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PREVENTIVE MEDICINE SERVICES

HEADQUARTERS, DEPARTMENT OF THE ARMY

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PREFACE

This field manual (FM) provides information on the mission, organization, and responsibilities for preventive medicine (PVNTMED) support operations throughout the operational continuum. It is directed toward the commanders at all levels of deployment, their staffs, the command surgeons, the PVNTMED planning staffs at the Army, joint, combined, allied, and coalition staff levels, and to the individual soldier and unit leaders on their role in the application of preventive medicine measures (PMM). It further defines each staff element of PVNTMED and lists the functions, capabilities, and management requirements associated with each. It provides procedures for directing, controlling, and managing PVNTMED assets within the area of operations (AO).

This publication outlines the functions and operations of each PVNTMED section and how it integrates its activities in support of those operations.

This publication contains tactics, techniques, and procedures relative to PVNTMED support in the following specific areas:

- Unit and area PVNTMED support to the sustaining base, the combat zone (CZ), and at echelons above corps (EAC).
- The organization, mission, functions, capabilities, and employment of PVNTMED units and tables of distribution and allowances (TDA) activities.
- Preventive medicine support in disaster relief.
- Preventive medicine staff functions.
- The relationship between PVNTMED staffs and the surgeons at each level of command.
- The command and technical relationship to supported and supporting units.
- The PVNTMED role in civil-military operations (CMO).
- Preventive medicine mobilization procedures.
- Preventive medicine support in stability operations and support operations.

This publication is in agreement with the following North Atlantic Treaty Organization (NATO) Standardization Agreements (STANAGs) and American, British, Canadian, and Australian (ABCA) International and Quadripartite Standardization Agreements (QSTAGs):

NATO STANAG	ABCA QSTAG	TITLE
2037		Vaccination of NATO Forces
2048		Chemical Methods of Insect and Rodent Control–AMedP-3
2050		Statistical Classification of Diseases, Injuries, and Causes of Death
2136	245	Minimum Standards of Water Potability in Emergency Situations
2885		Emergency Supply of Water in War
2908		Preventive Measures for an Occupational Health Programme
2981		Prevention of Cold Injury
	889	Essential Field Sanitary Requirements

The staffing and organization structure presented in this publication reflects those established in base table(s) of organization and equipment (TOE). However, such staffing is subject to change to comply with manpower requirements criteria outlined in Army Regulation (AR) 71-32 and can be subsequently changed by your modification table(s) of organization and equipment (MTOE).

As the Army Medical Department (AMEDD) transitions to the 91W military occupational specialty (MOS), positions for 91B and 91C will be replaced by 91W when new unit MTOE take effect.

Users of this publication are encouraged to submit comments and recommendations to improve the publication. Comments should include the page, paragraph, and line(s) of the text where the change is recommended. The proponent for this publication is the United States (US) AMEDD Center and School (AMEDDC&S). Comments and recommendations should be forwarded directly to: **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-6175,** or by using the E-mail addresses on the Doctrine Literature website at *http://dcdd.amedd.army.mil/index1.htm* (click on Doctrine Literature).

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

Use of trade or brand names in this publication is for illustrative purposes only and does not imply endorsement by the Department of Defense (DOD).

CHAPTER 1

MEDICAL THREAT

1-1. General

a. The term *medical threat* is defined as "a collective term used to designate all potential or continuing enemy actions and environmental situations that could adversely affect the combat effectiveness of friendly forces, to include wounds, injuries, or sickness incurred while engaged in a joint operation." (Joint Publication 4-02). In Army and multiservice publications, the term is defined as a composite of all ongoing potential enemy actions and environmental conditions (disease and nonbattle injuries [DNBIs]) that may render a soldier combat ineffective. Commanders and unit leaders are responsible for protecting and preserving Army personnel and equipment against injury, damage, or loss that may result from food-, water-, and arthropodborne diseases, as well as environmental injuries (for example, heat and cold injuries) and occupational hazards.

b. The term *health threat* refers to an individual soldier's health. The term can include hereditary conditions which manifest themselves in adulthood, individual exposure to an industrial chemical or toxin where others are not exposed, or other injuries and traumas which affect an individual's health rather than the health of the unit. For example, an individual who has a food allergy inadvertently eats the offending food; he may become incapacitated with diarrhea but the remainder of the unit is not affected by this condition. On the other hand, in a unit where 40 to 50 percent of its personnel contract *Salmonella* (an infectious disease), the unit can no longer complete its mission. A *health threat* may be more individualized in nature and may not be of any military significance. The significant difference in these terms lies with the effects on the ability of a military unit to successfully execute its mission.

c. The elements of the medical threat include infectious diseases that occur naturally, but are not limited to—

- Diseases endemic to the AO.
- Environmental factors (heat, cold, humidity, and significant elevations above sea level).
- Diseases caused by zoonotic/animal bites.
- The presence of poisonous animals, plants, and insects. (These are important considerations as causative agents of DNBI casualties.)
- Diseases stemming from weapons of mass destruction (WMD) (such as nuclear, biological, and chemical [NBC], and directed-energy [DE] weapons/devices such as radiation composed of three types—radio frequency, laser, and charged particle beam). Blast effect weapons, such as fuel and air explosives, represent an emerging medical threat. This includes terrorist (individuals or groups) actions directed against defenseless targets.
- Prolonged periods of intense, continuous operations under all types of conditions that tax soldiers to the limits of their physiological and emotional endurance.