

FORWARD

Disclaimer

The purpose of the MSO Student Handbook is to provide supplemental material for students that will facilitate and enhance student learning during and after the course.

Every effort has been made to ensure the information contained in this Handbook is consistent with official policy and doctrine. However, this Handbook is neither an official publication, nor is it official doctrine. It is expected that the information may not be 100% accurate, and will continue to degrade with time. The extensive acronym and glossary is designed to accommodate the great diversity we see in our student population.

Any errors or suggested updates should be reported to the Defense Medical Readiness Training Institute (DMRTI). ATTN: Joint Operations Programs, 1706 Stanley Road, Suite 91, Fort Sam Houston, TX 78234-5091 or DMRTIMSOC@amedd.army.mil

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- The Uniformed Services University of the Health Sciences (USUHS)
- Center for Disaster and Humanitarian Assistance Medicine

Note

The primary references for this handbook, unless otherwise indicated, are:

DODI 3000.05, Stability Operations. 16 September, 2009.

DODI 6000.15, Military Health Support for Stability Operations. 17 May, 2010

CONTENTS

Forward.....	1
Table of Contents.....	2
Course Background Information.....	3
Stability Operations.....	4
The US Military Health System Responsibilities.....	5
Traditional Responsibilities.....	5
Evolving/Emerging Responsibilities HA/DR/MSO.....	5
NATO Medical Role in Civ-Mil Operations.....	7
US Military Health System Stability Operations Tasks.....	9
Essential Tasks.....	9
Implied Tasks.....	10
Needs Assessment.....	10
Measures of Effectiveness.....	12
MSO Mission Planning Considerations.....	13
Acronyms and Glossary.....	15
Useful Links.....	38
References.....	39
Appendix A. Assessment Tool Examples.....	42
USN COMPACFLT Port Assessment Checklist.....	42
USAF International Health Specialist Site Survey Checklist.....	56
USA Civil Affairs Hasty Assessment for Disaster Assistance and Dislocated Civilians.....	62

Figures

Figure 1. MHS Roles in Stability Operations.....	6
Figure 2. Foreign Disaster Relief.....	7

COURSE BACKGROUND INFORMATION

Background

- 1) DoDI 3000.05 dtd 16 Sept 09 – Stability Operations clarifies that stability operations are a core U.S. military mission that the Department of Defense shall be prepared to conduct and support in a manner comparable to combat operations.
- 2) DoDI 6000.16 dtd 17 May 10 – Military Health Support for Stability Operations, Purpose: This instruction establishes policy, assigns responsibilities, and provides instructions for military health support of stability operations.
- 3) After Action Reports from past operations have identified a need for expanded training and education to prepare military medical health specialists for the challenges of working in medical stability operations. Stability, Security, Transition, and Reconstruction (SSTR) environments offer unique health and culture challenges, which often include isolated duty locations, language and culture barriers and severely limited health resources. The Military Health System (MHS) has increasingly placed military medical and health specialists in SSTR environments. The available education and training resources are primarily focused on operational Force Health Protection and Readiness or clinical care of military dependents.
- 4) In 2008, MHS partners formed a working group to improve the medical personnel education and training in stability operations. During discussions held 27-28 May 2009, the Defense Medical Readiness Training Institute (DMRTI) shared plans to host a training summit to identify and bridge education and training gaps for medical stability operations (MSO).
- 5) The need for this type of expanded stability operations education and training in medical stability operations was highlighted at the Command Surgeons Conference 8-9 June 2009.
- 6) In response to increasing demands from deployed and returning military medical personnel for more deliberate preparation to successfully execute medical stability operations, the DMRTI, in collaboration with the Center for Disaster and Humanitarian Assistance Medicine (CDHAM) and Telemedicine Advanced Technology Research Center (TATRC) under the auspices of the Civil-Military Medical Working Group (CMMWG) Education and Training Committee, hosted a MSO Training Summit 15-18 September 2009. Recommendations for course lectures and content were gathered and used to draft the course curriculum.
- 7) The outcomes of these development activities follow. Course Goal: Familiarize DoD healthcare personnel with the complexity of military medical diplomacy within the context of U. S. strategy and international relations. Students will gain an appreciation for the strategic, operational and tactical aspects of planning, providing, and transitioning medical support throughout all phases of conflict and across the range of military operations.

Objectives

- 1) The learner will increase confidence and self-efficacy in fulfilling tasks necessary to establish, reconstitute, and maintain healthcare of the indigenous population when indigenous, foreign, or U.S. civilian professionals cannot do so.
- 2) The learner will increase competence in establishing and maintaining working relationships with relevant U.S. Government Departments and Agencies, foreign governments and security forces, global and regional international organizations (IOs), U.S. and foreign non-governmental organizations (NGOs), and Private Sector individuals and for-profit companies.
- 3) The learner will increase ability to provide doctrinally sound, operationally integrated medical support to meet the demands of stability missions.

Stability Operations

Primary source: FM 3.07. Stability Operations

Stability operations include military missions, tasks, and activities in coordination with other instruments of national power that seek to

- maintain or reestablish a safe and secure environment,
- provide essential governmental services,
- maintain, establish or reestablish a functional legal foundation/rule of law,
- provide emergency infrastructure reconstruction,
- provide humanitarian assistance or disaster response.

These are conditions required to support legitimacy of a HN government. Conversely, these are also conditions that opponents may seek to disrupt or prevent, which may greatly increase the complexity of stability operations. The legitimacy of the mission itself from the perspective of the US, partner nations, and the HN must not be overlooked. Ultimate success may depend on ensuring that the following conditions are met:

- a mandate and broad support for intervention should exist
- the military, other US government (USG) agencies, and coalition partners develop and maintain credibility through constant professionalism and clear mission focus
- realistic expectations are developed, widely communicated, and accepted by the HN, international partners, and the American people.

Many of these missions and tasks are the essence of civil-military operations (CMO). Stability operations are often very long term endeavors and both unity of effort and a comprehensive whole of government approach are critically important. Military missions are often expected to set the conditions to facilitate the efforts of other agencies such as the Department of State. Joint operations must feature an appropriate balance between offensive and defensive operations and stability operations in all phases of a military combat mission. Additionally, stability operations may be performed across the spectrum of operational environments. These environments include:

- To support a partner nation during peacetime military engagement.
- After a natural or man-made disaster as part of a humanitarian-based limited intervention.
- During peace operations to enforce international peace agreements.
- To support a legitimate host-nation government during irregular warfare.
- During major combat operations to establish conditions that facilitate post-conflict activities.
- In a post-conflict environment following the general cessation of organized hostilities.

Although offensive and defensive operations may be required during a foreign humanitarian assistance (FHA) operation, the preponderance of missions, tasks, and activities will be stability

operations. Likewise, FHA may be executed to provide humanitarian relief following combat (whether or not US forces were involved in the combat) for example in conjunction with a Peace Operation or during the stabilize phase of a major campaign or operation.

In accordance with DoDD 3000.05, Military Support for Stability, Security, Transition, and Reconstruction (SSSTR) Operations, it is DoD policy that stability operations are a core US military mission that DoD shall be prepared to conduct and support. The DoDD states that stability operations shall be given priority comparable to combat operations and be explicitly addressed and integrated across all DoD activities. The Directive also establishes requirement to ensure DoD medical personnel and capabilities are prepared to meet military and civilian health requirements in stability operations. The directive also stresses the importance of civil-military teaming in stability operations. Actors that assume an active role in an intervention, as well as others—often referred to as *stakeholders*—that have an expressed interest in the outcome of that intervention but may not participate in the operation include:

- The host nation.
- Relevant USG departments and agencies (interagency partners).
- Foreign governments and forces (multinational partners).
- Global and regional international and intergovernmental organizations.
- International, national, and local nongovernmental organizations.
- Nongovernmental humanitarian agencies.
- Community and civil society organizations.
- Private sector individuals and for-profit companies (private sector).
- Enemies and potential adversaries opposed to intervention.

DoDI 6000.16 dtd 17 May 10 – Military Health Support for Stability Operations, establishes policy, assigns responsibilities, and provides instructions for military health support of stability operations. Military health support for stability operations is hereafter referred to as medical stability operations (MSOs). DoDI 6000.16 states it is DoD policy that: MSOs are a core U.S. military mission that the DoD Military Health System (MHS) shall be prepared to conduct throughout all phases of conflict and across the range of military operations, including in combat and non-combat environments.

US Military Health Systems (MHS) Responsibilities

Adapted from: US Military Health System Role in Stability Operations, CDR David Tarantino, MD, MPH, Uniformed Services University of Health Sciences

1. Traditional Responsibilities

- a. Garrison Medicine – Garrison, Military Treatment Facilities (MTF), US-based, Beneficiary care, wounded warriors programs.
- b. Traditional Operational Medicine – Force Health Protection, Deployed care, Combat Casualty Care. At its best: Joint, agile, and interoperable.

2. Evolving/Emerging Responsibilities

a. **Medical Support to Stability Operations (MSO).** The MHS has a significant role in stability operations across the spectrum from peacetime through conflict, from direct care/support to capacity building. Five Major Mission Elements of Medical Stability Operations (Strategic Tasks/Capabilities) include the following.

- Medical Security Cooperation
- Mil-Mil Medical Capacity-building
- Medical Support to International Humanitarian Assistance/Disaster Relief
- Health Sector Stabilization
- Health Sector Reconstruction

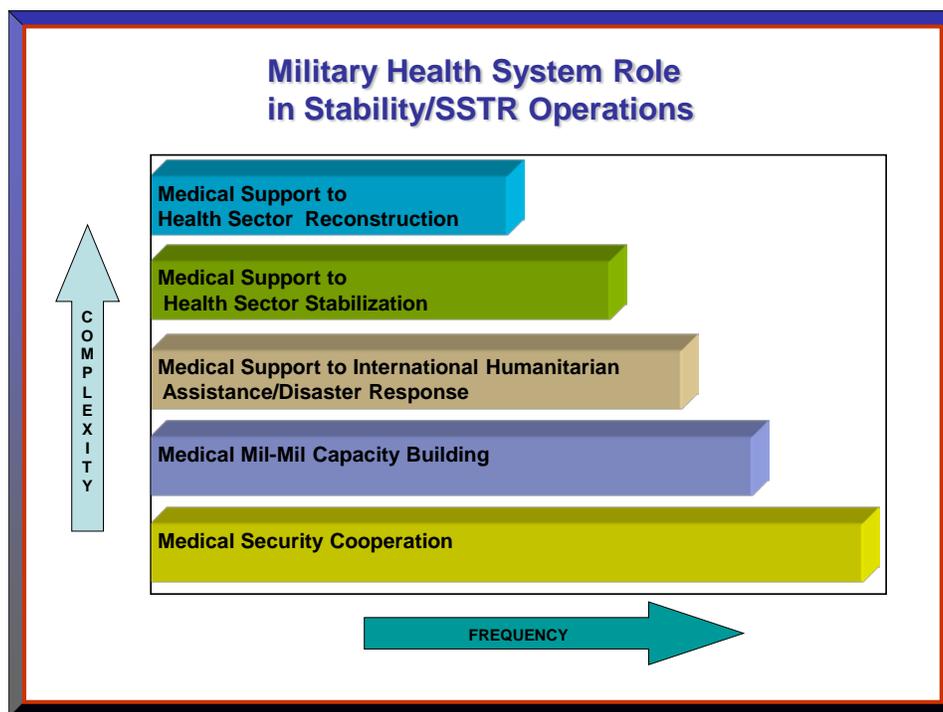


Figure 1. MHS Role in Stability Operations

b. **Humanitarian Assistance (HA)/Disaster response (DR)** – DoD response should be based on identified needs and requires close coordination with other responders including Host Nation (HN), international organizations (IOs), and nongovernmental organizations (NGOs).

- 1) **Foreign humanitarian assistance (FHA):** Focuses on DoD support to alleviate urgent needs in a HN caused by some type of disaster or catastrophe.
- 2) **Humanitarian and civic assistance (HCA):** Assistance to the local populace provided in conjunction with authorized military operations. Usually pre-planned and designed to increase sustainable long-term capacity of the HN to provide for the health and

wellbeing of its populace. Must promote security interests of US and HN. Assistance is limited to

- Medical, surgical, dental, veterinary care in rural or underserved areas
- Education, training and technical assistance related to care provided
- Construction of rudimentary surface transportation systems
- Well drilling and construction of basic sanitation facilities
- Rudimentary construction and repair of public facilities



Figure 2. Foreign Disaster Relief

NATO MEDICAL ROLE IN CIV-MIL OPERATIONS

Source: ACO Directive Number 83-2

NATO will provide healthcare support for humanitarian reasons in emergency situations where there is no civilian alternative (in accordance with international humanitarian principles). NATO may also provide necessary support to governance, reconstruction and development in the context of military operations. When military medical services are engaged in Medical Outreach activity, these must primarily address health needs, be appropriate to the level of care that can be realistically and competently sustained within the HN, and support the HN health development program. Building human capacity is the key to sustained stability.

Humanitarian Assistance. In complex emergencies, IOs and NGOs should be the main provider of essential emergency services, until the HN is able to provide them. The independence of humanitarian agencies and the ‘humanitarian space’ must be respected. The military cannot be considered a humanitarian agency, as they are not neutral or independent, but there will be occasions during combat or other military operations where there is a requirement to support the delivery of HA. In such cases, the following principles must be respected:

- a. Humanity. The dignity and rights of all those sick and injured must be respected and protected; local cultural sensitivities must be respected.
- b. Impartiality. Medical assistance must be provided without discriminating as to ethnic origin, gender, nationality, political opinions, race or religion. Relief of suffering must be guided solely by need, and priority must be given to the most urgent cases. Casualties who are members of opposing forces must also be treated.

When NATO assets are used for HA, the provision of health support should be handed over to civilian personnel at the earliest appropriate time. This requires good communication, cooperation, and synchronization.

Medical Civil Action Projects (MEDCAP). These episodic engagements can introduce competition with HN providers and may undermine the HN government instead of supporting it. NATO recommends no longer using this term.

Medical Engagement and Planned Medical Outreach. Medical engagement within the HN, especially to support those injured as a result of conflict, is encouraged and may contribute to efforts to promote stabilization. Coordination with civil agencies is expected, particularly for planned engagements as part of a development program. Planned medical outreach may include capacity building, development of infrastructure projects, and logistic support. Direct provision of healthcare would be by exception, but in cooperation with local authorities and only if it does not interfere with local providers or the local medical system. In all military interventions, the effects on the security of civilian personnel, on other healthcare organizations, and on the equity of healthcare provision in the HN must be considered.

Support to the Security Forces’ Medical Services. NATO military medical services may be engaged in direct medical support to HN security forces where the HN medical services are unable to meet the demands of the operation. This will be common in fragile states and a partnering approach with the HN will be essential.

Infrastructure and Equipment. Provision of infrastructure and equipment must meet an actual health need and be sustainable by the HN. Logistics of supply and equipment support must be carefully considered. The political interest in the provision of buildings and equipment must be recognized. Infrastructure and equipment must be valued and feel owned by the local beneficiary community.

Communication. The HN population must understand the efforts made to improve governance, reconstruction and development for their benefit, and promote participation by the beneficiaries in the development of their health services. This can build the relationship between the people and the legitimate government, a priority in stabilizing fragile states. Communications between military and civilian actors is also important, even when security is too poor to create 'humanitarian space.' There should be no appearance of collusion between NATO military forces and civilian organizations. Yet, information on medical resource needs and lack of access issues must be share with civilian organizations for planning purposes. The UN 'health cluster' is one mechanism for sharing information.

Coordination and Interoperability. Coordination of activities of the many IOs and NGOs will be required, but cooperation may not be possible as it may endanger the security of such people in the field. Goals are to prevent duplication of effort and counter-productive or conflicting activities.

Outcome Measures. Qualitative measures of health benefit outcomes will usually be more meaningful than quantitative indicators.

Personnel and Training. NATO military staff must be appropriately trained prior to deployment to assist and advise on public health and healthcare aspects of reconstruction and development. Theater specific training must address the operational environment and include HN cultural nuances. Once deployed, health advisors may be most effective if they work within the stability or similar branches of the military HQ, rather than within the Medical Branch itself.

Lessons Identified and Doctrine. Essential to share lessons, particularly for staff turnover. Lessons may ultimately be incorporated into doctrine.

US Military Health System Stability Operations Tasks

Adapted from: US Military Health System Role in Stability Operations, CDR David Tarantino, MD, MPH, Uniformed Services University of Health Sciences, and A Report by NATO's Joint Analysis and Lessons Learned Centre, JALLC/CG/10/152 16 July 2010.

Medical stability operations tasks may be broadly conceptualized by determining and intervening to provide immediate humanitarian needs (food, water, shelter, emergency medical care) and reconstruction or development of basic services and transition to the civilian government in the longer term. Crucial long term services can be remembered using the memory aid, SWEAT-MSO (sewage, water, electricity, academics, trash, medical, safety, and other considerations). While not all basic services are provided by the MHS, it is important to be familiar with them to facilitate cooperation and integration of actions with all participants. Some medical and public health task that support stability operations follow.

