

FM 8-42

**COMBAT HEALTH SUPPORT
IN
STABILITY OPERATIONS
AND
SUPPORT OPERATIONS**

HEADQUARTERS, DEPARTMENT OF THE ARMY

DISTRIBUTION RESTRICTION: Approved for public release; distribution is unlimited.

COMBAT HEALTH SUPPORT IN STABILITY OPERATIONS AND SUPPORT OPERATIONS

TABLE OF CONTENTS

	Page
PREFACE	vii
CHAPTER 1. COMBAT HEALTH SUPPORT PERSPECTIVE	1-1
1-1. General	1-1
1-2. Stability and Support Operations	1-1
1-3. Principles	1-2
1-4. Logistics Preparation of the Theater	1-4
1-5. Medical Threat Assessment	1-4
1-6. Foundations for Combat Health Support Programs	1-7
1-7. Command Surgeon	1-8
1-8. Command Surgeon's Role	1-10
1-9. Army Medical Department Battlefield Rules	1-12
1-10. The Law of Land Warfare	1-12
CHAPTER 2. COMBAT HEALTH SUPPORT OPERATIONS	2-1
2-1. General	2-1
2-2. Planning and Preparing for Contingency Operations	2-1
2-3. Task Organization of Elements	2-2
2-4. Medical Evacuation Support	2-3
2-5. Patient Treatment, Stabilization, and Holding	2-4
2-6. Preventive Medicine	2-5
2-7. Combat Health Logistics	2-5
2-8. Veterinary Support	2-5
2-9. Combat Stress Control	2-6
CHAPTER 3. COMBAT HEALTH SUPPORT TO STABILITY OPERATIONS AND SUPPORT OPERATIONS	3-1
3-1. General	3-1
3-2. Noncombatant Evacuation Operations	3-1
3-3. Domestic Support Operations	3-2

DISTRIBUTION RESTRICTION: Approved for public release; distribution unlimited.

*This publication supersedes FM 8-42, 4 December 1990.

		Page
	3-4.	Foreign Humanitarian Assistance 3-5
	3-5.	Security Assistance 3-7
	3-6.	Nation Assistance 3-7
	3-7.	Support to Counterdrug Operations 3-11
	3-8.	Combatting Terrorism 3-11
	3-9.	Peace Support Operations 3-14
	3-10.	Show of Force 3-17
	3-11.	Support for Insurgencies and Counterinsurgencies 3-17
	3-12.	Attacks and Raids 3-23
CHAPTER	4.	SPECIFIC FUNCTIONAL AREA CONSIDERATIONS IN STABILITY OPERATIONS AND SUPPORT OPERATIONS 4-1
Section	I.	Command, Control, Communications, Computers, and Intelligence 4-1
	4-1.	General 4-1
	4-2.	Considerations 4-1
Section	II.	Patient Evacuation and Medical Regulating 4-2
	4-3.	General 4-2
	4-4.	Patient Evacuation and Medical Regulating Support to Stability and Support Operations 4-2
Section	III.	Hospitalization and Treatment 4-4
	4-5.	General 4-4
	4-6.	Nonphysician Health Care Practitioners 4-4
	4-7.	Hospitalization and Medical Treatment in Support of Stability and Support Operations 4-6
Section	IV.	Preventive Medicine 4-9
	4-8.	General 4-9
	4-9.	Medical Threat 4-10
	4-10.	Preventive Medicine Support to Stability and Support Operations 4-12
Section	V.	Veterinary Support 4-16
	4-11.	General 4-16
	4-12.	Veterinary Support to Stability and Support Operations 4-17
Section	VI.	Dental Support 4-22
	4-13.	General 4-22
	4-14.	Dental Assessment 4-22
	4-15.	Dental Support to Stability and Support Operations 4-23
Section	VII.	Combat Stress Control and Mental Health Services 4-24
	4-16.	General 4-24
	4-17.	Combat Stress Control Support to Stability and Support Operations 4-25
Section	VIII.	Combat Health Logistics 4-27
	4-18.	General 4-27
	4-19.	Combat Health Logistics Support to Stability and Support Operations 4-27

