The 5th Special Forces Group (Airborne)
Medical Civic Action Program
(Humanitarian and Civic Assistance)
Planning Guide

Captain Leonard Q. Gruppo Jr., EMPA-C, MPAS, DMO

Captain Leonard Q. Gruppo, Jr., EMPA-C, MPAS, DMO
Author, Editor-in-Chief
Staff, Department of Emergency Medicine, Darnall Army Community Hospital

Original Manuscript Completed 9 January, 1999

Updated 11 November 2000

For my loving wife Donna

Author's Acknowledgements

Many people contribute to a book's completion and this guide is no exception. I would like to thank all whose efforts made this guide possible. Especially, I would like to thank the following individuals: MAJ Mark Reeder, M.D. for applying his expertise to the technical editing of the manuscript and his support for the concept; CPT Ron Oliver, PA-C for his substantial assistance with developing the example medical supply order; CPT James McClellan, M.D. for his input toward the medical supply order and for his support during the development of this project; MSG Steve Randall, MSG Mike Wanlass and SSG William Crabtree for their computer assistance with adaptation of some of the appendices to this document; SSG Jefte Glenn and SSG Richard Shannon for their significant assistance compiling the medical supply order; CPT Scott Mower for development of the Preventive Medicine Supply list; all those who allowed me to include their work in the appendices; and 7th SFG (A) for their generous permission to reprint the Site Survey Checklists, appendices 20 through 24, from their H/CA Guide for engineering projects.

Contributors

MAJ Mark Reeder, M.D., FP, DMO, FS 5th SFG (A) Surgeon	Technical Editing
MAJ Eugene Ingrao, JD 5th SFG (A) Judge Advocate	H/CA Funding Arguments
CPT James McClellan, M.D., FS 2/5 SFG (A) Surgeon	HSM Award, Clothing Allowance Request, Personnel Requests, Medical Supply Order
CPT Terrence Cyfers, MPA 2/5 SFG (A) S4	MIPRs & Subsistence Support Requests, Logistical Editing
CPT Scott Mower 5th SFG (A) Environmental Science Officer	Preventive Medicine editing and supply list
CPT Jeffery Blue, M.D.	Reviewer
CPT Ronald Oliver, PA-C 3/5 SFG (A) Physician Assistant	General Editing, Medical Supply Order
CPT Joe Santos, PA-C 1/5 SFG (A) Physician Assistant	Medical Supply Order Editing
CPT Scott Shopa, MSC 5th SFG (A) Medical Supply Officer	Medical Supply Order Compilation
MSG Steven Randall NCOIC 2/5 SFG (A) Medical Detachment	Scanning, MAP Classification, Hospital Survey
MSG Michael Wanlass Senior Medical NCO 2/5 SFG (A)	Medical Order editing
SSG William Crabtree Battalion Medic 2/5 SFG (A)	Adaptation of Site Survey Checklists
SSG Jefte Glenn NCOIC 5th SFG (A) Medical Supply	Medical & Vet Supply Order Compilation
SSG Richard Shannon 5th SFG (A) Medical Supply Sergeant	Medical Supply Order Compilation
SSG John T. Reed, SF Communications Sergeant ODA 555	Strip Map

SSG Marc Derden, SF Medical Sergeant — General Editing
ODA 555

Special Thanks

Thank you to the following individuals for their advice and cooperation with development of this guide.

MAJ Steve Conroy, Acquisitions Contracting Officer, SOSCOM

MAJ Richard Stevens, Excess Property Mgr. for H/CA projects, CENTCOM

MAJ Jeffery Johnson, MD, 7th SFG (A) Surgeon, for permission to use the site survey checklists from the 7th Special Forces Group (Airborne) H/CA Engineering Guide

CPT Thomas S. Wieczorek, Commander, A/32nd Medical Logistics Battalion

MSG (Ret) H. Dale Jennings, 7th SFG (A); 5th SFG (A), Vietnam

PREFACE

So, you want to do a MedCAP? This challenge undoubtedly carries feelings of excitement and apprehension with it. How do I start? What should I do? These were my concerns the first time I was tasked to coordinate a MedCAP. The mission was a success, but my learning curve was far too steep.