1. Essential Tasks to Support Health/Public Health Programs in MSO, HA/DR (Note: some or all may not be DoD tasks, depending on the situation)

- Assess public health hazards
- Assess existing medical infrastructure including preventive and veterinary services, and medical logistics
- Evaluate the need for additional medical capabilities
- Repair existing civilian clinics and hospitals
- Train local/HN personnel
- Operate or augment operations of existing civilian medical treatment facilities.
- Prevent epidemics with immediate vaccinations
- Support improvements to local waste and wastewater management
- Promote and enhance HN medical infrastructure
- Improve/build medical capacity and capability
- Coordinate with other health sector actors in the area
- Identify measurable outcomes for short and long term engagements
- Ensure lessons learned are shared on a common platform accessible by all key stakeholders

2. Implied Tasks to Support Health/Public Health Programs in MSO, HA/DR

- Train military medical personnel to understand the complex socio-cultural context with regard to the HN as well as other response organizations
- Ensure medical personnel understand the scope and limitations of their role(s) in the response
- Develop a joint medical civil-military coordination mechanism that can monitor and manage the military medical contribution R&D activities.
- Develop clear boundaries between the ‘military space’ and the ‘humanitarian space’ and criteria for joint civil-military medical operations
- Consider unintended consequences of military medical involvement (positive and negative) prior to responding
- Strive for ‘local ownership/buy-in’
- Monitor actions to ensure that fundamental humanitarian values which are bound to the Geneva Conventions and Protocols are maintained
- Be prepared to act or expand the medical mission if no other assistance is available
- Focus on sustainable solutions
- Provide follow-on support (such as training and program evaluation)

NEEDS ASSESSMENT

Excerpts from Williams, C.D., CDR, Boetig, B. and G. Nagy. Health Needs Assessments in Medical Stability Operations. Center for Disaster and Humanitarian Assistance Medicine (CDHAM). Unpublished presentation.

Needs assessments must be conducted prior to providing medical support to avoid duplication of effort, enable force structure planning, determine current HN capabilities, etc. Needs assessment should be based on the pre-conflict or disaster baseline. Needs assessment may include assessing the nature and extent of

- available food, water, sanitation, and shelter
- casualties and loss of life
- injury, illness, outbreak of disease, and access to health services
- dislocated civilian population and location (to include security requirements of the population)
- HN capabilities and capacities to include medical facilities
- degree of destruction to property and infrastructure
- available logistic facilities for air- and sealift, roads, rail, and bridges
- significant actors; the span and depth of their control over territory, resources, and individuals; and their objectives
- overall telecommunications infrastructure (ability/capability of the HN and global leadership to receive information from the populous)
- overall public information infrastructure (ability/capability of the HN and global leadership to transmit HA information to the populous and global responders).

Medical planners should not have to conduct all needs assessments independently. Non-DoD sources of information include but are not limited to:

- USAID (including Disaster Assistance Response Teams on the ground)
- UN/WHO
- HN representatives
- NGOs and other private response organizations
- Coalition partners

When planning needs assessments, project officers and participants should consider the following to facilitate success during the assessment process.

- Clear aims and objectives for the project have been identified
- There is an established need for the project (e.g. a recent assessment has not already been done)
- The right people are involved – this should include who knows about the issue; who cares about the issue; and who can make change happen
- Senior managers and policy makers are in support

- Access to the target population and their willingness to engage with the project has been established
- Key stakeholders can be identified
- The proposed project team has adequate resources – time, space, equipment, skills and funding

Benefits of conducting a Needs analysis prior to initiating a project include:

- Strengthening community involvement in decision making
- Improved public participation
- Improved team and partnerships
- Professional development of skills and experience
- Improved communication with other agencies and the public
- Better use of resources

As with any military involvement in complex situations from conflict through natural disaster, there will be many needs analysis challenges encountered. Mission limitations caused by these challenges should be mitigated to the greatest degree possible.

- Working across professional boundaries –tackling territorial attitudes preventing power or information sharing among response organizations and partners
- Lack of a shared language between sectors – actual languages or institutional jargon
- Lack of commitment from leadership: make sure you have the right people at the table
- Difficulties in accessing relevant local data: need to establish trust with the population
- Difficulty in assessing target population: review intended methodology for accessing target population and consider if there are other, more creative ways, of accessing population
- Difficulty in maintaining team impetus and commitment: review progress and positively reinforce achievements
- Difficulty in translating findings into effective action: make sure you have commitment from the group, e.g. a new committee was established with firm goals and future meeting times, etc.

There are many assessment checklists available to medical personnel for use and adaptation. Three examples are included in Appendix A.

MEASURES OF EFFECTIVENESS

From: Williams, C.D., CDR. Guiding Principles for Measures of Effectiveness. Center for Disaster and Humanitarian Assistance Medicine (CDHAM). Unpublished presentation.

Medical stability operations must be planned so that there are clear evaluation criteria. These criteria must be in accordance with:

- United States Government National Security Strategic (USGNSS) Objectives
- Theater Security Objectives (TSOs)
- Country Team Mission Objectives
- Programmatic Objectives
- International Health Objectives

It is not usually sufficient to count actions such as number of patient encounters, % of population vaccinated, #s of bed nets distributed, etc., as measures of effectiveness. While it may be important to track medical and public health activities, they do not necessarily translate into a sustainable change or measurable improvement in HN health or improved medical/health care capacity. These improvements are usually long-term outcomes, impacts, or effects of actions taken by the military in cooperation with other partners and organizations and they may not be realized until long after the military has ended operations in the affected area. Medical stability operation planners must collaborate with other USG agencies, in particular, to ensure agreement on long-term objectives. All short term actions should support attainment of a defined 'end state.' Measures of effectiveness are one way to evaluate program results or achievement of the end state compared to the program's intended purpose. Some end states are:

- Reduction of the burden of disease or injury in the Partner Nation(s)
- In times of disaster, reduction of the mortality and pain and suffering of the affected population
- Strengthening of the Partner Nation's health and response system (directly or via policy development)
- Improvement in the operational readiness of deployed medical personnel

All programs must be monitored from inception through completion to ensure that progress is in line with identified goals and objectives. Monitoring should include:

- Determining the extent to which the program/project is on track and to make any needed corrections accordingly
- Making informed decisions regarding operations management
- Ensuring the most effective and efficient use of resources
- Ensuring that input efforts (engagement activities) are producing appropriate short and medium term results (measurable outputs)
- Evaluating the extent to which the program/project is having or has had the desired impact or outcome.

MSO MISSION PLANNING CONSIDERATIONS

From: Williams, C.D., CDR. Guiding Principles for Measures of Effectiveness. Center for Disaster and Humanitarian Assistance Medicine (CDHAM). Unpublished presentation.

Below are some things to consider when planning a medical stability operation in any environment.

- What is the nature of the task? (focus on sustainability)
- What is the intended outcome?
- What is the funding or program supports the task?
- Where is the activity slated to take place?
- What are the needs of the country/HN? (focus on capacity building)
- What is your organizational strengths, weaknesses, opportunities, and threats (SWOT)?

Always consider partnerships and cooperation with other stakeholders throughout your planning cycles.

- Who are the internal and external stakeholders?
- What partnerships should be built prior to project implementation?
- Who should be involved in the design?
- What organizational partnerships would help sustain/maintain project?

Interoperability is a key to success.

- What factors could alter your intended project outcome?
- What can be done to leverage existing activities for greater integration?
- How/where is information obtained regarding who is operating in the area to support synchronization and de-confliction of efforts?
- What messaging is needed to support and build collaboration with stakeholders?

Mission objectives should be clearly defined and should be S.M.A.R.T.

- S~ Specific
- M~ Measurable
- A ~ Attainable
- R ~ Realistic
- T ~ Time bound*
- E~ Ethical

Indicators or Measures of performance to assess the extent or the manner in which a mission/program completed the desired set of activities must be identified. Indicators are specific and objectively verifiable criteria which can be used to assess whether mission objectives have been met. Indicators should be:

- Relevant – directly link to project objectives
- Technically feasible – capable of being assessed
- Reliable – verifiable and objective
- Usable – to make decisions or improve their work and project performance
- Participatory – target community, stakeholders, etc...

Finally, consider the best type of action to achieve your MSO goal(s). With careful planning and consideration of long term objectives, some missions may include:

- MEDCAP
- Train the Trainer Program
- Vaccine program
- Contingency planning training

ACRONYMS AND GLOSSARY

*Entries followed by an asterisk are original definitions from “Guiding Principles for Stabilization and Reconstruction, USIP, PKSOI, 2009.”

3Ds: DEFENSE, DIPLOMACY AND DEVELOPMENT

AAR: AFTER ACTION REPORT

Any form of retrospective analysis on a given sequence of goal-oriented actions previously undertaken.

AC: AIR COMPONENT COMMAND/ AIR COMBAT COMMAND

ACTD: ADVANCED CONCEPT TECHNOLOGY DEMONSTRATION

U.S. Joint Forces Command’s (USJFCOM) Advanced Concept Technology Demonstrations (ACTD) and Joint Capability Technology Demonstrations (JCTD) accelerate and facilitate the application of mature advanced technologies to provide near-term solutions to meet joint requirements. http://www.jfcom.mil/about/fact_actds.htm

ACO: ALLIED COMMAND OPERATIONS (NATO)

One of NATO’s two strategic military commands. Located at Supreme Headquarters Allied Powers Europe (SHAPE), near Mons, Belgium, it is responsible for all Alliance operations wherever it may be required.

<http://www.aco.nato.int>

ACSA: ACQUISITION CROSS-SERVICING AGREEMENTS

Provides a basic framework for cooperation in military logistic matters. This important international agreement provides for the exchange of logistic support, supplies and services on a reimbursable basis.

<http://www.dtic.mil/whs/directives/corres/pdf/201009p.pdf>

ACT: ALLIED COMMAND TRANSFORMATION (NATO)

Leads at the strategic command level the transformation of NATO’s military structure, forces, capabilities and doctrine. It is enhancing training, particularly of commanders and staffs, conducting experiments to assess new concepts, and promoting interoperability throughout the Alliance. <http://www.act.nato.int>

AFFOR: AIR FORCE FORCES

AID: SEE USAID

ALCC: AIRLIFT CONTROL CENTER

A cell within the joint air operations center and one of the core teams in the air mobility division. The airlift control team brings intratheater airlift functional expertise from the theater organizations to plan, coordinate, manage, and execute intratheater airlift operations in the area of responsibility and joint operations area for the joint force air component commander.

ALP: AVIATION LEADERSHIP PROGRAM

An Air Force-funded undergraduate pilot training program for students from friendly, less developed foreign nations. ALP shall consist of language training, UPT and necessary related training, as well as programs to promote better awareness and understanding of the democratic institutions and social framework of the United States.

http://biotech.law.lsu.edu/blaw/dodd/corres/pdf/d201012_092394/d201012p.pdf

AMC: AIR MOBILITY COMMAND

The Air Force component command of the US Transportation Command.

ANA: AFGHANISTAN NATIONAL ARMY

ANP: AFGHANISTAN NATIONAL POLICE

AO: AREA OF OPERATIONS

An operational area defined by the joint force commander for land and maritime forces.

AOR: AREA OF RESPONSIBILITY

The geographical area associated with a combatant command within which a geographic combatant commander has authority to plan and conduct operations.

AQAM: AL QAEDA AND ASSOCIATED MOVEMENTS**ARFOR: ARMY FORCES****ASD (HA): OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS**

Chartered under United States Department of Defense Directive (DoDD) 5136.1 in 1994. This DoDD states that the ASD (HA) is the principal advisor to the U.S. Secretary of Defense on all "DoD health policies, programs and activities." <http://www.health.mil>

ASF: AEROMEDICAL STAGING FACILITY

Their mission is to continue medical care and ensure the patients are stable so they can be airlifted.

ASFF: AFGHANISTAN SECURITY FORCES FUND

Public Laws 109-13, 109-234, 109-289, 110-28, 110-161, and 110-252 appropriated monies for the ASF Fund. The funds allowed for the provision of equipment; supplies; services; training; and facility repair, renovation, and construction. The weapons purchased for the ANA fall under the equipment portion of the ASF Fund appropriation. http://pdf.usaid.gov/pdf_docs/PCAAC146.pdf

ASPR: OFFICE OF THE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Serves as the Secretary's principal advisory staff on matters related to bioterrorism and other public health emergencies. ASPR also coordinates interagency activities between HHS, other Federal departments, agencies, and offices, and State and local officials responsible for emergency preparedness and the protection of the civilian population from acts of bioterrorism and other public health emergencies. ASPR is comprised of five main offices. <http://www.phe.gov/about/pages/default.aspx>

AU: AFRICAN UNION

An organization, composed of 53 member states, whose aim is to promote peace, security, and solidarity on the African continent. <http://www.africa-union.org/root/au/index/index.htm>

BATNA: BETTER/BEST ALTERNATIVE TO A NEGOTIATED AGREEMENT

A bargaining process is aborted if one or both sides have a better alternative than a negotiated agreement. [Berridge, G. R. Diplomacy. Theory and Practice. (London: Prentice Hall, 1995).] (Thesaurus and Glossary of Early Warning and Conflict Prevention Terms, FEWER)

BOO: BASE OF OPERATIONS

An area or facility from which a military force begins its offensive operations, to which it falls back in case of reverse, and in which supply facilities are organized

CA: CIVIL AFFAIRS

Designated Active and Reserve Component forces and units organized, trained, and equipped specifically to conduct civil affairs operations and to support civil-military operations.

CAG: MARINE CIVIL AFFAIRS GROUP**CAP: CONSOLIDATED APPEAL PROCESS**

A tool developed by aid organizations in a country or region to raise funds for humanitarian action as well as to plan, implement and monitor their activities together. <http://ochaonline.un.org/humanitarianappeal/index.htm>

CAPACITY BUILDING*: The transfer of technical knowledge and skills to host nation individuals and institutions to help them develop effective policies and administer state services across the economic, social, political, and security realms.

CASEVAC: CASUALTY EVACUATION

Defined as movement of casualties to initial treatment facilities and movement of casualties to MTFs in the combat zone. It does not include en route care by medical personnel and implies that nonmedical assets (UH-60s or CH-47s)

are being used to move casualties. CASEVAC should only be used when the unit has a large number of casualties (exceeding the ability of the MEDEVAC aircraft to carry) or MEDEVAC is not available.

CAT: CIVIL AFFAIRS TEAM

Civil Affairs Team functions with the principle that civilians cannot be ignored, with a legal basis that includes the Lieber Code, the Hague Accord, the Geneva Conventions, and international law. Throughout U.S. history the U.S. Army was involved in a surprisingly large amount of CA and civic action. As an undeveloped nation, lacking major engineering schools, except for the U.S. Military Academy, the U.S. established a tradition of Army involvement in civil works that extends to the present time.

CAT: CRISIS ACTION TEAM

CBRNE: CHEMICAL, BIOLOGICAL, RADIOLOGIC, NUCLEAR, AND HIGH EXPLOSIVE

CC: COMBATANT COMMANDER

A commander of one of the unified or specified combatant commands established by the President.

CC: COMPONENT COMMAND

One of the subordinate organizations that constitute a joint force. Normally a joint force is organized with a combination of Service and functional components.

CCIF: COMBATANT COMMANDERS INITIATIVE FUND

From funds made available in any fiscal year for the budget account in the DoD known as the “CCIF”, the CJCS may provide funds to the commander of a combatant command, upon the request of the commander, or, with respect to a geographic area or areas not within the AOR of a commander of a combatant command, to an officer designated by the CJCS for such purpose. Activities for which funds may be provided are: (1) Force training. (2) Contingencies. (3) Selected operations. (4) Command and control. (5) Joint exercises (including activities of participating foreign countries). (6) Humanitarian and civic assistance, in coordination with the relevant COM to the extent practicable, to include urgent and unanticipated humanitarian relief and reconstruction assistance. (7) Military education and training to military and related civilian personnel of foreign countries (including transportation, translation, and administrative expenses). (8) Personnel expenses of defense personnel for bilateral or regional cooperation programs. (9) Force protection. (10) Joint warfighting capabilities.

http://www.law.cornell.edu/uscode/10/usc_sec_10_00000166---a000-.html

CCJO: CAPSTONE CONCEPT FOR JOINT OPERATIONS

This concept’s primary purpose is to guide force development and experimentation by: (1) establishing a common framework for military professionals for thinking about future joint operations, (2) visualizing future joint operations for policymakers and others with an interest in the employment of military force, (3) establishing a conceptual foundation for subordinate joint and Service concepts, and (4) motivating and guiding the study, experimentation and evaluation of joint concepts and capabilities. http://www.jfcom.mil/about/fact_ccjo.html

CCL: COALITION CHAT LINE

A joint Commander, U.S. Naval Forces Europe and Office of Naval Research Global (ONRG) Science and Technology initiative to provide coalition forces a means to communicate effectively within a multilingual environment. <http://www.eucom.mil/english/FullStory.asp?article=Coalition-Chat-Line-Breaks-Down-Barriers>

CCO: (1) CENTER FOR COMPLEX OPERATIONS

The CCO will link USG education and training institutions, including related centers of excellence, lessons learned programs, and academia, to foster unity of effort in stability operations, counterinsurgency, and irregular warfare – collectively called “complex operations.” The DoD, with support from the DoS and USAID, established the CCO as an innovative interagency partnership. Recognizing that unity of effort across disparate government agencies, and across DoD components, requires shared intellectual and decision-making frameworks, the CCO will connect education and training programs across the government to foster a ‘whole of government’ understanding, assessment and approach to complex operations. <http://ccoportal.org>

CCO: (2) COMPLEX CONTINGENCY OPERATIONS

Large-scale peace operations (or elements thereof) conducted by a combination of military forces and nonmilitary organizations that involve one or more of the elements of peace operations that include one or more elements of

other types of operations such as foreign humanitarian assistance, nation assistance, support to insurgency, or support to counterinsurgency.