		Page
Section	IX. Medical Laboratory Support	4-30
	4-20. General	4-30
	4-21. Medical Laboratory Support to Stability and Support Operations	4-31
APPENDIX	A. ANTITERRORISM AND FORCE PROTECTION	A-1
	A-1. General	A-1
	A-2. Terrorism Considerations	A-1
	A-3. Estimate of the Situation for a Security Assessment	A-1
	A-4. Force Protection and Security Measures	A-3
APPENDIX	B. INTERAGENCY OPERATIONS	B-1
	B-1. General	B-1
	B-2. Unity of Effort	B-1
	B-3. Operations Within the United States	B-1
	B-4. Operations Outside the United States	B-3
	B-5. Military Effort	B-4
	B-6. Combat Health Support Implications in Interagency Operations	B-5
APPENDIX	C. RISK ASSESSMENT	C-1
	C-1. General	C-1
	C-2. Risk Assessment	C-1
	C-3. Rules of Risk Assessment	C-1
	C-4. Three-Tier Approach	C-2
	C-5. Levels of Risk	C-3
	C-6. Factors to Consider in Risk Assessment	C-4
APPENDIX	D. MULTINATIONAL OPERATIONS	D-1
	D-1. General	D-1
	D-2. Alliances and Coalitions	D-1
	D-3. Command Structure of Multinational Forces	D-1
	D-4. Rationalization, Standardization, and Interoperability	D-3
	D-5. Combat Health Support Issues	D-5
	D-6. Combat Health Support Considerations	D-6
APPENDIX	E. COMBAT HEALTH SUPPORT ASSESSMENT CHECKLIST	E-1
	E-1. General	E-1
	E-2. Sample Medical Assessment Checklist	E-1
APPENDIX	F. COMBAT HEALTH SUPPORT ASSESSMENT PLANNING FOR STABILITY OPERATIONS AND SUPPORT OPERATIONS	F-1
Section	I. Combat Health Support Estimate	F-1
	F-1. General	F-1

		Page
	F-2. Sample Format for the Combat Health Support Estimate	F-2
	F-3. Sample Format for the Veterinary Estimate	F-11
	F-4. Sample Format for the Preventive Medicine Estimate	F-17
	F-5. Sample Format for the Dental Estimate	F-26
	F-6. Sample Format for the Combat Stress Control Estimate	F-31
	F-7. Sample Format for the Combat Health Logistics Estimate	F-37
Section	II. Combat Health Support Plan	F-44
	F-8. General	F-44
	F-9. Sample Format for the Combat Health Support Plan	F-44
	F-10. Sample Format for the Veterinary Service Portion of the Combat Health Support Plan	F-50
	F-11. Sample Format for the Preventive Medicine Portion of the Combat Health Support Plan	F-51
	F-12. Sample Format for the Dental Service Portion of the Combat Health Support Plan	F-53
	F-13. Sample Format for the Combat Stress Control Portion of the Combat Health Support Plan	F-54
	F-14. Sample Format for the Combat Health Logistics Portion of the Combat Health Support Plan	F-55
APPENDIX	G. NUCLEAR, BIOLOGICAL, AND CHEMICAL CONSIDERATIONS	G-1
	G-1. Threat	G-1
	G-2. Biological Warfare Agents	G-1
	G-3. Chemical Warfare Agents	G-2
	G-4. Nuclear Weaponry	G-4
	G-5. Operations Under Nuclear, Biological, and Chemical Conditions	G-4
	G-6. Civilian Disasters	G-4
APPENDIX	H. SAMPLE CHECKLIST FOR DEPLOYMENT FOR COMBAT HEALTH SUPPORT OPERATIONS	H-1
	H-1. General	H-1
	H-2. Sample Predeployment Checklist	H-1
APPENDIX	I. SPECIALTY RESPONSE TEAMS	I-1
	I-1. General	I-1
	I-2. Responsibilities	I-1
	I-3. Requests for Assistance	I-1
	I-4. Team Composition and Specialty-Specific Equipment	I-2
	I-5. Deployability and Continuous Operations	I-2
	I-6. Administrative Support and Requirements	I-3
	I-7. Equipment	I-4
	I-8. Training	I-4

		Page
	I-9. Trauma/Critical Care Specialty Response Team	I-5
	I-10. Burn Specialty Response Team	I-5
	I-11. Preventive Medicine Threat Assessment Specialty Response Team	I-6
	I-12. Chemical/Biological Specialty Response Team	I-7
	I-13. Stress Management Specialty Response Team	I-8
	I-14. Telemedicine Specialty Response Team	I-10
	I-15. Food Safety, Veterinary Preventive Medicine, and Animal Health Care Specialty Response Team	I-11
APPENDIX	J. MASS CASUALTY SITUATIONS	J-1
	J-1. General	J-1
	J-2. Mass Casualty Management	J-1
	J-3. Triage Categories	J-2
	J-4. Control Element	J-4
	J-5. Establishing Triage, Treatment, and Holding Areas	J-5
	J-6. Medical Evacuation	J-6
	J-7. Disposition of Remains	J-8
APPENDIX	K. UNITED STATES DISASTER ASSISTANCE OPERATIONS	K-1
	K-1. General	K-1
	K-2. Administrative Support	K-1
	K-3. Priorities of Support	K-2
	K-4. Disaster Relief Task List and Status Board	K-2
APPENDIX	L. SELECTED SECTIONS OF TITLE 10, UNITED STATES CODE, PERTAINING TO HUMANITARIAN ASSISTANCE	L-1
	L-1. Humanitarian Assistance under Title 10, United States Code, Section 401	L-1
	L-2. Transportation for Humanitarian Relief Supplies under Title 10, United States Code, Section 402	L-2
	L-3. Foreign Disaster Assistance under Title 10, United States Code, Section 404	L-3
	L-4. Excess Nonlethal Supplies for Humanitarian Relief under Title 10, United States Code, Section 2547	L-3
	L-5. Humanitarian Assistance under Title 10, United States Code, Section 2551	L-4
APPENDIX	M. MEDICAL MISSION RECONNAISSANCE CHECKLIST	M-1
	M-1. General	M-1
	M-2. Sample Medical Mission Reconnaissance Checklist	M-1
APPENDIX	N. COMBAT HEALTH SUPPORT OF SPECIAL OPERATIONS FORCES	N-1

