND INTEREST. List findings concerning any items of special interest identified by a member of the command group.

b. STAFF INTEREST. List findings that may require follow-up action by a member of the AMEDDC&S Staff. The Chief of Staff will review the findings and assign staff action. These may be listed here and supported by more detailed information in an enclosure.

c. AREAS OF EXCELLENCE. List areas of excellence that may be of benefit to the AMEDDC&S if shared. These may also be shown in enclosures. Include a point of contact name and telephone number.

Encl

Trip OIC
Signature block

CF:
IG

Appendix Q

Injury Data Collection

The following page is a recommended form for gathering information on the incidence and risk of injuries for a population of interest. It is designed to answer the following questions:

- 1) What is the incidence of injury? (Percentage of soldiers who present with one or more injuries)
- 2) What body areas are most frequently injured? Are there any patterns?
- 3) What is the most frequent kind of injury? Are there any patterns?
- 4) During what activities do the injuries occur? This may reveal areas of training that require surveillance.
- 5) Can any categories (gender, MOS, unit) be identified that are more at risk?
- 6) Do any of the above findings indicate patterns of injury or risk factors that require further investigation → modification?

The bottom line is: if there is a problem with injuries, how can we reduce them? A problem must be identified before it can be resolved.

The form can be used retrospectively, for example, with a medical record review, or prospectively, as a soldier presents for treatment. The codes to the right of each item are designed to standardize data entry to enable compilation of databases and ease of statistical analysis.

INJURY DATA SHEET

Name: _____ Type of Unit: _____ Date: _____

SSN: _____ Age: _____ · M · F MOS: _____

Category: · U.S (AD) · USAR · Allied · US civilian · Native

<u>Sick Call</u>	<u>Appointment</u>	<u>Injury Type</u>	<u>Profile</u>
· Injury	· New Injury	· Traumatic	· Yes
· Illness	· Follow-up	· Overuse	· No
			· Unknown
			· Unknown

Cause _____
 For traumatic injuries, the specific activity or condition that caused the injury, i.e. flag football.

Follow-up visits for this injury _____

Date of Injury: _____

Body Part Injured (choose one only)

- | | |
|-------------------------|-----------|
| · head/skull (not face) | 1 |
| · face | 2 |
| · neck/upper back | 3 |
| · shoulder/upper arm | 4 |
| · elbow/forearm | 5 |
| · wrist/hand/fingers | 6 |
| · abdomen/chest | 7 |
| · low back | 8 |
| · pelvis/hip | 9 |
| · groin/thigh | 10 |
| · knee | 11 |
| · calf/lower leg | 12 |
| · ankle | 13 |
| · foot/heel/toe | 14 |
| · other _____ | 16 |
| · unknown | 17 |
| · NA | 18 |

Injured during:

- | | |
|-----------------------------|-----------|
| · unit PT | 1 |
| · field training | 2 |
| · garrison duty | 3 |
| · off duty, sports/exercise | 4 |
| · off duty, other | 5 |
| · unknown | 17 |
| · NA | 18 |

Injury/Diagnosis Code (choose only one)

- | | |
|---------------------------------|-----------|
| · stress reaction/fracture | 1 |
| · tendonitis/bursitis/fasciitis | 2 |
| · pain | 3 |
| · strain/sprain | 4 |
| · fracture, acute | 5 |
| · dislocation/subluxation | 6 |
| · tear/rupture | 7 |
| · blister | 8 |
| · abrasion/contusion | 9 |
| · laceration | 10 |
| · heat injury | 11 |
| · cold injury | 12 |
| · other _____ | 16 |
| · unknown | 17 |
| · NA | 18 |

Illness Diagnosis Code:

- | | |
|-------------------------------------|-----------|
| · upper respiratory infection | 1 |
| · lower resp. infection (pneumonia) | 2 |
| · asthma | 3 |
| · diarrhea/gastroenteritis/vomiting | 4 |
| · other gastrointestinal | 5 |
| · dermatological/skin | 6 |
| · cardiovascular | 7 |
| · STD | 8 |
| · genito-urinary (not STD) | 9 |
| · eye | 10 |
| · fever/other infection | 11 |
| · psychiatric | 12 |
| · headache | 13 |
| · other CNS | 14 |
| · cellulitis | 15 |
| · other _____ | 16 |
| · unknown | 17 |
| · NA | 18 |

INSTRUCTIONS FOR USE OF THE INJURY DATA SHEET

- Name: Last name of soldier
- Type of Unit: Can indicate type of unit (i.e. infantry, artillery), or for the 232d Med Bn injury study, the soldier's company, i.e. "B"
- Date: Today's date
- SSN: The last 4
- Age: Omit for this study. Information obtained from questionnaire.
- Gender: Omit for this study. Information obtained from questionnaire.
- Category: Omit for this study. Intent is for use in multinational environments.
- Sick Call: Omit for this study. Can be used when screening for both or either injury or illness
- Appointment: Omit for this study.
- Injury Type: Indicate traumatic only in the case of a sudden, acute injury, such as a hamstring pull or ankle sprain.
- Profile: Self-explanatory. Can be left blank if profile days are indicated.
- Profile days: Indicate # of days on profile. If on a subsequent visit more profile days are added, write "+ (the number of additional profile days), such as 5 + 7 + 10.
- Cause: Fill in if the cause of the injury is indicated, i.e. stepped in pothole during am run.
- #Follow up visits: Add a tally mark for each additional visit generated from that injury. Do not include the initial visit. If the injury is extended into AIT, use reverse side of sheet, fill in appropriate boxes below "cause," and indicate "from BCT."
- Date of Injury: If documented, indicate week of training. If not, the approximate date the injury began. This may not be the day they were seen at the TMC.
- Body Part: Mark appropriate box.

Injury DX Code: Mark appropriate box. Mark “pain” for non-specific musculoskeletal pain, such as shin splints. A hamstring pull is marked “groin/thigh” and “strain/sprain.” Mark the “strain/sprain” category for acute musculoskeletal injuries.

Injured During: If the activity during which the injury occurred is documented, fill in the appropriate box. Road marches are in the field-training category.