CDC: CENTERS FOR DISEASE CONTROL AND PREVENTION

The CDC is one of the major operating components of the Department of Health and Human Services.
<http://www.cdc.gov>

CDHAM: CENTER FOR DISASTER AND HUMANITARIAN ASSISTANCE MEDICINE

Established in 1999 within USU's Department of Military Emergency Medicine and serves as a central resource for the DoD, other government agencies and international partners. CDHAM's staff has expertise in a broad range of areas, and its academic setting enables a multidisciplinary approach to disaster mitigation. The Center supports the U.S. military with a wide range of health-related activities around the world. <http://www.cdham.org>

CENTCOM: US CENTRAL COMMAND

CERF: CENTRAL EMERGENCY RESPONSE FUND

A humanitarian fund established by the UN to enable more timely and reliable humanitarian assistance to those affected by natural disasters and armed conflicts.
<http://ochaonline.un.org/Default.aspx?alias=ochaonline.un.org/cerf>

CERP: COMMANDER'S EMERGENCY RESPONSE PROGRAM

Program that enables local commanders to respond with a nonlethal weapon to urgent, small-scale, humanitarian relief, and reconstruction projects and services that immediately assist the indigenous population and that the local population or government can sustain. The DOD defines urgent as any chronic or acute inadequacy of an essential good or service that in the judgment of the local commander calls for immediate action.
<http://info.publicintelligence.net/CERP-Handbook.pdf>

CHAP: COMMON HUMANITARIAN ACTION PLAN

A strategic plan for humanitarian response in a given country or region. It provides: - Analysis of the context in which humanitarian takes place; - Best, worst, and most likely scenarios; - Analysis of need and a statement of priorities; - Roles and responsibilities, i.e. who does what and where; and - A clear link to longer-term objectives and goals; - A framework for monitoring the strategy and revising it if necessary. The CHAP is the foundation for developing a Consolidated Appeal.
[http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-swg_cap-cap#The%20Common%20Humanitarian%20Action%20Plan%20\(CHAP\)](http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-swg_cap-cap#The%20Common%20Humanitarian%20Action%20Plan%20(CHAP))

CHF: COMMON HUMANITARIAN FUNDS:

CHFs are UN-managed country-level pooled mechanisms. Funding received is totally un-earmarked. This allows money to be allocated on the basis of needs (as defined in the emergency's humanitarian action plan).
<http://ochaonline.un.org/tabid/5839/language/en-US/Default.aspx>

CIDA: CANADIAN INTERNATIONAL DEVELOPMENT AGENCY

Mission: Lead Canada's international effort to help people living in poverty. Mandate: Manage Canada's support and resources effectively and accountably to achieve meaningful, sustainable results and engage in policy development in Canada and internationally, enabling Canada's effort to realize its development objectives.
<http://www.acdi-cida.gc.ca/home>

CIDI: CENTER FOR INTERNATIONAL DISASTER INFORMATION

Provides information and guidance in support of appropriate international disaster relief. Individuals, groups, corporations, NGOs, embassies, media and others from around the world have come to rely upon CIDI's resources and services in order to provide more effective international emergency assistance. <http://www.cidi.org>

CIMIC: CIVIL MILITARY COOPERATION (see also CMO)

NATO term. <http://info.publicintelligence.net/natocimic.pdf>

CINC: COMMANDER IN CHIEF

CJTF: COMMANDER, JOINT TASK FORCE

CLAMO: CENTER FOR LAW AND MILITARY OPERATIONS

CLAMO is a joint, interagency, and multinational legal center responsible for: Collecting and synthesizing data relating to legal issues arising in military operations; managing a central repository of information relating to such issues, and disseminating resources addressing these issues. To facilitate the development of doctrine, organization, training, materiel, leadership, personnel, and facilities as these areas affect the military legal community.

<https://www.jagcnet.army.mil/8525751D00557EFF>

CLUSTER APPROACH:

A mechanism for sector coordination introduced by the UN in December 2005 to enhance the ability of the emergency relief coordinator (globally) and the humanitarian coordinators (on the ground) to manage humanitarian response effectively. Clusters consist of groupings of UN agencies, NGOs and other IOs around a sector or service provided during a humanitarian crisis. Each of the nine clusters (Protection, Camp Coordination and Management, Water Sanitation and Hygiene, Health, Emergency Shelter, Nutrition, Emergency Telecommunications, Logistics, and Early Recovery) is led by a designated agency. Two additional clusters, Education and Agriculture, were later added. <http://business.un.org/en/documents/249>

CMM: USAID OFFICE OF CONFLICT MANAGEMENT AND MITIGATION

Leads USAID's efforts to identify and analyze sources of conflict; supports early responses to address the causes and consequences of instability and violent conflict; and seeks to integrate conflict mitigation and management into USAID's analysis, strategies and programs. Provides analytical and operational tools to USAID Overseas Missions, development officers and program partners to enable the Agency to better address the causes and consequences of conflict through its development assistance programming.

http://www.usaid.gov/our_work/cross-cutting_programs/conflict

CMO: CIVIL MILITARY COOPERATION*

The resources and arrangements that support three relationships: between civilian and military actors of official government and intergovernmental institutions; between the military and nongovernmental organizations; and between the military and the host nation government and its population.

CMOC: CIVIL-MILITARY OPERATIONS CENTER

Is a center usually established by a military force for coordinating civil-military operations in an area of operations. It usually serves as a meeting place for military and non military entities involved in stabilization, humanitarian relief and reconstruction activities or for interaction between these entities and the civilian population. Often, it also serves as a central location for information on civilian related activities in the area or maintains the status of the infrastructure or institutions. During combat operations, a CMOC is usually in a secure compound.

COIN: COUNTER INSURGENCY

Military, paramilitary, political, economic, psychological, and civic actions taken by a government to defeat insurgency (JP 1-02). It is an offensive approach involving all elements of national power; it can take place across the range of operations and spectrum of conflict. It supports and influences an HN's internal defense and development program. It includes strategic and operational planning; intelligence envelopment and analysis; training; materiel, technical, and organizational assistance; advice; infrastructure development; tactical-level operations; and many elements of PSYOP. Generally, the preferred methods of support are through assistance and development programs.

COM: CHIEF OF MISSION

The principal officer (the ambassador) in charge of a diplomatic facility of the US. The COM is the personal representative of the President to the country of accreditation. The COM is responsible for the direction, coordination, and supervision of all USG executive branch employees in that country (except those under the command of a US area military commander). The security of the diplomatic post is the COM's direct responsibility.

COMMAND STAFF DESIGNATIONS: S = STAFF; G=GENERAL;J=JOINT

S/G/J 1: ADMINISTRATION

S/G/J 2: INTELLIGENCE

S/G/J 3: OPERATIONS

S/G/J 4: LOGISTICS

G 5: CIVIL AFFAIRS

J 5: PLANS AND POLICIES
S/G/J 6: COMMUNICATIONS
J 7: TRANSFORMATION
J 8: RESOURCES AND ASSESSMENT
J 9: CIVIL MILITARY OPERATIONS

CONOPS: CONCEPT OF OPERATIONS

A verbal or graphic statement that clearly and concisely expresses what the joint force commander intends to accomplish and how it will be done using available resources. The concept is designed to give an overall picture of the operation.

CONPLAN: CONCEPT PLAN

In the context of joint operation planning level 3 planning detail, an operation plan in an abbreviated format that may require considerable expansion or alteration to convert it into a complete operation plan or operation order.

CONUS: CONTINENTAL UNITED STATES

COOPERATION*: The sharing of information and the deconfliction of activities as much as possible among independent individuals or institutions so as not to undermine a shared goal.

COORDINATION*: A deliberate process to make different individuals or institutions work together for a goal or effect.

COUNTRY TEAM:

The senior, in-country, US coordinating and supervising body, headed by the chief of the US diplomatic mission, and composed of the senior member of each represented US department or agency, as desired by the chief of the US diplomatic mission.

CRC-A: CIVILIAN RESPONSE CORPS-ACTIVE COMPONENT

Members are full-time employees of USAID whose specific job is to train for, prepare, and staff reconstruction and stabilization (R&S) operations and conflict prevention and mitigation efforts. They may spend 50-60% of the year in overseas conflict areas, deployed on average for 90 days at a time. CRC-A members will attend up to eight weeks of formal training and exercises per year. They provide “first responder” expeditionary capabilities in civil-military environments and operate in “Whole-of-Government” structures. They focus on critical initial interagency functions such as assessment, planning, management, administrative, logistical, and resource mobilization order to stand-up or increase the capabilities of USG systems/structures for response and implementation of R&S operations for a specific country engagement. <http://www.state.gov/s/crs/civilianresponsecorps/index.htm>

CRC-R: CIVILIAN RESPONSE CORPS-RESERVE COMPONENT

The CRC – Reserve Component (CRC-R) has not yet been funded. It is envisioned that a potential CRC-R will have members who are U.S. citizens who have committed to be available within 45-60 days of call-up to serve as U.S. Government temporary employees in support of inherently government work of overseas reconstruction and stabilization operations. They provide a pool of qualified, pre-trained, and ready civilian professionals with specialized expertise and skills not readily found within the U.S. Government—such as municipal administration, policing, and local governance—that are critical for reconstruction and stabilization operations. <http://www.state.gov/s/crs/civilianresponsecorps/index.htm>

CRC-S: CIVILIAN RESPONSE CORPS-STANDBY CORPS

Members are full-time employees of USAID who have specialized subject matter expertise useful reconstruction and stabilization (R&S) operations, and have committed and secured permission from their bureau, office, or field mission to be available in the event of an R&S mission, have been pre-screened and trained, and have committed to be available within 30 days. CRC-S members will attend R&S orientation training in the first year and additional training in following years. They provide critical reinforcement and follow-up for the Active component, as well as pertinent development skills and expertise. CRC-S deployments will be 90 days on average. <http://www.state.gov/s/crs/civilianresponsecorps/index.htm>

CSTC-A: COMBINED SECURITY TRANSITION COMMAND - AFGHANISTAN

<http://www.ntm-a.com>

CTF: COMBINED TASK FORCE

In U.S. terminology, now widely adopted, including by NATO, the term combined implies more than one nation. Today a Combined Task Force (CTF) is a task force which includes sub-elements of more than one nation.

DAC: DEVELOPMENT ASSISTANCE COMMITTEE

A committee of the Organization for Economic Co-operation and Development. Its 24 members include: Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, Korea, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, the United Kingdom, the United States and the European Commission. Members have 'agreed to secure an expansion of aggregate volume of resources made available to developing countries and to improve their effectiveness'.

http://www.oecd.org/about/0,3347,en_2649_33721_1_1_1_1_1,00.html

DAO: DEFENSE ATTACHE OFFICE**DART: DISASTER ASSISTANCE RESPONSE TEAM**

USAID Office of States Foreign Disaster Assistance provides this rapidly deployable team in response to international disasters. A DART provides specialists, trained in a variety of disaster relief skills, to assist US embassies and USAID missions with the management of USG response to disasters.

http://www.rmportal.net/library/content/tools/disaster-assessment-and-response-tools/da_field_guide_2005/view

DASP: OFDA DISASTER ASSISTANCE SUPPORT PROGRAM

This program was created in 1985 to provide the US Agency for International Development/Office of Foreign Disaster Assistance with essential technical support in disaster response management, planning, operations, preparedness, and prevention.

<http://www.fs.fed.us/global/aboutus/dasp/welcome.htm>

DAT: DEFENSE ATTACHE**DCHA: USAID BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE**

Mission: save lives; alleviate suffering; support democracy; and promote opportunities for people adversely affected by poverty, conflict, natural disasters and a breakdown of good governance. Together with the DoS, USAID developed the Joint State/USAID Strategic Plan focusing activities around strategic goals relating to the National Security Strategy. These goals most prominently feature: democracy and governance, regional stability and humanitarian assistance.

DCM: DEPUTY CHIEF OF MISSION

DENTON PROGRAM: The Denton Program allows private U.S. citizens and organizations to use space available on U.S. military cargo planes to transport humanitarian goods, such as clothing, food, medical and educational supplies, and agricultural equipment and vehicles, to countries in need. The program is jointly administered by USAID, the Department of State (DOS), and the Department of Defense (DOD).

<http://dentonfunded.ohasis.org/AboutDenton.htm>

DEPMEDS: DEPLOYED MEDICAL SYSTEMS

DEPMEDS is a complex of air transportable units assembled to meet a specific mission. Critical modules are housed in rigid aluminum ISO-standard shelters, including laboratory, radiology, pharmacy, sterilization departments and operating rooms. Auxiliary functions are housed in TEMPER units (Tent, Expandable, Modular, Personnel) as well as vans. DEPMEDS container modules are linked together with passageways to meet the full range of field medical facility requirements. DEPMEDS units can range in size from a single general-purpose lab to a 1,000-bed hospital. A typical DEPMEDS hospital would include laboratory, radiology, pharmacy, patient wards, operating rooms and emergency medical treatment sections.

http://www.olive-drab.com/od_medical_other_depmeds.php

DEVELOPMENT: Long-term efforts aimed at bringing improvements in the economic, political, and social status, environmental stability, and the quality of life for all segments of the population. (DRAFT UK CAWG, Inter-departmental Glossary of Planning Terminology)

DFID: BRITISH DEPARTMENT FOR INTERNATIONAL DEVELOPMENT

DFID is the part of the UK government that manages Britain's aid to poor countries and works to get rid of extreme poverty. As well as headquarters in London and East Kilbride, near Glasgow, DFID has offices in around 40 developing countries and provides aid to around 90 countries. DFID is working to reach the Millennium Development Goals (MDGs). DFID works with governments of developing countries as well as charities, businesses and international bodies, including the World Bank, UN agencies and the European Commission.

<http://www.dfid.gov.uk>

DHHS: DEPARTMENT OF HEALTH AND HUMAN SERVICES

The USG's principal agency for protecting the health of all Americans and providing essential human services especially for those who are least able to help themselves. <http://www.hhs.gov>

DIME: DIPLOMATIC, INFORMATION, MILITARY, ECONOMIC

Elements of national power.

DIMO: DEFENSE INSTITUTE FOR MEDICAL OPERATIONS

A dual service agency comprised of Air Force and Navy personnel committed to providing world class, regionally-focused, healthcare education and training to partners around the world. DIMO is a small facilitating agency that utilizes subject matter experts throughout the DoD to develop curriculum and teach courses around the world.

http://airforcemedicine.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.hcst?functionalarea=DIMO&doctype=subpage&docname=CTB_123892

DMLSS: DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT

Provides products and services which support the medical logistics needs of the Military Health System (MHS). DMLSS enables healthcare providers to deliver cost-effective, state-of-the-art healthcare to patients worldwide.

http://www.ha.osd.mil/peo/59778_Axiom_DMLSS.pdf

DMRTI: DEFENSE MEDICAL READINESS TRAINING INSTITUTE

A tri-service institute staffed by professionals from the U.S. Army, Navy, and Air Force that offers both resident and non-resident joint medical readiness training courses as well as professional medical programs in Trauma Care, Burn Care, Disaster Preparedness, Humanitarian Assistance, CBRNE preparation/response. DMRTI executes its mission under the direction and guidance of the Deputy Assistant Secretary of Defense for Health Affairs Force Health Protection and Readiness and the Force Health Protection Council. <http://www.dmrti.army.mil>

DP: DISPLACED PERSON

One who has been driven from one's homeland by war or internal upheaval. A civilian who is involuntarily outside the national boundaries of their country.

DREF: DISASTER RESPONSE EMERGENCY RELIEF FUND

A humanitarian fund managed by the International Federation of Red Cross and Red Crescent Societies for quick response to disasters. <http://www.ifrc.org/what/disasters/responding/drs/tools/dref.asp>

DRM: OFDA DISASTER RESPONSE AND MITIGATION DIVISION

Responsible for coordinating with other organizations for provision of relief supplies and humanitarian assistance. Devises, coordinates, and implements program strategies for the application of science and technology to prevention, mitigation, and national and international preparedness initiatives for natural and man-made disaster situations. <http://www.globalcorps.com/ofda.html>

EADRCC: EURO-ATLANTIC DISASTER RESPONSE COORDINATOR CENTRE

The Euro-Atlantic Disaster Response Coordination Centre (EADRCC) is a "24/7" focal point for coordinating disaster relief efforts among NATO member and partner countries. <http://www.nato.int/eadrcc/index.html>

EAPC: EURO-ATLANTIC PARTNERSHIP COUNCIL

The 50-nation Euro-Atlantic Partnership Council (EAPC) is a multilateral forum for dialogue and consultation on political and security-related issues among Allies and Partner countries. It provides the overall political framework for NATO's cooperation with Partner countries in the Euro-Atlantic area, and for the bilateral relationships developed between NATO and individual Partner countries under the Partnership for Peace program.

http://www.nato.int/cps/en/natolive/topics_49276.htm

EC: EUROPEAN COMMUNITY**ECHO: EUROPEAN COMMUNITY HUMANITARIAN AID OFFICE**

Mission: to provide emergency assistance and relief to the victims of natural disasters or armed conflict outside the European Union. The aid is intended to go directly to those in distress, irrespective of race, religion or political convictions. ECHO's task is to ensure goods and services get to crisis zones fast. Goods may include essential supplies, specific foodstuffs, medical equipment, medicines and fuel. Services may include medical teams, water purification teams and logistical support. Goods and services reach disaster areas via ECHO partners.

<http://ec.europa.eu/echo>

EDRC: OFDA EMERGENCY DISASTER RESPONSE COORDINATOR**EIPC: ENHANCED INTERNATIONAL PEACEKEEPING CAPABILITIES**

Programs Center for Civil-Military Relations provides a peace support operations education and training program, which is offered to EIPC recipient countries worldwide. The program is focused on curriculum development and teaching skills, as well as methods for peace support operations education and training.