The experience I gained from planning and executing several MedCAPs does not make me an expert. However, I have learned a lot about them. In an effort to save those who follow me from "reinventing the wheel," I decided to pass on the knowledge I acquired during this time and during my greater than 10 years of Special Forces medical experience. Therefore, some time before I left 2/5 SFG (A), I decided to write a short checklist, just a quick reminder, for planning MedCAPs. Time passed and I had not started. Then our sister battalion began planning a MedCAP to Jordan. I had coordinated and executed a MedCAP in Jordan the previous year, and my desire to assist them gave me the impetus to start this guide. The original idea of a checklist soon evolved into the guide you have in front of you.

I hope the several months of dedicated work followed by 2 years of refinements spent creating this guide, help you avoid the mistakes I made when you plan your MedCAP.

As they say in Special Forces Assessment and Selection, "This is a timed event, without regard to weather. Do the best you can!"

De Oppresso Liber,

Leonard Q. Gruppo, Jr.
Captain, U.S. Army

CONTENTS

Appendices

1. REFERENCES.

a. USCENTCOM Regulation 525-23, Military Operations, Cooperative Programs for Friendly Nations, Policies and Procedures, dated 9 February 1993

b. Title 10 United States Code, Section 401 and Section 2551

c. DoD Financial Management Regulation (FMR) Volume 5

d. Federal Acquisition Regulation (FAR)

e. USASOC Policy # 23-98, Class A Paying Agent Procedures

f. AR 40-61, Medical Logistics Policies and Procedures

g. AR 25-50, Preparing and Managing Correspondence

2. PURPOSE. This guide is designed to provide the MedCAP (Medical Civic Action Program) Coordinator with instructions for planning and executing a MedCAP.

3. APPLICABILITY. This is a comprehensive, practical guide for MedCAP planning. It is designed to instruct the neophyte Coordinator, and serve as a reminder for the seasoned Coordinator. Use this throughout your planning process. There are many ways to plan and execute a MedCAP; this guide suggests a few. The appendices are intended to serve only as examples. There are mistakes and omissions in them, but they are a very good starting point. This was originally written for the 5th SFG (A), however, it is applicable to any unit or branch of service. Simply use your units' or services' equivalent forms and support channels. If you have any suggestions to improve this guide, please send them to the author at gruppol@hotmail.com so they can be incorporated in the next edition.

4. OVERVIEW.

a. Why do we do MedCAPs? Obviously, we cannot make a serious impact on HN (Host Nation) medical problems in a few weeks. As a nation, we conduct H/CA (Humanitarian/Civic Assistance) missions to improve our relationship with other nations by winning their "Hearts and Minds." The Department of Defense (DoD) justifies H/CA missions to improve, "the security interests of both the United States and the country in which the activities are to be carried out," and to improve, "the specific operational readiness skills of the members of the armed forces who participate in the activities."

b. The CENTCOM (Central Command), and other regional commands, logistics' branch, in conjunction with that Command Surgeon's office, develop a five-year H/CA MedCAP plan. The proposals are submitted to the USCINCCENT (United States Commander in Chief Central). The approved proposals are forwarded to the Secretary of Defense for final approval. Upon receipt of mission, SOCCENT (Special Operations Command

Central) further defines the mission and assigns it to a Special Forces Group. The Group assigns the MedCAP to a battalion for execution.

c. When we execute a MedCAP in a foreign country, we are *assisting* the HN with their ongoing medical program by providing personnel, money, supplies and logistical support. This important point should not be lost upon the MedCAP Coordinator or his team. When you discuss the mission, always use this type of terminology.

d. Most MedCAPs are *attached* to a larger exercise, usually a JCET (Joint Combined Exercise for Training) or JCS (Joint Chiefs of Staff) exercise. Occasionally, you may be required to execute a *stand-alone* MedCAP. These are not related to a JCET or JCS exercise and will require considerably more planning and money. Throughout this guide, planning aspects for an attached MedCAP are outlined. Later, specific details regarding stand-alone MedCAPs are provided.

5. FUNDING.

a. MedCAP funds are separate from the associated exercise or SFG (A) funds. They are regulated by Title 10 U.S.C. (United States Code) section 401 and section 2551. Title 10 U.S.C. details use of all military funds. Section 401 of Title 10, details the use of H/CA funds for attached MedCAPs and section 2551 provides spending authority for stand-alone MedCAPs. These funds can only be spent on certain things and in certain ways. Be familiar with this before meeting with your counterparts. If you do not follow the USC, you could be subject to disciplinary action. There is some debate regarding exactly how section 401 should be interpreted. Ask your Group Surgeon, Group Legal or the MAP (Military Assistance Program) chief at the U.S. Embassy for guidance. Arguments presented by 5th SFG (A) lawyers advocating use of Title 10 U.S.C. sec 401 funds for MedCAP related expenses are attached in Appendix 1.