		Page
N-1.	Special Operations	N-1
N-2.	Department of the Army Special Operations Forces	N-1
N-3.	The Threat to Special Operations Forces	N-1
N-4.	Special Operations Forces Missions	N-2
N-5.	Command and Control	N-3
N-6.	Army Special Operations	N-3
N-7.	Organic Combat Health Support Capability	N-4
N-8.	Planning for Combat Health Support of Special Operations Forces	N-6
N-9.	Patient Evacuation and Medical Regulating	N-6
N-10.	Hospitalization	N-7
N-11.	Combat Stress Control	N-7
N-12.	Preventive Medicine	N-7
N-13.	Medical Intelligence	N-7
N-14.	Veterinary Services	N-8
N-15.	Medical Laboratory Services	N-8
N-16.	Combat Health Logistics and Blood Management	N-8
N-17.	Dental Services	N-8
N-18.	Interrelated Missions	N-9
N-19.	Unconventional Warfare	N-9
N-20.	Foreign Internal Defense	N-9
N-21.	Counterterrorism	N-10
N-22.	Direct Action	N-11
N-23.	Special Reconnaissance	N-11
APPENDIX O.	COMBAT STRESS CONTROL ACTIVITIES BY PHASE OF THE OPERATION	O-1
APPENDIX P.	DEVELOPMENT OF MEDICAL ELEMENT TACTICAL STANDING OPERATING PROCEDURES	P-1
P-1.	General	P-1
P-2.	Purpose of the Tactical Standing Operating Procedure	P-1
P-3.	Format for the Tactical Standing Operating Procedure	P-2
P-4.	Orientation of Newly Assigned Personnel	P-3
P-5.	Tactical Standing Operating Procedure (Sections)	P-4
P-6.	Tactical Standing Operating Procedure (Annexes)	P-5
GLOSSARY	Glossary-1
REFERENCES	References-1
INDEX	Index-1

PREFACE

This field manual (FM) establishes the combat health support (CHS) doctrine and provides the principles for providing CHS in stability operations and support operations. It is designed for use by personnel involved in CHS planning for stability operations and support operations and command surgeons (at all levels of command) and their staffs.

The proponent of this publication is the United States (US) Army Medical Department Center and School (AMEDDC&S). Send comments and recommendations on Department of the Army (DA) Form 2028 directly to the **Commander, AMEDDC&S, ATTN: MCCS-FCD-L, 1400 East Grayson Street, Fort Sam Houston, Texas 78234-6175.**

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

COMBAT HEALTH SUPPORT PERSPECTIVE**1-1. General**

Although the Army's primary focus is to fight and win our nation's wars, it is often employed in stability and support operations. In stability and support operations, the Army executes missions in both peace and conflict: what combat does occur is limited to the minimum necessary to support the political objectives. The primary recipients of combat service support (CSS) in stability and support operations are likely to be civilians (US or foreign), rather than US combat forces as in war. The CHS planner must be capable of adapting traditional methods of health care delivery, leveraging technology, and establishing new procedures to meet the challenges presented.

1-2. Stability and Support Operations

a. Stability and support operations are conducted in the political-military environments of peace and conflict. In both, the role of the Armed Forces is to aid in the protection and promotion of national objectives without resort to war. Conflict is distinguished from peace by the introduction of organized political violence. Yet, it is a situation that remains amenable to solution by political means with military support. In peacetime, the Army prepares for war and effects deterrence by its demonstrated capabilities. In addition, military resources are used in peacetime as a matter of economy in government. Stability and support operations can include—

- Noncombatant evacuation operations (NEO).
- Foreign humanitarian assistance and disaster relief.
- Combatting terrorism (counterterrorism and antiterrorism [Appendix A]).
- Nation assistance.
- Security assistance.
- Support to counterdrug operations.
- Support to counterinsurgencies.
- Arms control and disarmament.
- Domestic support operations, to include domestic humanitarian assistance and emergency services.
- Peace operations.
- Support to insurgencies.