<http://www.ccmr.org/public/spd.cfm/spi/eipc>

EMEDS: EXPEDITIONARY MEDICAL DEPLOYMENT SYSTEMS

A modular, scalable, rapid response medical package that can be used in a myriad of operations such as humanitarian relief, wartime contingencies and disaster response. EMEDS comes in four unique and distinct building blocks, SPEARR, EMEDS Basic, EMEDS+10 and EMEDS+25 personnel and equipment packages.

EMF: EXPEDITIONARY MEDICAL FACILITY**EOC: EMERGENCY OPERATIONS CENTER**

A centralized management center for emergency operations. Here, decisions are made by the emergency management group based upon information provided by incident commanders and other personnel.

ERC: EMERGENCY RELIEF COORDINATOR

The UN Under Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator (USG/ERC) is responsible for overseeing all emergencies requiring UN humanitarian assistance. The USG/ERC may appoint a humanitarian coordinator (HC) in-country.

<http://ochaonline.un.org/OCHAHome/AboutUs/tabid/5838/language/en-US/Default.aspx>

ESSENCE: ELECTRONIC SURVEILLANCE SYSTEM FOR EARLY NOTIFICATION OF COMMUNITY-BASED EPIDEMICS

ESSENCE is used every day by state, county, and military public health officials to monitor the health of their populations and to detect disease outbreaks as early as possible in order to prevent their spread.

<http://essence.jhuapl.edu/ESSENCE>

EU: EUROPEAN UNION**EUCOM: EUROPEAN COMMAND****EXORD: EXECUTE ORDER**

1. An order issued by the Chairman of the Joint Chiefs of Staff, at the direction of the Secretary of Defense, to implement a decision by the President to initiate military operations. 2. An order to initiate military operations as directed.

FAA: FOREIGN ASSISTANCE ACT OF 1961

On September 4, 1961, the Congress passed the FAA, which reorganized the U.S. foreign assistance programs including separating military and non-military aid. The Act mandated the creation of an agency to administer economic assistance programs, and on November 3, 1961, President John F. Kennedy established the U.S. Agency for International Development (USAID). <http://www.usaid.gov/policy/ads/faa.pdf>

FAO: FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

Leads international efforts to defeat hunger. Serving both developed and developing countries, FAO acts as a neutral forum where all nations meet as equals to negotiate agreements and debate policy. FAO is also a source of knowledge and information to help developing countries and countries in transition modernize and improve agriculture, forestry and fisheries practices and ensure good nutrition for all. <http://www.fao.org>

FAO: FOREIGN AREA OFFICER

US Army Foreign Area Officers (FAO) serve as attaches; security assistance officers; political-military operations, plans, and policy officers; political-military intelligence staff officers; liaison officers to foreign military organizations; and service school instructors.

FDA: FOOD AND DRUG ADMINISTRATION

The FDA is an agency within the DHHS responsible for protecting the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation. The FDA also responsible for advancing the public health by helping to speed innovations that make medicines and foods more effective, safer, and more affordable; and helping the public get the accurate, science-based information they need to use medicines and foods to improve their health.

<http://www.fda.gov>

FEMA: FEDERAL EMERGENCY MANAGEMENT AGENCY

Mission: to support our citizens and first responders to ensure that as a nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

<http://www.fema.gov>

FEWSNET: FAMINE EARLY WARNING SYSTEMS NETWORK

The Famine Early Warning Systems Network (FEWS NET) is a USAID-funded activity that collaborates with international, regional and national partners to provide timely and rigorous early warning and vulnerability information on emerging and evolving food security issues. FEWS NET professionals in the Africa, Central America, Haiti, Afghanistan and the United States monitor and analyze relevant data and information in terms of its impacts on livelihoods and markets to identify potential threats to food security.

<http://www.fews.net/Pages/default.aspx>

FFP: USAID OFFICE OF FOOD FOR PEACE

A USAID program that works with international partners to provide emergency and non-emergency food support.

http://www.usaid.gov/our_work/humanitarian_assistance/ffp

FHA: FOREIGN HUMANITARIAN ASSISTANCE

DOD activities, normally in support of the USAID or Department of State, conducted outside the US, its territories, and possessions to relieve or reduce human suffering, disease, hunger, or privation.

FHP: FORCE HEALTH PROTECTION

All services performed, provided, or arranged by the Services to promote, improve, conserve, or restore the mental or physical well-being of personnel. These services include, but are not limited to, the management of health services resources, such as manpower, monies, and facilities; preventive and curative health measures; evacuation of the wounded, injured, or sick; selection of the medically fit and disposition of the medically unfit; blood management; medical supply, equipment, and maintenance thereof; combat stress control; and medical, dental, veterinary, laboratory, optometry, medical food, and medical intelligence services.

FMF: FOREIGN MILITARY FINANCING

The U.S. government program for financing through grants or loans the acquisition of U.S. military articles, services, and training, supports U.S. regional stability goals and enables friends and allies to improve their defense capabilities.

http://www.dsca.osd.mil/home/foreign_military_financing%20_program.htm

FPA: FOREIGN POLICY ADVISOR (SEE POLAD)

FOG: USAID FIELD OPERATIONS GUIDE FOR DISASTER ASSESSMENT AND RESPONSE

http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/resources/pdf/fog_v4.pdf

GNA INDEX: GLOBAL NEEDS ASSESSMENT INDEX

European Union's index of 139 crisis and vulnerable-affected states that aggregates data from a wide range of sources with indicators spanning development, poverty, natural and man-made disasters, population displacement, under-nourishment, mortality rates and levels of donor funding. This GNA index identifies the most vulnerable countries, which are most likely to be worst affected by disasters and then assesses the extent to which these countries are affected by crises and humanitarian needs remain unmet.

http://ec.europa.eu/echo/policies/needs_en.htm

GO : GOVERNMENT OF ____

E.g., Government of Japan.

GPOI: GLOBAL PEACE OPERATIONS INITIATIVE

Addresses major gaps in international peace operations support. The program aims to build and maintain capability, capacity, and effectiveness of peace operations. <http://www.state.gov/t/pm/ppa/gpoi>

HA: HUMANITARIAN ASSISTANCE

Programs conducted to relieve or reduce the results of natural or manmade disasters or other endemic conditions such as human pain, disease, hunger, or privation that might present a serious threat to life or that can result in great damage to or loss of property. Humanitarian assistance provided by US forces is limited in scope and duration. The assistance provided is designed to supplement or complement the efforts of the HN civil authorities or other agencies that may have the primary responsibility for providing assistance.

HACC: HUMANITARIAN ASSISTANCE COORDINATION CENTER

A temporary center established by a geographic combatant commander to assist with interagency coordination and planning. A humanitarian assistance coordination center operates during the early planning and coordination stages of foreign humanitarian assistance operations by providing the link between the geographic combatant commander and other USG agencies, NGOs, and international and regional organizations at the strategic level. (JP 3-29)

HAP: HUMANITARIAN ASSISTANCE PROGRAM**HAST: HUMANITARIAN ASSISTANCE SURVEY TEAM**

The HAST, working with the country team, can assess the capability and capacity of the HN government to respond to the disaster; identify primary points of contact for coordination and collaboration, determine the threat environment and survey facilities that may be used for force protection purposes, and coordinate specific support arrangements for the delivery of food and medical supplies. (JP 3-29)

HC: HUMANITARIAN COORDINATOR

In a country affected by a disaster or conflict, the UN Emergency Relief may appoint a Humanitarian Coordinator (HC) to ensure that response efforts are well organized. The HC works with Government, international organizations, non-governmental organizations and affected communities. An OCHA office will be established to support the HC. <http://ochaonline.un.org/OCHAHome/AboutUs/tabid/5838/language/en-US/Default.aspx>

HCOP: HUMANITARIAN COMMON OPERATIONAL PICTURE**HD: HOMELAND DEFENSE**

Homeland defense is the protection of U.S. territory, domestic population and critical infrastructure against military attacks emanating from outside the United States. In understanding the difference between HLS and HLD, it is important to understand that NORTHCOM is a military organization whose operations within the United States are governed by law, including the Posse Comitatus Act that prohibits direct military involvement in law enforcement activities. Thus, NORTHCOM's missions are limited to military homeland defense and civil support to lead federal agencies. <http://www.northcom.mil>

HDR: HUMANITARIAN DAILY RATION

Food rations intended for humanitarian crises. Each is intended to serve as a single person's full daily food supply, and contain somewhat over 2,200 calories. They have shelf-lives of about 3 years, and their contents are designed to be acceptable to a variety of religious and ethnic groups.

HNS: HOST NATION SUPPORT**HOC: HUMANITARIAN OPERATIONS CENTER**

An international and interagency body that coordinates the overall relief strategy and unity of effort among all participants in a large foreign humanitarian assistance operation. It normally is established under the direction of the government of the affected country or the UN, or a USG agency during a US unilateral operation. Because the HOC operates at the national level, it will normally consist of senior representatives from the affected country, assisting countries, the UN, NGOs, IOs, and other major organizations involved in the operation.

HOMELAND SECURITY:

Homeland security is the prevention, preemption, and deterrence of, and defense against, aggression targeted at U.S. territory, sovereignty, domestic population, and infrastructure as well as the management of the consequences of such aggression and other domestic emergencies. <http://www.northcom.mil>

HRF: HUMANITARIAN RESPONSE FUND

The Humanitarian Response Fund (HRF) is an emergency funding mechanism managed by the UN Humanitarian Coordinator (HC) and established to address gaps in critical, live-saving emergency response. Contributions to the HRF have been made by various donors including UK, Denmark, Netherlands, Norway, Ireland, Italy, Sweden, Spain and Switzerland. <http://www.ocha-eth.org/hrf/index.html>

HRO: SEE HUMRO**HSS: HEALTH SERVICE SUPPORT**

All services performed, provided, or arranged to promote, improve, conserve, or restore the mental or physical well-being of personnel. These services include, but are not limited to, the management of health services resources, such as manpower, monies, and facilities; preventive and curative health measures; evacuation of the wounded, injured, or sick; selection of the medically fit and disposition of the medically unfit; blood management; medical supply, equipment, and maintenance thereof; combat stress control; and medical, dental, veterinary, laboratory, optometric, nutrition therapy, and medical intelligence services.

HUMAN SECURITY*: Security that has two main aspects: (1) Safety from such chronic threats as hunger, disease and repression; (2) protections from sudden and hurtful disruptions in the patterns of daily life.

HUMRO: HUMANITARIAN RELIEF OPERATIONS**IAC: INTER-AGENCY COORDINATION TEAM****IASC: INTER-AGENCY STANDING COMMITTEE**

The primary mechanism for inter-agency coordination of humanitarian assistance. It is a unique forum involving the key UN and non-UN humanitarian partners. <http://www.humanitarianinfo.org/iasc>

IBRD: INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

One of five institutions that comprise the World Bank Group. The IBRD is an international organization whose original mission was to finance the reconstruction of nations devastated by World War II. Now, its mission has expanded to fight poverty by means of financing states. Its operation is maintained through payments as regulated by member states. <http://worldbank.org>

ICASS: INTERNATIONAL COOPERATIVE ADMINISTRATIVE SUPPORT SERVICES

Is the principal means by which the USG provides and shares the cost of common administrative support at its more than 200 diplomatic and consular posts overseas. In the spirit of the Government Performance and Results Act, the ICASS system seeks to provide quality services at the lowest cost, while attempting to ensure that each agency bears the cost of its presence overseas. <http://www.icass.gov>

ICRC: INTERNATIONAL COMMITTEE OF THE RED CROSS

An independent, neutral organization ensuring humanitarian protection and assistance for victims of war and other situations of violence. The ICRC has a permanent mandate under international law to take impartial action for prisoners, the wounded and sick, and civilians affected by conflict. In situations of conflict the ICRC coordinates the response by national Red Cross and Red Crescent societies and their International Federation.

<http://www.icrc.org>

ICVA: INTERNATIONAL COUNCIL OF VOLUNTARY AGENCIES

The International Council of Voluntary Agencies (ICVA) is an independent, international association of non-governmental, not for profit organizations. It provides a global forum where they can meet to exchange views, share strategies, coordinate actions and forge effective partnership across cultures and societies with different levels and forms of development. ICVA supports the work of voluntary agencies in general and its member agencies in particular, in influencing national and international policies, advocating for the protection of refugees and displaced persons, supporting the provision of relief and rehabilitation assistance, fostering sustainable development, as well as representing independent humanitarian perspectives to people, governments and inter-governmental organizations. <http://www.icva.ch>

IDA: INTERNATIONAL DEVELOPMENT ASSOCIATION

Part of the World Bank that helps the world's poorest countries. IDA aims to reduce poverty by providing interest-free credits and grants for programs that boost economic growth, reduce inequalities and improve people's living conditions. <http://www.worldbank.org/ida>

IDP: INTERNALLY DISPLACED PERSON

Any person who has been forced or obliged to flee or to leave their home or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.

IED: IMPROVISED EXPLOSIVE DEVICE**IEF: INITIAL ENTRY FORCE****IFRC: INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES**

The International Federation of Red Cross and Red Crescent Societies is a humanitarian institution that is part of the International Red Cross and Red Crescent Movement along with the ICRC and 186 distinct National Societies. It coordinates activities between the National Societies to improve the lives of vulnerable people by mobilizing the power of humanity. On an international level, the Federation leads and organizes, in close cooperation with the National Societies, relief assistance missions responding to large-scale emergencies. <http://www.ifrc.org>

IHL: INTERNATIONAL HUMANITARIAN LAW

A set of rules which seek, for humanitarian reasons, to limit the effects of armed conflict. It protects persons who are not or are no longer participating in the hostilities and restricts the means and methods of warfare. IHL is part of international law, which is the body of rules governing relations between States. IHL applies to armed conflicts. Customary humanitarian law database at <http://www.icrc.org/ihl>

IMET: INTERNATIONAL MILITARY EDUCATION AND TRAINING

A key component of U.S. security assistance that provides U.S. training on a grant basis to students from allied and friendly nations. The IMET program exposes students to the U.S. professional military establishment and the American way of life, including amongst other things, U.S. regard for democratic values, respect for individual and human rights and belief in the rule of law. Students are also exposed to U.S. military procedures and the manner in which our military functions under civilian control

http://www.dsca.osd.mil/home/international_military_education_training.htm

IMF: INTERNATIONAL MONETARY FUND

<http://www.imf.org/external/index.htm>

INSARAG: INTERNATIONAL SEARCH AND RESCUE ADVISORY GROUP

a global network of more than 80 countries and disaster response organizations under the UN umbrella. INSARAG deals with urban search and rescue related issues. INSARAG aims at establishing standards for international USAR teams and methodology for international coordination in earthquake response. Members of INSARAG are both earthquake-prone and responding countries and organizations.

<http://ochaonline.un.org/OCHAHome/AboutUs/Coordination/INSARAG/tabid/6016/language/en-US/Default.aspx>

INTEGRATION*: The bringing together of capabilities in a coherent manner to achieve unity of effort.

INTERACTION:

InterAction is the largest alliance of U.S.-based international nongovernmental organizations (NGOs) focused on the world's poor and most vulnerable people. <http://www.interaction.org>

IO: INTERNATIONAL ORGANIZATION

An organization created by a formal agreement (e.g., a treaty) between two or more governments. It may be established on a global, regional, or functional basis for wide-ranging or narrowly defined purposes. Formed to protect and promote national interests shared by member states. Examples: UN, NATO, and the African Union.

IOM: INTERNATIONAL ORGANIZATION FOR MIGRATION

Inter-governmental organization in the field of migration that works closely with governmental, intergovernmental and non-governmental partners. IOM works to help ensure the orderly and humane management of migration, to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. <http://www.iom.int/jahia/jsp/index.jsp>

ISAF: INTERNATIONAL SECURITY ASSISTANCE FORCE

NATO led force in support of the Government of the Islamic Republic of Afghanistan, conducts a operations in Afghanistan to reduce the capability and will of the insurgency, support the growth in capacity and capability of the Afghan National Security Forces (ANSF), and facilitate improvements in governance and socio-economic development, in order to provide a secure environment for sustainable stability that is observable to the population.

<http://www.isaf.nato.int>

IW: IRREGULAR WARFARE

A violent struggle among state and non-state actors for legitimacy and influence over the relevant population(s). Irregular warfare favors indirect and asymmetric approaches, though it may employ the full range of military and other capacities, in order to erode an adversary's power, influence, and will.

JCIDS: JOINT CAPABILITIES INTERGRATION AND DEVELOPMENT SYSTEM

The formal DOD procedure which defines acquisition requirements and evaluation criteria for future defense programs. JCIDS is intended to guide the development of requirements for future acquisition systems to reflect the needs of all four services by focusing the requirements generation process on needed *capabilities* as requested or defined by one of the US combatant commanders. In the JCIDS process, regional and functional combatant commanders give feedback early in the development process to ensure that their requirements are met.

<https://dap.dau.mil/aphome/jcids/Pages/Default.aspx>

JCTD: JOINT CAPABILITY TECHNOLOGY DEMONSTRATIONS

USJFCOM Advanced Concept Technology Demonstrations (ACTD) and Joint Capability Technology Demonstrations (JCTD) accelerate and facilitate the application of mature advanced technologies to provide near-term solutions to meet joint requirements. http://www.jfcom.mil/about/fact_actds.htm

JFC: JOINT FORCE COMMANDER

A general term applied to a combatant commander, subunified commander, or joint task force commander authorized to exercise combatant command (command authority) or operational control over a joint force.