1) Title 10 U.S.C. section 401 states that these funds will be used, "…in conjunction with authorized military operations of the armed forces…" and, "Expenses incurred as a direct result of providing humanitarian and civic assistance under this section to a foreign country shall be paid for out of funds specifically appropriated for such purposes." You may not use the funds to purchase supplies for your unit. You cannot use the money or supplies for any military or paramilitary organizations. A copy of Title 10 U.S.C. section 401 is in Appendix 2.

2) Title 10 U.S.C. section 2551 states that, "…humanitarian assistance shall be used for the purpose of providing transportation of humanitarian relief and for other humanitarian purposes worldwide." This authorizes funds for ALL MedCAP expenses for stand-alone MedCAPs. A copy of Title 10 U.S.C. section 2551 is in Appendix 3.

b. There are regulations governing the use of all military spending. Portions of these regulations affect your H/CA funds. They are the DoD Financial Management Regulation (FMR) Volume 5 and the Federal Acquisition Regulation (FAR). In summary:

1) Any single item purchase up to $2,500 can be performed via the Paying Agent, with an I.M.P.A.C. Credit Card or by direct charge to the MedCAP APC (Account Processing Code). These purchases are not required to be competitive CONUS or OCONUS.

2) Single item purchases between $2,500 and $25,000 must be requested by submitting a DA form 3953, Purchase Request and Commitment. With this form, describe the equipment you want. Be very specific to avoid receiving unsuitable equipment, especially if the item is unusual or customized. In CONUS, these purchases are required to be competitive.

a) While CONUS, submit your request through Group Med to the Directorate of Contracting (DoC) on your installation. The DoC will ensure your request is purchased providing the best value for the U.S. Government; this is usually the lowest bidder. If you assist the DoC in obtaining quotes, you are not permitted to start a "bidding war" by playing vendors against each other. Generally, the DoC will seek quotes from at least three vendors. All requests through the DoC will be paid in U.S. Dollars (USD).

b) If you are OCONUS, submit a DA form 3953 to the Acquisitions and Contracting Officer (ACO) attached to the JCET or JCS exercise. Usually, this officer is attached from USASOC. Sometimes a sister service will attach the ACO. OCONUS contracts need only *attempt* to be competitive. The ACO is responsible to obtain a reasonable price. Purchases through the ACO are generally paid in local currency.

1 If there is no ACO attached to the exercise, it is recommended you request one. Requests are submitted through SOSCOM (Special Operations Support Command). Telephone DSN 239-2550/2548, Commercial 910-432-2550/2548.

2 Alternatively, enlist the aid of the U.S. Embassy Warrant Contracting Officer. All Embassies have this position. Sometimes he may be reluctant to assist you. If necessary, remind him the Embassy requested this mission, and without their assistance, you will not be able to perform it.

3 As a last resort, route your request through the DoC at your home installation, or ask the vendor if they will give you the equipment on credit. Send the invoice to Group Med. They will route it to the appropriate office or agency for payment.

3) Single item purchases greater than $25,000 require USASOC approval. The SOSCOM ACO satisfies this requirement.

4) No money may be given a vendor prior to receipt of goods or services. In other words, do not put a down payment or advance payment, toward any goods or services.

c. MIPR (Military Interdepartmental Purchase Request) DD form 448.

1) A MIPR is a transfer of funds from one place to another. It is useful to preposition funds in-country for supply purchases, contingency and medical emergencies.

2) Request a MIPR to be sent for a specific amount and a specific reason. It is recommended that the reason you site is "Miscellaneous Supplies and Expenses." Labeling your MIPR this way gives you the most latitude with spending the money. If you are specific, for example $12,000 for MMR vaccine (Measles Mumps

Rubella) and you only spend $10,500, you cannot readily use the remaining $1500 on anything else. To use the extra money, you must initiate a time consuming and convoluted series of actions. If you find yourself in this situation, seek guidance from your S4. See Appendix 4 for an example of a MIPR request, an actual MIPR and a MIPR acceptance. Note that the MIPR request in the appendix is not related to the other MIPR documents.

d. Paying agents, Ordering Officer and Paying Officer (Sometimes referred to as the Class A Agent).

