

FM 21-10
MCRP 4-11.1D

FIELD HYGIENE AND SANITATION

**HEADQUARTERS, DEPARTMENT OF THE ARMY
AND COMMANDANT, MARINE CORPS**

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PREFACE

The purpose of this publication is to assist individual service members, unit commanders, unit leaders, and field sanitation teams (FSTs) in preventing disease and nonbattle injury (DNBI). The publication provides information on preventive medicine measures (PMM)

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for the individual service member as well as essential information for the unit commander, unit leaders, and the FST on applying unit-level PMM.

When a problem exists beyond unit capabilities, the brigade or division preventive medicine (PVNTMED) section or corps PVNTMED detachments should be called upon to assist in countering the threat.

The use of trade names or trademarks does not constitute endorsement by the Department of Defense (DOD).

Unless this publication states otherwise, masculine nouns and pronouns do not refer exclusively to men.

The proponent of this publication is the United States (US) Army Medical Department Center and School. Submit changes for improving this publication on Department of the Army (DA) Form 2028 and forward it directly to **Commander, US Army Medical Department Center and School, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-6175.**

CHAPTER 1

INTRODUCTION TO THE MEDICAL THREAT**Section I. MESSAGE TO THE UNIT COMMANDER****DISEASE AND NONBATTLE INJURY**

A DNBI casualty can be defined as a military person who is lost to an organization by reason of disease or injury, and who is not a battle casualty. This definition includes persons who are dying of disease or injury due to accidents directly related to the operation or mission to which they were deployed. The acronym, DNBI, does not include service members missing involuntarily because of enemy action or being interned by the enemy (as a prisoner of war). The total number of DNBI casualties is evaluated to identify DNBI rates per number of service members in an operation. The DNBI rates are critical in evaluating the effectiveness of PVNTMED missions within the area of operations (AO) and in determining the health of a force within an operation.

Historically, in every conflict the US has been involved in, only 20 percent of all hospital admissions have been from combat injuries. The other 80 percent have been from DNBI. Excluded from these figures are vast numbers of service members with decreased combat effectiveness due to DNBI not serious enough for hospital admission.