JFCOM: JOINT FORCES COMMAND**JHOC: JOINT HUMANITARIAN OPERATIONS COURSE (OFDA)**

JIB: JOINT INFORMATION BUREAU

Facility established by the joint force commander to serve as the focal point for the interface between the military and the media during the conduct of joint operations. When operated in support of multinational operations, a joint information bureau is called a “multinational information bureau.”

JICA: JAPANESE INTERNATIONAL COOPERATION AGENCY

<http://www.jica.go.jp/english>

JMAR: JOINT MEDICAL ASSET REPOSITORY

The vision of the JMAR is to be the single source for acquiring and providing timely and accurate joint medical logistics and blood asset information. JMAR is recognized by the DOD as the single, integrated, authoritative source for joint medical logistics information provided to the Joint Total Asset Visibility (JTAV) system.

http://www.ha.osd.mil/peo/59778_Axiom_DMLSS.pdf

JMILS: JOINT MEDICAL LOGISTICS AND INFRASTRUCTURE SUPPORT

is the ability to work in conjunction with Service force management and force design organizations to ensure the medical supplies, material and equipment with which our medical forces deploy include the latest technologies and advances in the medical field.

JOA: JOINT OPERATIONS AREA

An area of land, sea, and airspace, defined by a geographic combatant commander or subordinate unified commander, in which a joint force commander (normally a JTF commander) conducts military operations to accomplish a specific mission.

JOC: JOINT OPERATIONS CENTER

A jointly manned facility of a joint force commander’s HQ established for planning, monitoring, and guiding the execution of the commander’s decisions.

JPES: JOINT OPERATIONS PLANNING AND EXECUTION SYSTEM

A system of joint policies, procedures, and reporting structures, supported by communications and computer systems, that is used by the joint planning and execution community to monitor, plan, and execute mobilization, deployment, employment, sustainment, redeployment, and demobilization activities associated with joint operations.

JPATS: JOINT PATIENT APPLICATION TRACKING SYSTEM**JTF: JOINT TASK FORCE**

A joint force that is constituted and so designated by the SECDEF, a CC, a subunified commander, or an existing JTFC.

JTMC²: JOINT THEATER MEDICAL COMMAND AND CONTROL (JTMC²)

The ability to leverage the concurrent transformation of joint and Service education and training, joint medical logistics in enterprise-wide support, common information management, information technology, operating architectures, and environments. Joint medical information systems must be fully networked and interoperable among Services (line and medical) at the tactical and operational levels.

LEGITIMACY*: The degree to which the population accepts and supports the mission, its mandate and its behavior over time; the degree to which the local population accepts and supports the host nation government; the manner in which the government attains power; and the extent to which regional neighbors and the international community accept the mission mandate and its actions and the host nation government.

LNO: LIAISON OFFICER

Officer assigned to contact or intercommunicate between elements of military forces or other agencies to ensure mutual understanding and unity of purpose and action.

LOC: LINES OF COMMUNICATION

A route, either land, water, and/or air, that connects an operating military force with a base of operations and along which supplies and military forces move.

LOGCAP: LOGISTICS CIVILIAN AUGMENTATION PROGRAM

An U.S. Army initiative for peacetime planning for the use of civilian contractors in wartime and other contingencies. These contractors will perform selected services to support U.S. forces in support of DoD missions. LOGCAP is primarily designed for use in areas where no bilateral or multilateral agreements exist. However, LOGCAP may provide additional support in areas with formal HNS agreements, where other contractors are involved, or where peacetime support contracts exist. LOGCAP is also available during CONUS mobilizations to assist the CONUS support base and help units get ready for war.

MARFOR: MARINE FORCES**MCH: MATERNAL AND CHILD HEALTH****MDG: MILLENNIUM DEVELOPMENT GOALS**

Adopted by world leaders in the year 2000 and set to be achieved by 2015, the MDGs are both global and local, tailored by each country to suit specific development needs. They provide a framework for the entire international community to work together towards a common end – making sure that human development reaches everyone, everywhere. Eight time-bound goals provide concrete, numerical benchmarks for tackling extreme poverty. They include goals and targets on income poverty, hunger, maternal and child mortality, disease, inadequate shelter, gender inequality, environmental degradation and the Global Partnership for Development.

<http://www.un.org/millenniumgoals>

MDRO/P: U.S. EMBASSY MISSION DISASTER RELIEF OFFICER/PLAN**MHS: MILITARY HEALTH SYSTEM**

The enterprise within the DOD responsible for providing health care to AD and retired U.S. Military personnel and their dependents. The mission of the MHS is to provide health support for the full range of military operations and sustain the health of all who are entrusted to MHS care. <http://www.health.mil>

MLO: MILITARY LIAISON OFFICER**MLU: MILITARY LIAISON UNIT****MNF: MULTINATIONAL FORCE**

A force composed of military elements of nations who have formed an alliance or coalition for some specific purpose.

MOU: MEMORANDUM OF UNDERSTANDING**MTOE: MODIFIED TABLE OF ORGANIZATION AND EQUIPMENT**

Tables Organization and Equipment to include combat and directly related major support units. For purposes of clarity, this display is simplified through the elimination of numerous headquarters, maintenance and other support units which are normally attached to or associated with the listed units.

NATO: NORTH ATLANTIC TREATY ORGANIZATION

An alliance of 28 countries from North America and Europe committed to fulfilling the goals of the North Atlantic Treaty signed on 4 April 1949. <http://www.nato.int/cps/en/natolive/index.htm>

NAVFOR: NAVY FORCES**NCA: NATIONAL COMMAND AUTHORITY.**

The President and the Secretary of Defense, or their authorized alternates or successors.

NCMI: NATIONAL CENTER FOR MEDICAL INTELLIGENCE (FORMERLY AFMIC)

Center that provides assessment of potential health risks and capabilities that allow planning for proper medical countermeasures and field health care support for deployed forces. <https://www.intelink.gov/ncmi/index.php>

NEO: NONCOMBATANT EVACUATION OPERATION

Operations directed by the Department of State or other appropriate authority, in conjunction with the DOD, whereby noncombatants are evacuated from foreign countries when their lives are endangered by war, civil unrest, or natural disaster to safe havens or to the US.

NGO: NONGOVERNMENTAL ORGANIZATION

A private, self-governing, not-for-profit organization dedicated to alleviating human suffering; and/or promoting education, health care, economic development, environmental protection, human rights, and conflict resolution; and/or encouraging the establishment of democratic institutions and civil society.

NORTHCOM: NORTHERN COMMAND**NRF: NATO RESPONSE FORCE**

The NATO Response Force (NRF) is a highly ready and technologically advanced force made up of land, air, sea and special forces components that the Alliance can deploy quickly wherever needed.

http://www.nato.int/cps/en/natolive/topics_49755.htm

NTM-A: NATO TRAINING MISSION – AFGHANISTAN

<http://www.ntm-a.com>

OAS: ORGANIZATION OF THE AMERICAN STATES

The OAS was established to achieve among its member states “an order of peace and justice, to promote their solidarity, to strengthen their collaboration, and to defend their sovereignty, their territorial integrity, and their independence.” Today it comprises the 35 independent states of the Americas and has granted permanent observer status to 63 states, as well as to the European Union. The Organization of American States constitutes the principal political, juridical, and social governmental forum in the Hemisphere. <http://www.oas.org/en/default.asp>

OCHA: OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS (UN)

The arm of the UN Secretariat that is responsible for bringing together humanitarian actors to ensure coherent response to emergencies. Its mission is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors in order to alleviate human suffering in disasters and emergencies; advocate for the rights of people in need; promote preparedness and prevention; and facilitate sustainable solutions.

<http://ochaonline.un.org>

OCONUS: OUTSIDE OF THE CONTINENTAL UNITED STATES**ODA: OFFICIAL DEVELOPMENT ASSISTANCE**

A grant or loan from an ‘official’ (government) source to a developing country or multilateral agency for the promotion of economic development and welfare.

OECD: ORGANIZATION FOR ECONOMIC COOPERATION AND DEVELOPMENT

OECD brings together the governments of countries committed to democracy and the market economy from around the world to: support sustainable economic growth, boost employment, raise living standards, maintain financial stability, assist other countries' economic development, contribute to growth in world trade. The Organization provides a setting where governments compare policy experiences, seek answers to common problems, identify good practice and coordinate domestic and international policies.

http://www.oecd.org/home/0,3305,en_2649_201185_1_1_1_1_1,00.html

OFAC: DEPARTMENT OF TREASURY OFFICE OF FOREIGN ASSETS CONTROL

As part of US Treasury, administers and enforces economic and trade sanctions based on US foreign policy and national security goals against targeted foreign countries and regimes, terrorists, international narcotics traffickers, those engaged in activities related to the proliferation of weapons of mass destruction, and other threats to the national security, foreign policy or economy of the United States. OFAC acts under Presidential national emergency powers, as well as authority granted by specific legislation, to impose controls on transactions and freeze assets under US jurisdiction. <http://www.ustreas.gov/offices/enforcement/ofac>

OFDA: USAID OFFICE OF FOREIGN DISASTER ASSISTANCE

The Office of U.S. Foreign Disaster Assistance (OFDA) is the lead coordinator of U.S. Government responses to disasters in foreign countries. OFDA works to minimize the human costs of displacement, conflicts and natural disasters. As the largest bilateral donor of humanitarian assistance, the U.S. Government has a unique role to play in shaping the nature of the assistance environment. Through close cooperation with other U.S. Government agencies, bilateral and multilateral donors, host governments and implementing partners, OFDA's activities help maintain good relations and contribute positively to the United States' image abroad.

http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance

OHDACA: OVERSEAS HUMANITARIAN, DISASTER, AND CIVIC AID

DOD funding authority for humanitarian assistance programs. OHDACA programs support U.S. military forces in meeting two key requirements. The first is to maintain a robust overseas presence aimed at shaping the international security environment in a manner that deters would-be aggressors, strengthens friends and allies, and promotes peace and stability in regions of tension. The second requirement is for U.S. forces to respond effectively when called upon to assist the victims of storms, earthquakes, and other natural or manmade disasters.

OMA: OFFICE OF MILITARY AFFAIRS (USAID)

OMA is in the Bureau for Democracy, Conflict and Humanitarian Assistance (DCHA) and provides the focal point for USAID interaction with U.S. and foreign militaries and formalizes relationships with the same through coordinated planning, training, education, and exercises and develop guidelines and standard operating procedures consistent with each organization's mandate.

http://www.usaid.gov/policy/budget/cbj2007/cent_progs/central_dcha_oma.html

OMTL: OPERATIONAL MENTORING AND LIASON TEAM

The OMLT program is a NATO-ISAF initiative aimed at improving the capacity of the Afghan National Army (ANA) through deploying small OMLT teams to work with ANA forces.

<http://www.nato.int/isaf/topics/factsheets/omlt-factsheet.pdf>

OPEO: OFFICE OF PREPAREDNESS AND EMERGENCY OPERATIONS (DHHS)

Responsible for developing operational plans, analytical products, and developing and participating in training and exercises to ensure the preparedness of the Office, the Department, the Government and the public to respond to domestic and international public health and medical threats and emergencies. OPEO is also responsible for ensuring that OPHEP has the systems, logistical support and procedures necessary to coordinate the Department's operational response to acts of terrorism and other public health and medical threats and emergencies.

<http://www.phe.gov/about/opeo/Pages/default.aspx>

OPLAN: OPERATIONS PLAN

Any plan for the conduct of military operations prepared in response to actual and potential contingencies.

OPORD: OPERATIONS ORDER

A directive issued by a commander to subordinate commanders for the purpose of effecting the coordinated execution of an operation.

OPS: OPERATIONS**OPSEC: OPERATIONS SECURITY**

Execution of measures that eliminate or reduce to an acceptable level the vulnerabilities of friendly actions to adversary exploitation.

OSD: OFFICE OF THE SECRETARY OF DEFENSE**OSLO GUIDELINES:**

The basic framework for formalizing and improving the effectiveness and efficiency of the use of foreign military and civil defense teams and expertise in international disaster relief operations. The Guidelines address the use of Military and Civil Defense Assets following natural, technological and environmental emergencies, *in times of peace*. Military and civil defense assets should be seen as a tool complementing existing relief mechanisms in order to provide specific support to specific requirements. This should be done in response to an acknowledged

humanitarian gap between disaster needs and the resources available to meet the needs. (From UNDAC Handbook, 2006). See the complete, updated guidelines: <http://www.unhcr.org/refworld/docid/47da87822.html>

OSOCC: UN ONSITE OPERATIONS COORDINATION CENTER (UN/OCHA)

Assists local authorities of the affected country with the management of the disaster and with the coordination of international SAR Teams. The OSOCC can be established by the first international SAR teams arriving in the affected country in cooperation with national authorities, or by resources mobilized by the INSARAG Secretariat in OCHA-Geneva and the United Nations Disaster Assessment and Coordination team.

<http://ochaonline.un.org/OCHAHome/AboutUs/Coordination/OSOCC/tabid/6020/language/en-US/Default.aspx>

OTI: USAID OFFICE OF TRANSITION INITIATIVES

Supports U.S. foreign policy objectives by helping local partners advance peace and democracy in priority countries in crisis. Seizing critical windows of opportunity, OTI works on the ground to provide fast, flexible, short-term assistance targeted at key political transition and stabilization needs.

http://www.usaid.gov/our_work/cross-cutting_programs/transition_initiatives

PACOM: PACIFIC COMMAND

PAHO: PAN-AMERICAN HEALTH ORGANIZATION

<http://new.paho.org>

PDD: PRESIDENTIAL DECISION DIRECTIVE

PEACE BUILDING:

Stability actions, predominately diplomatic and economic, that strengthen and rebuild governmental infrastructure and institutions in order to avoid a relapse into conflict.

PEACE ENFORCEMENT:

Application of military force, or the threat of its use, normally pursuant to international authorization, to compel compliance with resolutions or sanctions designed to maintain or restore peace and order.

PEACEKEEPING:

Military operations undertaken with the consent of all major parties to a dispute, designed to monitor and facilitate implementation of an agreement (cease fire, truce, or other such agreement) and support diplomatic efforts to reach a long-term political settlement.

PEACEMAKING:

The process of diplomacy, mediation, negotiation, or other forms of peaceful settlements that arranges an end to a dispute and resolves issues that led to it.

PEACE OPERATIONS:

A broad term that encompasses multiagency and multinational crisis response and limited contingency operations involving all instruments of national power with military missions to contain conflict, redress the peace, and shape the environment to support reconciliation and rebuilding and facilitate the transition to legitimate governance. Peace operations include peacekeeping, peace enforcement, peacemaking, peace building, and conflict prevention efforts.

PEPFAR: US PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Launched in 2003 by President George W. Bush, PEPFAR holds a place in history as the largest effort by any nation to combat a single disease. In the first five years of the program, PEPFAR focused on establishing and scaling up prevention, care and treatment programs. It achieved success in expanding access to HIV prevention, care and treatment in low-resource settings. During its first phase, PEPFAR supported the provision of treatment to more than 2 million people, care to more than 10 million people, including more than 4 million orphans and vulnerable children, and prevention of mother-to-child treatment services during nearly 16 million pregnancies.

PERMISSIVE ENVIRONMENT:

Operational environment in which host country military and law enforcement agencies have control as well as the intent and capability to assist operations that a unit intends to conduct.

PFPP: PARTNERSHIP FOR PEACE

The Partnership for Peace (PfP) is a program of practical bilateral cooperation between individual Partner countries and NATO. It allows Partner countries to build up an individual relationship with NATO, choosing their own priorities for cooperation.

PHEO: PUBLIC HEALTH EMERGENCY OFFICER**PKSOI: PEACEKEEPING AND STABILIZATION OPERATIONS INSTITUTE**

The U.S. Army's Center of Excellence for Stability and Peace Operations at the Strategic and Operational levels to improve military, civilian agency, international, and multinational capabilities and execution. Its functions include: shape stability and peace operations policy development; develop and review civilian and military training and education programs; advise in the development and maintenance of Stability and Peace operations capabilities; collect, evaluate, and disseminate strategic and operational civil and military lessons learned; develop and review stability and peace operations concepts and doctrine.

POLAD: POLICY ADVISOR

POLADs are senior State Department officers (flag-rank equivalent) detailed as personal advisors to leading U.S. military leaders/commanders to provide policy support regarding the diplomatic and political aspects of the commanders' military responsibilities. There are currently 20 POLADs assigned to U.S./NATO military organizations. <http://www.state.gov/t/pm/polad>

POST: U.S. EMBASSY, CONSULATE, OR USAID MISSION**POTUS: PRESIDENT OF THE UNITED STATES****PREVENTIVE MEDICINE:**

The anticipation, communication, prediction, identification, prevention, education, risk assessment, and control of communicable diseases, illnesses and exposure to endemic, occupational, and environmental threats. These threats include nonbattle injuries, combat stress responses, weapons of mass destruction, and other threats to the health and readiness of military personnel. Communicable diseases include arthropod-, vector-, food-, waste-, and waterborne diseases. Preventative medicine measures include field sanitation, medical surveillance, pest and vector control, disease risk assessment, environmental and occupational health surveillance, waste (human, hazardous, and medical) disposal, food safety inspection, and potable water surveillance.

PRM: DEPARTMENT OF STATE BUREAU FOR POPULATION, REFUGEES, AND MIGRATION**PRT: PROVINCIAL RECONSTRUCTION TEAM****PS: OFDA PROGRAM SUPPORT DIVISION****PSC: USG PERSONAL SERVICES CONTRACTOR****PVO: PRIVATE VOLUNTARY ORGANIZATION****QDR: QUADRENNIAL DEFENSE REVIEW (U.S.)**

RAND CORPORATION: The RAND Corporation is a nonprofit institution that helps improve policy and decision-making through research and analysis

RC: RESERVE COMPONENT OF THE MILITARY**REFUGEE:**

A person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his or her nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country.