1) You will have to designate two officers or NCOs to fulfill these duties. They will control the OPFUND (Operations Fund). They should not be involved with patient treatment. The logistics NCO and the Preventive Medicine Officer/NCO are good choices. These men are responsible for local purchase of any goods or services required while in-country. At 5th SFG (A), they must attend a class at the comptroller's office explaining their duties. The Paying Agent will receive orders from Group limiting a single item purchase amount to $2,500. The Group Commander sets this limit and it may vary between commands.

2) The ordering officer and paying officer will likely need to take several thousand dollars with them, perhaps considerably more for the OPFUND. *Do not do this.* Instead, MIPR most of the money to the U.S. Embassy and draw upon it for local purchases. Ensure the U.S. Embassy will cooperate with you in this endeavor before requesting the MIPR. Most Embassies will be happy to assist you, but a few will not help you. Carry no more than $1000 or so in cash or travelers checks. This makes you less of a target for thieves. If you must carry a large sum of money, realize that a sum greater than or equal to $10,000 will require an armed escort accompany you. Additionally, store the money with the U.S. Embassy's cashier. Do not place it in a local bank. If anything happens to the money while it is in a local bank, you will be held liable.

e. Blanket Purchase Agreement (BPA). You can create a BPA with a specific vendor. The ACO can assist you with this. A BPA reduces paper work by allowing you to return to a specific vendor after your initial order is placed, or picked up, to purchase additional items without specific approval for each additional purchase from the ACO.

6. PREPARATION.

a. Official Passport and International Drivers License. Upon arrival at your unit, get an Official Passport and an International Drivers License. You should apply for the passport when you in-process your unit. You acquire the license at the local AAA (American Automobile Association). It costs about $10 and is good for one year. You can be reimbursed for the expense if you have a statement on your TDY orders saying so.

b. Computers. Secure a modern lap top computer with portable printer. Ideally, this computer should have a fax/modem and be capable of Internet and ASOC (Army Special Operations Command) LAN (Local Area Network) access. Ask your communications section to configure your system for "Dial-Up" access. It is important you have computer access to produce professional documents to present to your HN counterparts and communicate with supporting personnel. If you cannot obtain a lap top computer, you can probably use the computers in the U.S. Embassy. Alternatively, a good hotel will have a business office you can use for a fee.

1) At a minimum, load your computer with Microsoft Office, Delrina Forms Flow or the current U.S. Military forms program, and the JIIPS (JAARS (Joint After Action Report System) Instructional Input System) programs. The JIIPS program is used for your After Action Review (AAR).

2) Consider completing all reports before returning to the U.S. This will allow you to brief the commander shortly after your return. Then give your full attention to executing your plan.

3) Purchase step-down transformers. The communication section can advise you regarding the best type for your equipment and the area you are going. These are necessary to convert foreign voltage to voltage useable by your equipment. Without the transformer, your equipment will be destroyed. Also, purchase an international traveler adapter plug set.

4) Copy all data in two locations: two floppy disks, or a floppy disk and the hard drive. If your hard drive crashes or a disk is damaged in transit, you will have a backup.

7. RECEIVE THE ORDER.

a. Ideally, you should have at least 6 months from receipt of orders to execution of mission. If you do not, request that the execution phase be rescheduled to allow 6 months planning. Events for a 6-month planning schedule are outlined in this guide. If you have less time, do the best you can. 3 to 6 months are acceptable. Less than 3 months planning is a recipe for failure. In rapid succession, do the following.

b. Analyze the orders to determine exactly what is required of you.

c. How much money are you authorized? About $100,000-$150,000 in 1998 dollars is needed to execute a thorough, well done, MedCAP. If you are given significantly less, prepare a tentative budget, based on past missions, to justify the need for more money and submit a request to the parent command.

d. Submit RFIs (Requests for Information) to the battalion S-2 (intelligence section) to clarify any ambiguities and to determine any threat in the AO (Area of Operations).

e. Submit country clearance requests through your battalion S-3 (operations section) for the IPC (Initial Planning Conference) dates. This generally takes about 30 days to complete. Repeat this as necessary for future planning conferences, the PDSS and the ADVON (Advanced Party).

f. Route all communications, orders, requests, etc. through the S-3 so they can track your mission progress.

g. Research the nation and area in question concentrating on information pertinent to your mission. Include information regarding customs, taboos, military rank and useful phrases. Use all available resources. In order of preference they are:

1) People who have been there, including information on file in your unit, Group Med, and USASOC Med

2) AFMIC (Armed Forces Medical Intelligence Center) CD ROMs

3) S-2 Medical Intelligence: Medical Capabilities Studies (MCS) and the Defense Intelligence Assessment Health Services Assessment

4) U.S. Embassy medical personnel

5) Host Nation medical personnel

6) WHO (World Health Organization)

7) CDC (Centers for Disease Control)

8) Internet

h. Outline your mission. Check the FSOP (Field SOP), DSOP (Deployment SOP) and with the S-3 for more about this.

i. It is recommended you wear a business suit to all official meetings. In addition, you must wear a collared, button-down, dress shirt and tie at most U.S. Embassies.

8. IPC (INITIAL PLANNING CONFERENCE).

a. You are the MedCAP Coordinator, not the JSOTF surgeon (Joint Special Operations Task Force). You will not be with the JSOTF for most of the exercise. Someone else should assume those duties. It is recommended the JSOTF surgeon join the IPC and/or the MPC to make all the medical coordination and inspect the hospitals. The JSOTF surgeon should also write the medical annex to the operations order, including the MedEvac plan, for the JCET or JCS exercise. If you shoulder these tasks, you can easily be overburdened. Explain this to the S3 and recommend they assign this task to another appropriate element of the JCET or JCS exercise. The USAF or USN will probably bring a physician or physician assistant with them and are a logical choice for this task.

b. The S-3 should schedule all planning conferences with the HN. All key components of the JCET or JCS exercise are represented at these conferences. However, via the S-3, ensure your HN counterpart is informed of your arrival and set a tentative meeting time with him either directly or through the U.S. Embassy.

c. If the orders state a VetCAP (Veterinary CAP) or DentCAP (Dental CAP) is required, strongly consider taking these experts with you to plan their part of the mission. Input from these specialists is essential at this juncture. If only a MedCAP is required, you will be able to make all IPC coordination alone.

d. Conduct the IPC ASAP after receipt of orders, certainly within the first 30 days. You should also go to ALL future planning conferences, the ADVON and the actual mission. **Continuity is VERY important**.

e. Have a very good idea of what you can commit to before leaving.

1) Do you know how much money is available for the mission?

2) Are dental or veterinary assets available for the exercise?

3) Will your team have the expertise to teach classes in preventive medicine or other subjects? More importantly, can you justify teaching certain classes or buying books with H/CA funds? In some cases you can, but be certain before committing.

f. First, meet with a representative of the U.S. Ambassador. This will probably be the chief of the MAP (Military Assistance Program) at large embassies or the Defense Attaché at smaller embassies. Then, meet with the HN Minister of Health for MedCAPs and DentCAPs, the Minister of Agriculture for VetCAPs, the military director of medical services or whoever will be authorizing the humanitarian assistance project within that country. These meetings should confirm several details.

1) What type of MedCAP does the HN want? Do they want DentCAP and VetCAP support? This should be outlined in your initial orders but confirm everything with the HN. If the HN requests something different from your orders, you must receive permission from higher headquarters, usually SOCCENT (Special Operations Command Central) or the regional regular army command in your area of operations (AO), before committing to it. If the type of MedCAP is not outlined in your orders, you will have to make these determinations based upon the HN wishes and your resources. In either case, if you wish to do something not already outlined in your orders, you must submit a "Concept Letter" to the regional command. Your S-3 section can provide you with guidance for this type of letter.

2) Precisely where do they want to go? How long do they want to stay at each place?

3) How many HN personnel will accompany you, and what are their areas of expertise? The HN should closely match your personnel, doctor for doctor, medic for medic, and so on. Who will be the officer in charge of the HN contingent? How do you contact him? Ideally, he should be involved with your meetings from the beginning.

4) How many interpreters will you need? Can HN medical personnel act as interpreters? Plan for one interpreter for each patient treatment team/group/individual.

5) What diseases or ailments predominate in the area? How many people should you expect to treat?

6) What type of immunizations for adults and children are needed? How many of each?

7) Is there any equipment or supplies the HN is unable to acquire that you could purchase for them to facilitate the mission? Remember to stay within H/CA funding guidelines.

g. If a Vet CAP is requested, learn details regarding:

1) The number and type of animals to be treated.

