

FM 4-02 (FM 8-10)

FORCE HEALTH
PROTECTION
IN A GLOBAL
ENVIRONMENT

HEADQUARTERS, DEPARTMENT OF THE ARMY

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PREFACE

This field manual (FM) provides the keystone doctrine for force health protection (FHP) in a global environment (FHPGE) in support of the Force Projection Army. Force health protection in a global environment is the overarching concept of support for providing timely medical support to the tactical commander; it is executed by the health service support (HSS) system. It discusses the current HSS force structure modernized under the Department of the Army (DA)-approved Medical Reengineering Initiative (MRI) and Force XXI redesign initiatives. This publication further addresses future capabilities and requirements.

As the Army’s keystone FHPGE doctrine statement, this publication identifies functions and procedures essential for operations covered in other Army Medical Department (AMEDD) functional area and reference manuals. This publication depicts HSS operations from the point of injury, illness, or wounding through successive levels of care within the theater and evacuation to the continental United States (CONUS) support base. It presents a stable body of operational doctrine rooted in actual military experience and serves as a foundation for the development of tactics, techniques, and procedures manuals. It also provides information on homeland security, antiterrorism, and force protection.

This publication is for use by HSS commanders and their staffs, command surgeons, and nonmedical unit commanders and their staffs. It is to be used as a guide in obtaining as well as providing HSS in a theater of operations (TO). Information in this publication is applicable to the full spectrum of military operations. It is compatible with the Army’s combat service support (CSS) doctrine in support of the Force Projection Army and is in consonance with Joint Health Service Support (JHSS) Vision and doctrine as provided in Joint Publication 4-02.

This publication implements or is in consonance with the following North Atlantic Treaty Organization (NATO) Standardization Agreements (STANAGs), American, British, Canadian, and Australian (ABCA) Quadripartite Standardization Agreements (QSTAGs), and Quadripartite Advisory Publication (QAP) 82, *ABCA Armies Medical Interoperability Handbook*.

TITLE	STANAG	QSTAG
Identification of Medical Materiel to Meet Urgent Needs		248
Blood Supply in the Area of Operations		815
Identification of Medical Materiel for Field Medical Installations	2060	248
Emergency War Surgery	2068	322
NATO Table of Medical Equivalents—AMedP-1(E)	2105	
Multilingual Phrase Book for Use by the NATO Medical Services—AMedP-5(B)	2131	

TITLE	STANAG	QSTAG
Documentation Relative to Medical Evacuation, Treatment, and Cause of Death of Patients	2132	470
Regulations and Procedures for Road Movements and Identification of Movement Control and Traffic Control Personnel and Agencies—AMovP-1	2454	
Orders for the Camouflage of the Red Cross and Red Crescent on Land in Tactical Operations	2931	
Medical Requirements for Blood, Blood Donors and Associated Equipment	2939	
Aeromedical Evacuation	3204	

The proponent of this publication is the United States (US) Army Medical Department Center and School (USAMEDDC&S). Send comments and recommendations in a letter format directly to **Commander, USAMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-5052**, or at e-mail address: Medicaldoctrine@amedd.army.mil. All recommended changes should be keyed to the specific page, paragraph, and line number. A rationale should be provided for each recommended change to aid in the evaluation of that comment.

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

The AMEDD is in a transitional phase with terminology. This publication uses the most current terminology; however, other FM 4-02-series and FM 8-series may use the older terminology. Changes in terminology are a result of adopting the terminology currently used in the joint and/or NATO and ABCA Armies publication arenas. Therefore, the following terms are synonymous—

- Health service support and combat health support (CHS).
- Health service logistics (HSL) and combat health logistics (CHL).
- Levels of care, echelons of care, and roles of care.

CHAPTER 1

FORCE HEALTH PROTECTION

1-1. Overview

Force health protection is comprised of the military health system's (MHS) capabilities to deliver health care across the continuum of military operations. Force health protection encompasses the pillars of a healthy and fit force, casualty prevention, and casualty care and management.

1-2. Joint Vision 2020

Joint Vision 2020 promulgated by the Chairman, Joint Chiefs of Staff (CJCS), provides the overarching guidance to synchronize the efforts of each Service in doctrine, organizational design, capabilities, and requirements for future operations. In a resource constrained environment, Joint Vision 2020 maximizes the individual Service contribution, leverages technology, and channels human vitality and innovation to effectively accomplish the joint mission.

1-3. Joint Health Service Support Vision

a. The JHSS Vision is currently under revision to support the new Joint Vision 2020. It will describe how the MHS will support and perform health care delivery across the full spectrum of military operations. The JHSS Vision is the conceptual framework for developing and providing medical services to support the combatant commander's warfighting mission. It provides the focus for the Services, commands, and defense health agencies to ensure a unity of effort by all participants in accomplishing the health care delivery mission.

b. One of the keys of the previous JHSS concept was to provide *definitive care* in the TO and to return the greatest number of soldiers to duty as possible within the stated theater evacuation policy. In order to support force projection operations, to decrease the size of the medical footprint within the theater, and to provide FHP during military operations other than war (MOOTW), the concept has shifted to providing *essential care* within the theater and to medically evacuate patients to CONUS or another safe haven for definitive care. Returning soldiers to duty within the stated theater evacuation policy is still a key element of the JHSS concept, but it is recognized that with a shortened evacuation policy (7 days in the combat zone [CZ] and 15 in echelons above corps) the number of soldiers able to return to duty (RTD) will be decreased and a stronger reliance on timely medical evacuation with en route medical care will be required. For a discussion of definitive versus essential care and the Joint Readiness Clinical Advisory Board (JRCAB) Deployable Medical Systems (DEPMEDS) Administrative Procedures, Clinical and Support Guidelines, and Patient Treatment Briefs, refer to Appendix A. To obtain a copy of the JRCAB DEPMEDS Administrative Procedures, Clinical and Support Guidelines, and Patient Treatment Briefs, go to the JRCAB website at: <http://www.armymedicine.army.mil/jrcab/d-prod.htm>.

1-4. Healthy and Fit Force

In a constrained resource environment, a healthy and fit force is essential to ensure mission accomplishment and to maximize the effectiveness of limited manpower. Starting with entry into the Army and continuing