ROE: RULES OF ENGAGEMENT

ROE determine when, where, and how force shall be used. Such rules are both general and specific. Medical ROE may outline the restrictions placed on when and who to treat.

RST: REGIONAL SUPPORT TEAM

S&R: STABILIZATION AND RECONSTRUCTION

SAR: SEARCH AND RESCUE

S/CRS: OFFICE OF THE COORDINATOR FOR RECONSTRUCTION AND STABILIZATION

Mission: To lead, coordinate and institutionalize U.S. government civilian capacity to prevent or prepare for post-conflict situations, and to help stabilize and reconstruct societies in transition from conflict or civil strife, so they can reach a sustainable path toward peace, democracy and a market economy.

SDCA: SWISS DEVELOPMENT AND COOPERATION AGENCY

Switzerland's international cooperation agency within the Federal Department of Foreign Affairs (FDFA). In operating with other federal offices concerned, SDC is responsible for overall coordination of development activities and cooperation with Eastern Europe, as well as for the humanitarian aid delivered by the Swiss Confederation.

SECDEF: SECRETARY OF DEFENSE

SECURITY COOPERATION ACTIVITY:

Military activity that involves other nations and is intended to shape the operational environment in peacetime. Activities include programs and exercises that the US military conducts with other nations to improve mutual understanding and improve interoperability with treaty partners or potential coalition partners. They are designed to support a combatant commander's theater strategy as articulated in the theater security cooperation plan.

SIDA: SWEDISH INTERNATIONAL DEVELOPMENT AGENCY

A government agency of the country of Sweden with over 650 employees. SIDA channels its resources through NGOs, multilateral cooperation, and the EU, among others and is interested in promoting the idea of "international development cooperation."

SJA: STAFF JUDGE ADVOCATE

SOCOM: SPECIAL OPERATIONS COMMAND

SOF: SPECIAL OPERATIONS FORCES

SOFA: STATUS OF FORCES AGREEMENT

An agreement between a host country and a foreign nation stationing forces in that country. It establishes the rights and privileges of foreign personnel present in a host country in support of the larger security arrangement.

SOUTHCOM: SOUTHERN COMMAND

SPHERE: HUMANITARIAN CHARTER AND MINIMUM STANDARDS IN DISASTER RESPONSE

The Sphere Project is an initiative to define and uphold the standards by which the global community responds to the plight of people affected by disasters, principally through a set of guidelines that are set out in the Humanitarian Charter and Minimum Standards in Disaster Response (commonly referred to as the SPHERE Handbook).

SSC: SMALL-SCALE CONTINGENCIES

SSTRO: STABILITY, SECURITY, TRANSITION AND RECONSTRUCTION OPERATIONS

Overarching term encompassing various military missions, tasks, and activities conducted outside the United States in coordination with other instruments of national power to maintain or reestablish a safe and secure environment, provide essential government services, emergency infrastructure reconstruction, and humanitarian relief.

TALCE: TANKER AIRLIFT CONTROL ELEMENT

A deployed Air Mobility Command (AMC) organization established at fixed, en route, and deployed locations where AMC operational support is non-existent or insufficient. Provides continuing on-site management of AMC airfield operations including command and control, communications, aerial port services, maintenance, security, weather, and intelligence. Composed of mission support elements from various units and deploys in support of contingency/emergency relief ops on planned or "no-notice" basis.

TF: TASK FORCE:

1. A temporary grouping of units, under one commander, formed for the purpose of carrying out a specific operation or mission. 2. A semi-permanent organization of units, under one commander, formed for the purpose of carrying out a continuing specific task.

TPFDD: TIME-PHASED FORCE AND DEPLOYMENT DATA

(DOD) The Joint Operation Planning and Execution System database portion of an operation plan; it contains time-phased force data, non-unit-related cargo and personnel data, and movement data for the operation plan, including the following: a. In-place units; b. Units to be deployed to support the operation plan with a priority indicating the desired sequence for their arrival at the port of debarkation; c. Routing of forces to be deployed; d. Movement data associated with deploying forces; e. Estimates of non-unit-related cargo and personnel movements to be conducted concurrently with the deployment of forces; f. Estimate of transportation requirements that must be fulfilled by common-user lift resources as well as those requirements that can be fulfilled by assigned or attached transportation resources. Also called TPFDD.

UJTL: UNIVERSAL JOINT TASK LIST

A menu of capabilities (mission-derived tasks with associated conditions and standards, i.e., the tools) that may be selected by a joint force commander to accomplish the assigned mission. Once identified as essential to mission accomplishment, the tasks are reflected within the command joint mission essential task list.

UN: UNITED NATIONS

An international organization founded in 1945 by 51 countries committed to maintaining international peace and security, developing friendly relations among nations and promoting social progress, better living standards and human rights. Although best known for peacekeeping, peacebuilding, conflict prevention and humanitarian assistance, the UN works on a broad range of issues, from sustainable development, environment and refugees protection, disaster relief, counter terrorism, disarmament and non-proliferation, to promoting democracy, human rights, gender equality and the advancement of women, governance, economic and social development and international health, clearing landmines, expanding food production, etc.

UNDAC: UNITED NATIONS DISASTER ASSESSMENT AND COORDINATION TEAM

A stand-by team of disaster management professionals who are nominated and funded by member governments, OCHA, UNDP and operational humanitarian United Nations Agencies such as WFP, UNICEF and WHO. Teams deploy on very short notice (12-24 hours) anywhere in the world. It also aims at advising and strengthening national and regional disaster response capacity.

<http://ochaonline.un.org/OCHAHome/AboutUs/Coordination/UNDACSystem/UNDACHandbook/tabid/6012/language/en-US/Default.aspx>

UNDAF: UNITED NATIONS DEVELOPMENT ASSISTANCE FRAMEWORK

The UNDAF is the strategic program framework for the UNCT. It describes the collective response of the UNCT to the priorities in the national development framework - priorities that may have been influenced by the UNCT's analytical contribution. Its high level expected results are called UNDAF outcomes. These show where the UNCT can bring its unique comparative advantages to bear in advocacy, capacity development, policy advice and programming for the achievement of MD/MDG related national priorities.

UNDG: UNITED NATIONS DEVELOPMENT GUIDE

The UNDG unites the 32 UN funds, programs, agencies, departments, and offices that play a role in development to deliver more coherent, effective and efficient support to countries seeking to attain internationally agreed development goals.

UNDP: UNITED NATIONS DEVELOPMENT PROGRAM

An organization advocating for change and connecting countries to knowledge, experience and resources to help people build a better life. We are on the ground in 166 countries, working with them on their own solutions to global and national development challenges. As they develop local capacity, they draw on the people of UNDP and our wide range of partners.

UNDRO: UNITED NATIONS DISASTER RELIEF ORGANIZATION

Its principal function is that of catalyst and coordinator of donors of aid and services.

UNESCO: UNITED NATIONS EDUCATIONAL, SCIENTIFIC, AND CULTURAL ORGANIZATION

This organization focuses, in particular, on two global priorities: Africa and Gender Equality. The mission is to contribute to the building of peace, the eradication of poverty, a sustainable development and intercultural dialogue through education, the sciences, culture, communication and information.

UNFPA: UNITED NATIONS POPULATION FUND

An international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programs to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

UNHCR: UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

The agency is mandated to lead and co-ordinate international action to protect refugees and resolve refugee problems worldwide. Its primary purpose is to safeguard the rights and well-being of refugees. It strives to ensure that everyone can exercise the right to seek asylum and find safe refuge in another State, with the option to return home voluntarily, integrate locally or to resettle in a third country. It also has a mandate to help stateless people.

UNICEF: UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential.

UNITY OF EFFORT*: The outcome of coordination and cooperation among all actors, even when the participants come from many different organizations with diverse operation cultures.

UNJLC: UNITED NATIONS JOINT LOGISTICS CENTER

Provides logistics support at operational planning, coordination and monitoring level. Unless specified otherwise, UN Agencies and other humanitarian bodies, which are established in the area, will continue to exercise their normal responsibilities. As a result, the UNJLC will not be involved in policy and establishment of humanitarian needs and priorities.

USAID: UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

USAID is an independent federal government agency that receives overall foreign policy guidance from the Secretary of State. The work supports long-term and equitable economic a growth and advances U.S. foreign policy objectives by supporting: economic growth, agriculture and trade; global health; democracy, conflict prevention and humanitarian assistance.

USAR: URBAN SEARCH AND RESCUE**USG: U.S. GOVERNMENT****USPHS: U.S. PUBLIC HEALTH SERVICE**

A team of more than 6,500 public health professionals dedicated to delivering the Nation's public health promotion and disease prevention programs and advancing public health science. As one of America's seven uniformed services, the Commissioned Corps fills essential public health leadership and service roles within the Nation's Federal Government agencies and programs.

USUN: U.S. MISSION TO THE UNITED NATIONS**UTC: UNIT TYPE CODE**

A Joint Chiefs of Staff developed and assigned code, consisting of 5 characters that uniquely identify a "type unit."

WFP: WORLD FOOD PROGRAM

Born in 1962, WFP pursues a vision of the world in which every man, woman and child has access at all times to the food needed for an active and healthy life. We work towards that vision with our sister UN agencies in Rome -- the Food and Agriculture Organization (FAO) and the International Fund for Agricultural Development (IFAD) -- as well as other government, UN and NGO partners.

WHO: WORLD HEALTH ORGANIZATION

The directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

WHOLE OF GOVERNMENT: An approach that integrates the collaborative efforts of the departments and agencies of the USG to achieve unity of effort toward a shared goal.

WIF: WARSAW INITIATIVE FUND

In January 1994, NATO launched the Partnership for Peace (PfP) program to countries seeking cooperative military and peacekeeping relations with NATO. To support PfP efforts, the United States established the Warsaw Initiative Fund (WIF). The WIF is jointly managed by the Department of State (DoS) and Department of Defense (DoD). The DoS portion of WIF uses Foreign Military Financing (FMF) grants, provided according to the laws and policy governing foreign assistance. The DoD portion of WIF uses defense-wide Operation and Maintenance (O&M) and Research and Development (R&D) funds, provided according to the laws and policy governing these types of funds.

USEFUL LINKS

US GOVERNMENT

http://www.usaid.gov	US Agency for International Development
http://usun.state.gov/	US Mission to the UN
http://www.state.gov/g/prm	DoS, Bureau of Population, Refugees, and Migration
http://www.state.gov/s/crs	DoS, Office of the Coord. for Reconstruction and Stabilization
http://www.crs.state.gov	Office of the Coordinator for Reconstruction and Stabilization
http://www.cdc.gov	Centers for Disease Control
http://www.cia.gov/library/publications/the-world-factbook	CIA Factbook
https://kx.afms.mil/dimo	Defense Institute for Medical Operations (AF Portal; CAC)
http://airforcemedicine.afms.mil/dimo	DIMO public site
www.cdham.org	Center for Disaster and Humanitarian Assistance Medicine
http://ccoportal.org	Center for Complex Operations
http://info.publicintelligence.net/CERP-Handbook.pdf	Cdr's Emerg. Response Fund Handbook (2008)

UN and IOs

http://www.un.org/dpi/ngosection/dpingo-directory.asp	UN Dept. of Public Information, Non-governmental Organizations
http://www.reliefweb.int	Relief Web – Serving the Needs of the Humanitarian Relief Community
http://www.humanitarianinfo.org	Humanitarian Information Centers (HIC) support the co-ordination of humanitarian assistance through the provision of information products and services.
http://www.ochaonline.un.org	UN Office for the Coordination of Humanitarian Affairs
http://ocha.unog.ch/virtualosocc/VOLogin.aspx	The Global Disaster Alert and Coordination System provides near real-time alerts about natural disasters around the world and tools to facilitate response coordination, including media monitoring, map catalogues and Virtual On-Site Operations Coordination Centre (requires account)
http://www.icrc.org/eng	International Committee of the Red Cross
http://www.ifrc.org	International Federation of the Red Cross and Red Crescent Societies

NGOs and OTHER

http://www.cidi.org	Center for International Disaster Information
http://www.interaction.org	Interaction. US-based NGO alliance
http://www.icva.ch	International Council of Voluntary Agencies
http://www.alertnet.org	Alerting Humanitarians to Emergencies
http://www.fews.net	Famine Early Warning System
http://dentonfunded.ohasis.org/	Humanitarian Assistance Transportation/Denton Program
http://www.rand.org	The RAND Corporation.
www.sphereproject.org	
http://www.care.org/	

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JP 3-0 Joint Operations, Change 2, 22 March 2010

JP 3-57 Civil-Military Operations, 8 JUL 08

JP 3-29 Foreign Humanitarian Assistance, 17 MAR 09

JP 3-08 Interagency, Intergovernmental Organization and Nongovernmental Organization Coordination during Joint Operations, Vol. I, II, 17 MAR 06

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FM 3.07 Stability Operations, 6 OCT 08

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Allied Command Operations Guidance for Military Medical Services Involvement with Humanitarian Assistance and Support to Governance, Reconstruction and Development. ACO Directive Number 83-2. 1 Mar 2010. NATO Unclassified.

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Appendix A

Assessment Tool Examples

1. COMPACFLT Port Assessment Checklist

COMPACFLT PORT ASSESSMENT CHECKLIST

COMPACFLT 10NO1H 250 Makalapa Drive, Pearl Harbor, HI 96860	DATE(S) OF SURVEY (YYYYMMDD)	
	COUNTRY	
	SITE	

SECTION 1: PREVENTIVE MEDICINE

a. GENERAL PUBLIC HEALTH	YES	NO	N/A	COMMENTS
(1) Were there any disease outbreaks (food / water / vector / blood-borne or respiratory) in recent year in this location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Are there any seasonal diseases in the area? (cross-reference with AFMIC for confirmation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Is there any disease reporting in place? Can it be verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Is medical waste regulated, segregated from general waste and properly disposed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) What are the most prevalent STD infections in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Is there any medical screening for commercial sexual workers? What is their prevalence of STD infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Are there any drug resistant diseases in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) What are the current medical concerns for this region?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9) Are there any quarantine policies (gypsy moths, Foot and Mouth Disease, BSE) in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10) Are there any swimming warnings or local ponds, ocean restrictions in this region?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(11) Have there been any recent security threats reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(12) Is there any specific risk of natural phenomena? (earthquake, floods, hurricane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Flood <input type="checkbox"/> Earthquakes <input type="checkbox"/> Mud Slides <input type="checkbox"/> Drought <input type="checkbox"/> Volcanic Ash <input type="checkbox"/> Brush Fires <input type="checkbox"/> Others: _____

b. FOOD SAFETY	YES	NO	N/A	COMMENTS
(1) What kind of food items are considered fit for human consumption in this region?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Meat <input type="checkbox"/> Vegetables <input type="checkbox"/> Fruits <input type="checkbox"/> Beverages <input type="checkbox"/> Water <input type="checkbox"/> Dry Store Products <input type="checkbox"/> Others: _____ Refer to U.S. Army Veterinarian list of approved sources if available for region (3) and (4): Refer to WHO International Food Standards
(2) Are there any certified health requirements for food and beverages in this area? To include any vendor operations at the pier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Were there any violations to local or international food standards observed during visit or previously reported?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Are there any international organizations inspecting local food/beverage industries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Are imported products inspected before distribution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Are there any food products associated with FBIs in recent years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 1: PREVENTIVE MEDICINE

c. WATER AND AIR QUALITY	YES	NO	N/A	COMMENTS
(1) Are there any national drinking water standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface <input type="checkbox"/> Desalinated <input type="checkbox"/> Bottled <input type="checkbox"/> Other _____ (Contact Army Vets about bottled water quality)
(2) Is drinking water chlorinated/ treated? Conduct a walk-through (if it is possible to get authorization) and check water treatment procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) What are the major sources of potable water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) How will port services provide water to US ships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Was there any chlorine residual or negative Bact-T during the visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Is bottled water regulated in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Were there any water issues or waterborne diseases in recent years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Are there any regulating standards for wastewater (collecting, holding, transfer, treatment or disposal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9) Are there any requirements for wastewater or hazmat operator in this region?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10) Is there any evidence of air contaminants in the area such as incinerators, smog, industrial smoke stacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(11) Is there evidence of contamination due to excessive motor vehicle emissions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(12) Are there any results from air monitoring testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. DISEASE VECTORS / PESTS	YES	NO	N/A	COMMENTS
(1) Are there any venomous animals or poisonous plants of medical concern in this area? What is the recommended first aid for specimens listed on the right?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Snakes <input type="checkbox"/> Spiders <input type="checkbox"/> Scorpions <input type="checkbox"/> Centipedes <input type="checkbox"/> Caterpillars / Beetles <input type="checkbox"/> Aquatic animals <input type="checkbox"/> Others: _____ <input type="checkbox"/> Mosquitoes <input type="checkbox"/> Black flies <input type="checkbox"/> Mites <input type="checkbox"/> Fleas <input type="checkbox"/> Ticks <input type="checkbox"/> Sand flies <input type="checkbox"/> Rodents <input type="checkbox"/> Snails <input type="checkbox"/> Others:
(2) Is there any antivenin required? Is it available at an approved MTF?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Are there any potential vector/ pests of medical concern in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Are there any stray or wild animals in surrounding areas? Is rabies present in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Is there any evidence or reports of stored product pests (SPP) in or around port/site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) What countermeasures have been used to control pest infestation (habitat destruction, physical barrier, chemical use) in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Is there any local or HN policy on HazMat or pesticide usage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Can US pesticides be used in HN or be free of restrictions (customs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2: HOST NATION MEDICAL FACILITIES

a. GENERAL INFORMATION	COMMENTS
(1) Facility name	
(2) Address/City	
(3) Phone/FAX no.	
(4) Facility Type and Number of Beds	
(5) Status	
(6) General physical description (shape, levels or floors, color, appearance)	
(7) Surrounding Area	

b. FACILITY DESCRIPTION	YES	NO	N/A	COMMENTS
(1) Access or proximity to roads, train or airfield (circle if applies) Heliport/landing zone →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinates or distance to landing zone