2) The location of herds compared to proposed medical treatment areas for the human population. Frequently, herds will migrate with changing seasons. Learn were the herds will be during the time of the actual mission, not were they are during the IPC. If they are too far from the patient treatment areas, it will cause logistical and force protection problems for the team.

h. Do not discuss prices, costs, logistics, and force protection issues at the IPC, at least not in detail. Wait until the MPC (Mid Planning Conference) to discus these items and complete your budget.

i. DO NOT COMMIT TO ANYTHING OF WHICH YOU ARE UNSURE!

j. Ask if the health care providers, physicians, physician assistants, medics, veterinarians and dentists will need special permission or temporary licenses to practice in the HN. Generally, only the physicians, dentists and veterinarians will require this, everyone else will work under their license. Find out how to do this and how much it will cost. Try your best to have any fees waived.

k. Ensure the time period and location of the mission does not coincide with inhospitable weather seasons in that region. Adjust your plans appropriately.

l. Make a tentative schedule. See Appendix 5 for an example.

m. The details of your discussions must be completely listed in a "Memorandum of Understanding" (MoU) or a "Memorandum of Agreement." Ordinarily, we cannot make agreements or reach understandings with a foreign nation; only ambassadors and other designated government officials can take such actions. However, in the setting of a H/CA mission, the agreement or understanding with the HN has already been reached by high-level government officials. It can be argued that this gives you authority to make agreements or reach understandings with the HN regarding the details of the H/CA mission. These are non-binding documents designed to remind everyone what was decided during your meeting, establish a solid framework to continue planning of the mission and to ensure prices/costs do not change substantially thereby upsetting your budget. You and your counterpart should sign it. Realize that some details will change and flexibility is essential to maintain good relations with your counterparts. An example is in Appendix 6.

n. Obtain a price list from whomever you intend to rent your vehicles or purchase supplies. Use this for budget planning. At the MPC, reserve any local supplies and vehicles required. Remember that it is illegal to put a down payment on anything!

o. Gather as much MedEvac information as possible for your AO. You can complete this task at the MPC. However, do not duplicate work required by the JSOTF surgeon. You can visit hospitals in the MedCAP AO but the JSOTF surgeon is responsible for completion of the MedEvac plan. He should:

1) Visit the hospitals the JCET or JCS mission might use for care. If time permits, he should visit non-essential hospitals to update or expand information about these facilities for future missions. He should complete a hospital survey for each. A hospital survey checklist is in Appendix 7.

2) In addition, he should find out what government, military and civilian agencies can provide emergency evacuation for the mission. Obtain all information required to complete the MedEvac plan. Appropriate details regarding country air clearance for civilian MedEvac should be included. In some countries, civilian and/or military MedEvac is not available and must be requested from a neighboring country. This requires the MedEvac aircraft to cross international borders, so special clearance is required from the host nation.

p. Identify computer repair services and vendors now, so you are prepared if you require their aid in the future.

q. Write a report regarding your discussions and findings. Your MoU can serve as the base document for this report. Include all your POCs (Points of Contact). If you are replaced as mission coordinator, this document must be sufficiently detailed and well written to provide a seamless transition for your replacement.

r. Ensure your counterparts will be available during the MPC and not out of the country or otherwise engaged.

s. Organize everything in a binder or file for easy tracking and future reference. Back up all computer files.

9. POST IPC.

a. Review your information.

b. Make informal coordination to fill your team.

c. Consider force protection, communications and logistics requirements while planning the composition of your team. For planning purposes, most MedCAPs will need about 12 people. If a DentCAP is added, plan for two more, if a Vet CAP is added plan for three more giving a range of 12-17 people for a typical MedCAP.

1) Choose personnel with dual capabilities: a medic with good communications cross training, or an engineer to assist corral construction for the Veterinarian who is also experienced in logistics, or a physician who is an ACLS instructor.

2) Strongly consider leaving one person behind in your medical section. Someone should stay in garrison to support elements not deployed. If this is not possible, arrange for someone to cover this requirement.

d. Submit personnel requests to your S-3 section. See Appendix 8 for some examples.

e. Prepare your medical supplies order. Include enough supplies for the mission and to leave a generous amount with the HN. Do not place this order until after the MPC or about 3 months before you anticipate the

ADVON departing. It is a good idea to show your tentative order to the HN during the MPC and ask for their input. Involving them this way fosters trust and cooperation.

1) You will see all age groups and genders on your MedCAP.