HN Military Airfield → U.S. Airfield →				
(2) Is helo or fixed wing aircraft support available in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Are there any possible alternate routes to medical facilities in case of emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Are there any local or countrywide medical regulating standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Are there any handwashing stations for staff and patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(6) Are windows/doors screened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(7) Is there proper lighting available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(8) Are there functional toilets/urinals available for staff/patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(9) Are there showers available for patients or staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(10) Are there laundering services available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2: HOST NATION MEDICAL FACILITIES

b. FACILITY DESCRIPTION	YES	NO	N/A	COMMENTS
(11) Are floors/walls in good conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(12) Is there climate control available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(13) What is the source of potable water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Groundwater <input type="checkbox"/> Surface <input type="checkbox"/> Desalinized <input type="checkbox"/> Bottled <input type="checkbox"/> Other _____
(14) Are food facilities available? Describe level of food safety/cleanliness and hrs of operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(15) Are medical gases/tanks available and are they properly stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circle if applies: Supply Warehouse / Gas storage are Secured / Unsecured / Internal or External Storage
(16) What type of electrical power is available? Is there a back-up generator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voltage / Cycles (220 / 115 and Hz) _____
(17) Are there any amenities in inpatient rooms (sinks, clocks, phones)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(18) What kind of mortuary services are available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(19) Are there any security/safety personnel available (partial or 24hrs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(20) Are there any ambulances available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(21) Are navigational aids available on the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Number of vehicles available: _____

(22) Are patient records used or computerized records available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advance support available: Yes / No Basic support available: Yes / No Comms: Yes / No Phone number: _____
(23) Are there any waste disposal facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(24) Are there any infection control practices in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

c. ADDITIONAL INFORMATION	YES	NO	N/A	COMMENTS
(1) Is there and identified need to perform MEDCAPS? If yes, indicate what medical capabilities are required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Has there been advance coordination / liaison with the HN Ministries of Health and Embassy regarding visit and/or support mission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Are there unique cultural beliefs and values that need to be taken into consideration? If so, list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. STAFF				COMMENTS
(1) What staff is available at the facility?	<input type="checkbox"/> Surgeons <input type="checkbox"/> General Practice Physicians <input type="checkbox"/> Nurses			<u>Numbers</u> Surgeons ____ General Practice Physicians ____ Critical Care Nurses ____ General Nurses ____ Nursing Aides ____
(2) Is the medical/nursing staff trained locally or abroad?	YES	NO	N/A	How many of the staff can speak English?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 2: HOST NATION MEDICAL FACILITIES

e. MEDICAL CAPABILITIES				EQUIPMENT, CONDITIONS, CAPACITY, STAFF PER DEPT OR OTHER COMMENTS
Are the following services / equipment / capabilities available?				
	YES	NO	SATISFACTORY (S) UNSATISFACTORY (U) NEEDS IMPROVEMENT (NI)	
Emergency Dept Phone no. _____ Number of beds _____	<input type="checkbox"/>	<input type="checkbox"/>		
Radiology (x-ray, MRI,CT)	<input type="checkbox"/>	<input type="checkbox"/>		
Int Care Unit/Resp Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Operating Rooms	<input type="checkbox"/>	<input type="checkbox"/>		
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>		

Ortho/Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		Hematology, Histology, Microbiology Testing (circle if applies): Hep A/B or C, HIV, Malaria, Syphilis, TB Cold storage available for blood products? Y or N
ENT	<input type="checkbox"/>	<input type="checkbox"/>		
Urology	<input type="checkbox"/>	<input type="checkbox"/>		
Ophthalmology/Optometry	<input type="checkbox"/>	<input type="checkbox"/>		
Cardio-thoracic	<input type="checkbox"/>	<input type="checkbox"/>		
Internal Med/Family Med	<input type="checkbox"/>	<input type="checkbox"/>		
Cardiology	<input type="checkbox"/>	<input type="checkbox"/>		
Dermatology	<input type="checkbox"/>	<input type="checkbox"/>		
Gastro	<input type="checkbox"/>	<input type="checkbox"/>		
OB/GYN	<input type="checkbox"/>	<input type="checkbox"/>		
Bum Unit	<input type="checkbox"/>	<input type="checkbox"/>		
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>		
Toxicology/Pathology	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Equipment (Hyperbaric Chamber / angiography)	<input type="checkbox"/>	<input type="checkbox"/>		
Lab Services (circle if applies)	<input type="checkbox"/>	<input type="checkbox"/>		

Remarks/Comments (clearly identify section and number for your comments):

Persons Interviewed or Contacts					
DATE	LAST NAME, FIRST	TITLE/POSITION	UNIT	PHONE/FAX	E-MAIL

SECTION 3: ADVANCE PARTY PRE-SITE SURVEY (ENVIRONMENTAL)

a. PREDEPLOYMENT INFORMATION	YES	NO	N/A
(1) Is there any medical intelligence or site specific information available for the country and deployment site? (For example; AFMIC, GEMINI, COLISEUM, NIMA (NGA), CIA World Factbook, CHPPM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. GENERAL INFORMATION			
(1) Site Location (MGRS or longitude/latitude):			
(2) Expected personnel to be deployed:			
(3) Type of Operation (Training, Disaster Relief, Combat, Humanitarian Assistance, Consequence Management):			
(4) Expected Duration of the Deployment:			
(5) Estimated Site Acreage:			
(6) Current Use of Site:			
(7) Prior Use of Site:			

c. SITE DESCRIPTION	YES	NO	N/A
(1) Is the field site on relative high or well drained ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is the field site away from native habitat with the exception of supporting operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are there any protruding objects on the ground or any evidence of other dangerous surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Is there any evidence of excessive vegetation around the field site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are there any signs of current or previous Environmental contamination? (leaking containers, discolored soil/vegetation, pool of unknown liquid, and dead plants or animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Are there any potential sources of environmental contamination (industrial sites, agricultural activities, refineries, smelters or mining) in the vicinity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Are there any areas of standing water in or around the field site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Will soil permeability be adequate for disposal of wastewater, if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Are there any prevalent weather conditions (cold, heat, rain or wind patterns) in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Are head/latrines located at least 100 yds (~ 90 m) downwind (prevailing wind) from food facilities and at least 100 ft (~ 30 m) away from water sources and 50 ft (~ 15 m) from berthing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) Are food facilities located away from dusty roads, properly screened to prevent access to insect/rodents and the areas maintained clean from garbage/rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) Are there any signs inside/outside of the food establishments to remind all personnel to wash their hands prior to eating or conducting food preparation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: ADVANCE PARTY PRE-SITE SURVEY (ENVIRONMENTAL)

d. WATER (APPROVED SOURCE)	YES	NO	N/A
(1) What will be the main source of drinking water? Circle: Bottled, Groundwater, Surface, Seawater (desalinated) or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is field water maintained within 2-5 ppm FAC at point of distribution, and at least 1 ppm FAC at point of consumption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is FAC residual determined at least daily and results recorded in water log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Is water tested for bacteriological contamination at least weekly and results recorded in water log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are soakage pit located under water trailers, lyster bags, hand washing stations, laundry and bathing sites to prevent standing water and mosquito breeding sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) If ground water is used, is the water source located at least 100 ft (~ 30 m) from all existing contamination and the drainage is away from the well or spring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) If seawater is used, is water source desalinated and disinfected before consumed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Are water containers properly cleaned and disinfected prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Are water containers serviceable and labeled "potable water only"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Are water distribution points/water trailers inspected, cleaned and disinfected from contaminants as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) Are drinking water trailers improperly used for hand washing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) Are hand washing stations available at least next to food facilities and head/latrines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. CLIMATE/WEATHER CONDITIONS	YES	NO	N/A
(1) Is there any acclimatization program ready for extended deployments in this area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is there any periodic training on heat related/cold injuries prevention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are there any WBGT meters available to monitor heat stress if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Is there any plan for work/rest cycle in arid conditions ready to be implemented if the mission allows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are personnel using (unscented) sunscreen (at least SPF 15) and lip balm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) In cold weather, are troops instructed to wear clothing in layers, wear headgear and polypropylene underwear to hold maximum body heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Are personnel wearing UV eye protection (shades/sunglasses/goggles)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: ADVANCE PARTY PRE-SITE SURVEY (ENVIRONMENTAL)

f. HABITABILITY	YES	NO	N/A
(1) Are there any holes in the floor, walls or ceiling of tents/seahuts/berthing spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is there any standing water next to living spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is there adequate lighting and ventilation in berthing spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are fire extinguishers available and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Is there any evidence of eating inside of berthing spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(6) Are berthing spaces free of trash and debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Are dirty clothes placed in laundry bags and uniforms washed at least weekly to prevent pest harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Are trash cans emptied frequently and not overflowing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Are personnel sleeping in "head to foot" arrangements in the berthing spaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Are there any personnel sleeping under/between vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) Are personnel resting/sleeping inside vehicles while engine is running?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: ADVANCE PARTY PRE-SITE SURVEY (ENVIRONMENTAL)

h. FOOD (APPROVED SOURCES)	YES	NO	N/A
(1) Have all food workers received proper medical screening and training before starting food service operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are all food establishments inspected as per <u>P-5010-1</u> and using form <u>NAVMED 6240/1?</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

i. SOLID WASTE DISPOSAL

(1) Solid waste is mainly disposed by: <input type="checkbox"/> burial <input type="checkbox"/> incineration <input type="checkbox"/> hauled away by HN (waste removal depends on host nation environmental requirements, support infrastructure, anticipated duration of deployment and potential for future liability for clean-up operation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is garbage placed in plastic bags or disposed in serviceable dumpsters with tight fitting lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are incinerators located at least 50 yds downwind from field site and away from flammable storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Is solid waste properly disposed as per US or HN requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j. HUMAN WASTE DISPOSAL

(1) Is unit using the proper type of field expedient latrines based on length of mission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Are "cat holes", straddle trench or individual waste collection bags used mainly for personnel for short field missions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Are deep-pit latrines, burn-out and mound latrines mainly used for longer field missions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Are chemical toilets (porta-johns) preferred method of human waste disposal and are they emptied by pump truck and cleaned daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Are urinals provided to prevent soiling the toilets seats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Are there enough latrines for approximately 4% of males / 6% of females?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) Is human waste been properly disposed depending on soil conditions, terrain, local water tables, resources, mission and environmental conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) Are burn-out latrines (burn-barrel) used when soil is hard, rocky and water table is too high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) If burn-out latrines are used, are personnel encouraged to use urine soakage pits to minimize use of additional fuel? DO NOT use JP4 or any other highly volatile fuel (burn-out daily with mixture of 1 quart of mogas to 4 quarts of diesel (two sets of drums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is there a conspicuous "No Smoking" sign posted inside and outside of burn-barrel latrines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Are the ashes from barrels buried at least to a depth of 12 inches (~30 cm)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are latrines constructed or designed to prevent access to pest, allow routine cleaning, provide privacy (if mission allows), and secured to prevent contamination of water sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are latrines filled within 1 foot (~30 cm) of ground level properly closed? E.g., spraying the pit content and any surface extending 2 feet (~60cm) from the pit with an approved insecticide, filling the pit with dirt and packing each layer, and adding another foot of compacted dirt then spraying again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) If tactical situation permits, are the latrines marked "Closed and (date)".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: ADVANCE PARTY PRE-SITE SURVEY (ENVIRONMENTAL)

k. LIQUID WASTE	YES	NO	N/A
(1) Is liquid waste been disposed properly? Example; in 4'x4' soakage pit fitted with rocks to allow percolation into soil.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is grease and scrap food (organic matter) removed by filters/grease traps from liquid waste to avoid the soakage pit from clogging the soil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are soakage pits used in alternate days during prolong deployments to allow liquids to be absorbed into the soil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are soakage pits located at least 100 ft (~30 m) from water or food facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) In places with poor soil percolation, are evaporation beds used instead of soakage pits/trenches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. MEDICAL WASTE

(1) Are medical personnel properly segregating medical waste from general waste at the point of origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is medical waste been disposed in leak proof, puncture resistant, plastic lined receptacle with biohazard symbol and double bagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are sharps disposed directly into rigid puncture resistant, plastic sharp container after use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are sharps containers tamper resistant and disposed of when they are 3/4 th full?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are needles disposed without being clip, cut, bend or recap?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Are medical personnel trained in spill procedures of regulated medical waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Is regulated medical waste storage properly labeled, kept clean and free of pest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Are spill kits at generation/disposal site and within each vehicle used to transport medical waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Is medical waste stored in secured areas or under physical control areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

m. HAZARDOUS MATERIAL WASTE

(1) Are chemical materials stored and disposed properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Is physical protective equipment and MSDS available and properly used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are HM/HW accumulation containers kept closed and open only to add or remove product?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are HM/HW accumulation areas established with proper separation of incompatible material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are all POL (petroleum, oil and lubricants) products stored with secondary containment, i.e. earth / rock berm able to receive 1 1/2 times the volume of the largest container?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Is there a spill prevention and response plan for HW/HM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Are storage containers in good conditions, warning signs and labels in display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Is there a HM/HW manager and does he/she conducts daily inspections to ensure requirements are met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) Is HW locally disposed (by HN) or retrograded to CONUS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

n. OCCUPATIONAL/RECREATIONAL HEALTH AND SAFETY	YES	NO	N/A
(1) Are personnel using safety gear (eye/mouth guards) during recreational activities/contact sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are personnel trained in applying defensive driving techniques CONUS and in foreign countries and wearing seat belts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Are personnel wearing respirator protective equipment if required in their occupational setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are personnel wearing safety goggles or protective eyewear in vehicles w/o windshield or in areas with risk for sandstorm, dust or other particulate matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are noise hazards areas clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Is hearing protection made available, properly used and cleaned?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Are troops properly ventilating spaces where fuel space heaters are being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

o. DISEASE PREVENTION AND SURVEILLANCE

(1) Was the medical readiness program up-to-date before deployment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Are medical personnel conducting medical surveillance, education and patient/contact interviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Is medical personnel conducting pest surveillance for vector identity, prevalence and breeding sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Are preventive medicine personnel maintaining a PM Journal, Water Log, STD / Communicable Disease Log, and Vector Control Log?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Are medical personnel monitoring compliance of prophylaxis programs (TB / Malaria or others)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Is medical personnel collecting DNBI data and submitting Medical Events Reports as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Are there any specific health complaints about air quality such as sore or burning eyes/throat, runny nose or persistent coughing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<hr/> / PRINT LAST NAME, FIRST RANK	<hr/> UNIT (COMMAND)	<hr/> DATE COMPLETED
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2. International Health Specialist Site Survey

USAF International Health Specialist Site Survey Checklist

MISSION INFORMATION

Mission Name/Description	Location	Departure Date	Return Date
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SITE SURVEY REQUIREMENTS

1. Determine and prioritize the type of mission and its objectives and outcome measures (short and long-term). How and when will these outcomes be measured? This section should be completed after the initial site survey to ensure input from key collaborators (Host Nation (HN), ODC, USAID, WHO rep, NGOs, IOs, PVOs, etc...) are incorporated.

(U) Mission Objective(s):

Does Mission support specific
COCOM TSC objectives

Yes No

1. BP BPC

2. BP BPC

3. BP BPC

(U) Measure of Performance:

1. BP BPC

2. BP BPC

3. BP BPC

(U) Measure of Effectiveness:

1. BP BPC

2. BP BPC

3. BP BPC

BP= Building Partnership
BPC=Building Partnership Capacity

2. Meet with the following agencies: (Determine capability, role, requirements & contribution to the mission)

Notes:

A. US EMBASSY:

ODC/SAO--Schedule a meeting with ODC/SAO reps both at the **initial** and **end** of the site survey to provide summary of findings, mission objectives, list of key collaborators, required MOUs and required support.

- Review Mission Objectives (as pertain to country Security Cooperation Plan/Objectives)
- Inquire on ODC's objectives, further guidance/input
- Obtain AAR of medical missions in local area in the past 12 months, including name of key health leaders.
- Obtain list of US Embassy "approved" local NGOs, PVOs or other health agencies for collaboration.
- Cultural factor/info sheet

DATT—Obtain further guidance/input as appropriate

PUBLIC AFFAIRS—Will Embassy PA be involved during the mission? Determine what kind of info (summary activity and/or pictures) PA would need from the team to provide public release.

Notes:

USAID

- Contact country health officer prior to site survey and obtain as much info as possible in advance. If appropriate, contact COCOM Senior Development Advisors (SDAs) for input and priorities.
- Obtain USAID health development plans for the region/country/local area.
- Determine USAID's role and participation in the mission.
- Obtain list of NGOs (IOs, PVOs, other agencies) that USAID is currently working with in the region and types of activities (emergency response-relief, development or multi-sectoral). Obtain specific POCs and local contacts.
- Determine HN health needs and priorities
- Determine if HQ USAID coordination is required, contact oma@usaid.gov
- Be familiar with USAID Nine Principles of Development and Reconstruction Assistance: http://www.usaid.gov/policy/2005_nineprinciples.html

Notes:

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- Determine current CDC plans and activities in the country/local area: <http://www.cdc.gov/globalhealth/>

Notes:

PEACE CORPS

- Determine health activities in the HN and area for collaboration: <http://www.peacecorps.gov/>

Notes:

B. UN AGENCIES. Review the UN Millennium Development Goals: <http://www.un.org/millenniumgoals/>

Notes:

WORLD HEALTH ORGANIZATION (WHO)

- Status of host nation International Health Regulation (IHR) and current effort: <http://www.who.int/ihr/en/>
- Obtain existing health surveillance and surveys for the country/local area

Notes:

UNICEF

- Determine health activities in the HN and area for collaboration: <http://www.unicef.org/>

Notes:

UNDP

- Determine health activities in the HN and area for collaboration: <http://www.undp.org/>

Notes:

UNHCR

- Determine health activities in the HN and area for collaboration
- UN Cluster Approach activities and the Global WASH Cluster Strategic Framework: <http://www.humanitarianreform.org/>

Notes:

- **C. DOD GEIS & DOD OVERSEAS LABORATORY** (coordinate if applicable to mission)
 - DOD Global Emerging Infections Systems: <http://www.geis.fhp.osd.mil/>
 - DOD Influenza Surveillance Program: influenza@brooks.af.mil
 - US Naval Medical Research Unit No. 3 (NAMRU-3)--Cairo, Egypt: <http://namru3.med.navy.mil/>
 - NAMRU-2--Jakarta, Indonesia: <http://www.nhrc.navy.mil/geis/sites/namru2.htm>
 - US Army Medical Research Unit (USAMRU)--Kenya: <http://www.usamrukenya.org/>
 - US Naval Medical Research Center (NMRCDC)--Lima, Peru: <http://www.nmrc.navy.mil/nmrcd.htm>
 - Armed Forces Research Institute of Medical Sciences (AFRIMS)--Bangkok, Thailand: <http://www.afrims.org>

Notes:

- **D. Host Nation Military/Ministry of Defense.**
 - Understand current/anticipated military missions/deployment activities (if mission is a military-training activity)
 - Inquire about current or recent US-HN military health engagement (including any activities with DOD overseas research labs), lessons-learned or proposed next steps
 - Inquire about English skills of military personnel
 - If HN military will play an active role in the mission:
 - Discuss mission objectives
 - Determine HN military health surveillance and force health HN protection procedures (including pre-deployment and post-deployment screening processes)
 - Determine top five health threats for the military in-garrison
 - Determine top five health threats for the military during a typical deployment
 - Determine top five health threats facing the military after a deployment
 - Ask about security, transportation and logistics support
 - Coordinate force protection issues with the military liaison (at billeting, work sites and transportation routes)
 - POC (rank, name and contact info):**

Notes: **(Determine capability, role, requirements & contribution to the mission)**

- **E. Ministry of Health and/or Local Health Representatives.**
 - Inquire about existing health surveillance system
 - Discuss existing health data/top 5 morbidity or mortality
 - Determine HN health needs and priorities
 - Discuss current MOH health priorities and projects (focus on public health and other capacity-building activities)
 - Ask about current collaboration with USAID or other NGOs; specific projects and extent of collaboration
 - Ensure that mission enhances and does not displace any aspect of HN health system
 - Obtain HN commitment to ensure mission builds capacity and leads to sustainability
 - Emphasize that project serves as a catalyst for building capacity/sustainable activity
 - If mission requires direct patient care, ask specifically about Application for Medical Practitioner Registration and any HN standard of care requirements
 - POC (name and contact info):**

Notes: **(Determine capability, role, requirements & contribution to the mission)**

- **F. Ministry of Agriculture.** (coordinate if applicable to mission)

Notes: **(Determine capability, role, requirements & contribution to the mission)**

- **G. Ministry of Education.** (coordinate if applicable to mission)

Notes: **(Determine capability, role, requirements & contribution to the mission)**

- **I. Determine capability, role, requirements & contribution to the mission**

Notes:

- **3. Obtain a point of contact from each area involved (obtain phone numbers, postal addresses & e-mail info).**

Notes

- **4. Define the unit's mission in the AOR and what will be required to accomplish the mission.**

Notes

A. Determine the IHS SEI (specific language requirement) and specialties by AFSC required for the mission based on the epidemiology report and recommendation of the HN and key collaborators.

Notes:

B. Determine the number of personnel by AFSC required for the mission.

Notes:

5. Determine the mission dates (both the ADVON and main team arrival and departure dates).

Notes

6. Determine the date for a cultural activity/language familiarization during the mission.

Notes

7. Determine and coordinate the location of the following:

Notes

A. Work sites: Based on the demographic report for proposed work sites and a validation of the work site infrastructure. Obtain GPS coordinates of worksite(s).

Notes:

B. Billeting (Are credit cards or US currency accepted?).

Notes:

C. Meals.

Notes:

D. Cultural Activities/Language Familiarization.

Notes:

8. Coordinate the following:

Notes:

A. Transportation to and from the AOR and within the AOR.

Notes:

B. Water requirements (Will Services personnel be required? Have water sites been approved?).

Notes:

C. Uniforms for duty hours.

Notes:

D. Attire to and from work sites.

Notes:

E. Weather during the mission.

Notes:

F. Currency issues/ATM available?

Notes:

G. In-country communication.

Notes:

H. Interpreters & Translators. Will training/patient education materials be translated prior to mission? How much lead time is required? Inquire about experience w/ instantaneous interpretation, especially on medical topics. Will US Embassy ODC coordinate contract/funding?

Notes:

9. Draft the mission Memorandum of Understanding for the ODC (as appropriate).

Notes:

MEDICAL INTELLIGENCE

10. Obtain information relevant to the mission regarding the following:
Check AFMIC, CDC websites, TSCMIS, JLLIS (AAR & lessons-learned) and DIMO AARs

Notes:

- A. Health services.

Notes:

- B. Poisonous fish and plants.

Notes:

- C. Water supply.

Notes:

- D. Food and dairy products.

Notes:

- E. Sewage disposal.

Notes:

- F. Prevalent diseases.

Notes:

- G. Local restaurants.

Notes:

- H. Insects and animals affecting health.

Notes:

- I. Other Preventive Medicine issues.

Notes:

FORCE PROTECTION

11. Obtain information relevant to the mission regarding the following:

Notes:

- A. Hospital/clinic/work site security.
Local & International SOS Number

Notes:

- B. Patient Movement For US Forces (SOS, USAF, US Navy)

Notes:

Contact Numbers:

- C. Billeting security.

Notes:

- D. Personnel security.

Notes:

- E. Security to and from the work site(s).

Notes:

- F. Terrorist threats.

Notes:

HOSPITAL/CLINIC

12. Obtain information relevant to the mission regarding the following:

Notes: Any areas that require minor repairs (value to include CE on the mission?)

A. Hospitals/clinics in country (bed size, capabilities, etc.).

Notes:

B. Location.

Notes:

C. Days/hours of operation.

Notes:

D. Referral hospitals/clinics.

Notes:

E. Military medical support availability.

Notes:

F. Auxiliary support availability...laboratory...blood bank (x-match, antibodies screen, agreement for support)

Notes:

G. Civilian medical support availability.

Notes:

H. Hospital bed occupancy rates.

Notes:

I. Outlets/voltage.

Notes:

J. Equipment (type, condition, etc.).

Notes:

K. Water availability and quality.

Notes:

L. Translators/Interpreters availability.

Notes:

OPERATING ROOM (For surgical mission)

13. Obtain information relevant to the mission regarding the following:

Notes:

A. Operating room availability.

Notes:

B. Sterilization facility availability.

Notes:

C. Scrub facility availability.

Notes:

D. Anesthesia support availability.

Notes:

E. Anesthesia machine availability.

Notes:

F. Outlets/voltage.

Notes:

G. Suction/cautery.

Notes:

H. Tables/stools.

Notes:

I. Recovery area.

Notes:

J. Air conditioning.

Notes:

K. Water availability and quality.

Notes:

L. Staff support/medical interpreters.

Notes:

SUMMARY

14. Provide a summary/list of key collaborators, their capabilities, role and the requirements for the mission.

Notes:

	Roles	Capabilities	Requirements
USG			
NGO			
HN			

Assessment Completed By: _____ Date: _____

Admin:

- Who is the official sponsor of the team?
- Force Protection (FP) at execution site?
- FP at billeting site?
- Where is appropriate billeting available near execution site?
- Transportation requirements?
- Local communications/cell phones?
- Admin support (computers, printers, copiers, fax, etc. as required)?
- Public Affairs, cameras, documentation, etc.?
- Supply/equipment shipping, receiving/customs, storage?
- Execution site supply storage/protection and distribution?
- Will there be official functions, will the Ambassador visit, opening/closing ceremonies, host/no-host social events, etc.?

Mission execution:

- First and foremost, determine who the key personnel are and who they represent, make sure the embassy gets you their info (with names spelled correctly).
- Clearly define mission objectives and determine measures of performance and measure of effectiveness. Ensure that project builds capacity and leads to sustainability.
- Make sure HN and local collaborators (USAID, WHO, NGOs, others...) support the mission and commit to the follow-on activities for capacity-building and sustainability.
- Team composition? What they expect and what you can provide. Utilize the IHS SEI database to identify language-specific skills and AFSC requirements.
- Survey OR/CSR/Recovery/ward for adequate equipment/space/support (if applicable).
- If patient care is required, list proposed patient/procedures/disease types.
- List available equipment (type, mfg, model, available power supply) and assess the state of readiness. It would be much more preferable (as far as

logistics are concerned) to use local equipment. Also a major consideration is that you don't want to bring in a bunch of equipment and conduct procedures that the HN personnel will not be able to learn/duplicate after your team leaves. No value added.

-Negotiate the responsibilities up front; who will select cases, prep patients, recover, post op care, ward care, educate, therapy, etc...(coord w/ HN & local NGOs)

-Are surgical victims available at proposed site, can they be brought to the site?

You can also use OHDACA money to fund local travel for patients to get them to the site, you will need to control that tightly so that they don't surprise you with a huge bill. Should be worked out before execution with the HN proposing possible cases that would require transportation support with an estimated cost for approval.

-Review the WHO Essential Medication List and Formulary (if applicable).

-Credentialing requirements?

-Workspace and accommodations for changing clothes, meeting, training, eating, etc. for the team while on site?

-Translators, how many, who provides? May not be an issue in some countries.

-Based on the MOU/agreement as to who will do what and what the expected patient numbers and types are, determine what equipment, consumables, and medications you will need to bring.

-Local medical re-supply? Set up an account with an Embassy approved local supplier and provide them a list of possible supply requirements about a month prior to execution. Purchase most basic supplies (depending on quality of local supplies) from a local supplier (economic boost), especially fluids (heavy).

-MIPR money to the Embassy so that they can set you up an account and issue you a purchase card for local buys.

Things that sometimes happen:

-Medicine and consumables are of great value; host members may want them and not always for humanitarian reasons. They may try and charge patients for your services.

-Local system may be built on conflicts of interest, be aware that some may try to personally benefit from the mission.

-Is gender an issue?

3. Civil Affairs Hasty Assessment for Disaster Assistance and Dislocated Civilians

The following are assessment formats used by Civil Affairs Teams in operations. This list is only a guide and does not include every possible assessment format. For more details, see USAID's Field Operator's Guide (FOG).

1. Victims/Displaced Population Profile

- Determine the approximate number of displaced people.
- Determine their locations. Are they moving? To where? How many
- Determine how many are arriving per week. How many more could come?
- Determine how they are arriving. Are they scattered individuals or families, clans, tribal, ethnic, or village groups, and by what means are they travelling? How did those already there survive? What is the average family size?
- Determine the approximate numbers and ages of men, women, children (ages 0-5, 6-14, 15 and over).

- Identify ethnic/geographic origin (urban or rural):
- Sedentary or nomadic background?
- What is the average family/household size?
- What are their customary skills?
- What is the language(s) used?
- What is the customary basic diet?
- What is the customary shelter?
- What are the customary sanitation practices?
- Determine how many there have been deaths in the past week.
- Determine how many children under 5 died in the same period.
- Determine the main cause of death for each group.
- Determine whether measles vaccinations have been or will be provided. If provided, give dates of vaccinations.
- Incidence of diarrhea among adults and children.
- Determine the most common diseases among children and adults.
- Determine what the displaced population has as personal property and what they lost as a result of the disaster.
- Estimate the number and types of blankets needed (according to climatic conditions).
- Identify what blankets are available within the country from personal, commercial, PVO/NGO/IO, or government stocks.
- Determine what is needed from external sources for blankets.
- Describe the clothing traditionally worn, by season and area.
- If clothing is needed, estimate the amount by age group and sex.
- If clothing is needed, determine if used clothing is acceptable and if so, for which groups.
- Describe normal heating/cooking practices.
- Determine whether heating equipment and/or fuel are required.
- Estimate types and quantities of heating equipment and fuel needed over specific time period.
- Determine appropriate fuel storage and distribution mechanisms.
- Identify what fuel is available locally.
- Identify what is needed from external sources.
- Determine if other personal effects, such as cooking utensils, soap, and small storage containers, are needed.
- Determine if the DCs have brought any financial assets. (Are assets convertible to local currency).
- Determine if livestock was brought along.
- Determine if shelter materials were brought along.
- Determine if other modes of transport, i.e. car, bike, or boats were brought along, and the primary.

2. Health

- Ascertain demographic information:
 - Total number affected
 - Age-sex breakdown (5, 5-14, 15 and over).
 - Identification of at-risk population (e.g. children under 5 years of age, pregnant and lactating women, disabled and wounded persons, and unaccompanied minor).
 - Average family or household size.
 - Rate of new arrivals and departures.
- Determine background health information:
 - Main health problems in home area.
 - Previous sources of health care (e.g. traditional healers).
 - Important health beliefs and traditions (e.g. food taboos during pregnancy).
 - Social structure (e.g. whether the displaced are grouped in their traditional villages and what type of social or political organization exists).
 - Strength and coverage of public health programs in home area (immunization).
- Mortality rate:
 - Determine the crude age-, sex-, and cause-specific mortality rates.
- Morbidity rate:
 - Determine the age- and sex-specific incidence rates of diseases that have public health importance (see Disease Annex at the end of this chapter).
 - Document the method of diagnosis (clinical judgment, laboratory test, or rumors).
- Immunization programs:
 - Determine the need for immunization programs or the effectiveness and coverage (percent of children under 5, 5-14) of those in place, especially measles vaccinations.
 - Dates of vaccinations.
 - Determine the capability of relief officials to begin/sustain a program (e.g. log. infrastructure and cold chain availability).
 - Determine or estimate number of major injuries and rate for each type of injury. Specify traumatic injuries requiring surgery or hospitalization (e.g. fracture, head injury, internal injuries).
 - Determine number and locations of health facilities that existed prior to the disaster.
 - Determine number of facilities that are still functioning and the total number of usable beds.
 - Determine number of indigenous health personnel who are available.
 - Determine amount and type of medical supplies and drugs that are available on-site or in country.
 - Determine additional amount and type of medical supplies and drugs needed immediately from sources outside the stricken area.
 - Determine what additional medical equipment is needed and can be readily obtained to deal with major.
- **Suggested data sources:**
 - National/provincial health officers
 - Hospitals.
 - Clinics.

Traditional healers.

Local leaders.

Fly-over

Walk-through surveys.

Environmental conditions.

Determine climatic conditions.

- Identify geographic features and influences.
- Identify water sources.
- Ascertain the local disease epidemiology
- Identify local disease vector.
- Assess local availability of materials for shelter and fuel.
- Determine if a health information system is in place to monitor affected population and provide surveillance and intermittent population-based sample surveys which should:
 - Follow trends in the health status of the population and establish health care priorities.
 - Detect and respond to epidemics.
 - Evaluate program effectiveness and coverage.
 - Ensure that resources go to the areas of greatest need.
 - Evaluate the quality of care delivered.
- Determine if the affected country has in place or plans to begin programs in:
 - Health information system.
 - Diarrhea disease control.
 - Expanded Programs on Immunization (EPI)
 - Control or endemic diseases
 - Nutrition programs.
 - Continuing education programs for health workers.
 - Vector control.

3. Nutrition

- Determine the prevalence of Protein Energy Malnutrition (PEM) in population less than 5 years of age.
 - Ascertain prior nutritional status.
 - Determine prevalence of micro-nutrient deficiencies in the population less than 5 years of age (e.g. scurvy, anemia, pellagra).
 - Determine percentage of children under 5 years of age with:
 - Either moderate or severe acute malnutrition
 - Either moderate or severe chronic malnutrition.
 - Determine the average daily ration (food basket and calories/person/day) and method and intervals of distribution (e.g. wet/dry on a daily/weekly/monthly basis).
 - Determine length of time this ration level has been available.
 - Determine the attendance and effectiveness of supplementary and therapeutic feeding programs.
 - Determine incidence of low birth weight.

- Determine rate of weight gain or loss of children registered in Maternal Child Health (MCH) clinics.
- Determine ORS needs and distribution system.

4. Water & Displaced Population Situation

- Determine the amount of water available per person per day.
- Determine the source and quality of the water.
- Determine how long the daily amount has been available.
- Determine evidence of water-related diseases.
- Determine length of time users wait for water.
- Determine types of wells, transportation, and/or storage systems used.
- Determine if there are problems with well repair/rehabilitation.
- Determine if there is equipment/expertise on site, on order, available if needed.
- Determine availability of additional sources of safe water if required.
- Determine the need for water engineers to assist with evaluating requirements.