2) Common things are common around the world. You will see many of the same aliments there, as you would in a family practice or internal medicine clinic here. Use this to guide your medical supplies order. You can ask the hospital what the most common 100 or 150 prescribed medications are, and order those. Make allowances for diseases encountered in impoverished or tropical regions. Make certain you have plenty of **liquid pediatric medications** of all types. Include plenty of multivitamins with iron for women. Chose antibiotics from each category, not necessarily for each disease process. You will cover all the bases with this approach.

3) Finally, you must *attempt* to meet U.S. standards-of-care during the MedCAP. All medications used for the MedCAP must be FDA (Federal Drug Administration) approved. An example medical and veterinary order is provided in Appendix 9. These lists are only guides and should be adjusted to fit your mission.

f. Develop and submit a preventive medicine supply list. See Appendix 11 for an example supply order. Again, adjust this for your mission.

g. Submit an LBAD (Lexington Bluegrass Army Depot) equipment request. This is to request equipment not available in your unit, primarily communications equipment. Consult with the specialists on your team, particularly the communications sergeant, for development of this request.

h. If you are required to wear civilian clothes for the MedCAP, submit a request through S1 for compensation. You will need TDY (Temporary Duty) orders from all those participating in the mission to attach to your request therefore, you must wait until all personnel are selected. These orders must state civilian clothing is required. If necessary, you may submit this request upon mission completion. Commissioned officers are not authorized a clothing allowance. See Appendix 10 for an example.

i. Make a tentative budget. See Appendix 11 for an example. Continue to refine this throughout the planning process.

1) Hold 10% of your total funds in reserve for unexpected expenses and cost overruns. You do not want to go over budget.

2) Throughout the planning and execution phases, keep meticulous track of all expenditures. You should know exactly how much money remains on a daily basis.

3) Ask the S4 to submit a request for subsistence support for the MedCAP. This will give you DA (Department of the Army) funds to cover food, water, condiments and the like. Subsequently, you will have several thousand more dollars freed from your budget to use for medical supplies and related expenses. See Appendix 12 for an example.

4) Reserve at least a few thousand dollars for local purchase medical re-supply while in-country. This is usually required during the mission.

j. Issue the warning order.

10. MPC (MID PLANNING CONFERENCE).

a. This is the hard part. First, confirm all previous agreements and make adjustments as necessary. Make an addendum to your MoU if needed.

b. Next, arrange for all logistical requirements. **Every detail must be addressed and described in a MoU. This is the most important part of your mission planning.** You must confirm all transportation, lodging, food, storage, guards, HN support and medical supply requirements. These details must be solidly in place before you depart the country. Do not try to solve these issues on the ADVON; you will not have time. **Improper execution of this phase of planning will seriously jeopardize your mission.** See Appendix 6 for an example.

c. Get the names, addresses, telephone numbers, fax numbers and email information for anyone from whom supplies may need to be ordered. Check with the Embassy to see who is reliable.

d. Arrange for secure storage for any supplies that you anticipate will be delivered in-country before the main body. The U.S. Embassy warehouse should be your first choice.

e. Reserve full size 4 wheel drive sport utility vehicles (SUVs) with roof racks and 4 wheel drive utility trucks for transportation of personnel and supplies. If you are not familiar with the make and model of the vehicles you intend to rent, inspect them beforehand to ensure they will meet your requirements. Do not wait until delivery to discover the 2-1/2 ton truck you rented is the size of a compact pick up!

f. Insure contractors providing food and water are U.S. Army Veterinarian approved. Consult a Regional Veterinarian Approved Source List.

g. Consider setting up an email account for MWR (Moral Welfare and Recreation). The MedCAP team members can use this during the mission to contact their family and friends. Mission details, dates, times, places and personnel should *never* be discussed on this account!

h. Inform your counterparts when the next meeting is. This will be the PDSS (Pre-Deployment Site Survey), the FPC (Final Planning Conference) or the ADVON. Know your mission planning timeline before departure for the MPC.

i. Reserve supplies you intend to order from the HN. You are not permitted to put a down payment on goods. Explain this to the vendor if he has any objections to reserving supplies without payment. Point out how his cooperation will reflect favorably in your report and how that may bring him more business in the future. Contact NGOs (Non-Governmental Organizations) or the HN Department of Health to reserve vaccines needed. These will usually be provided at no cost. See paragraph 22 for more information about NGOs.

11. POST-MPC.

a. Review your information.

b. Place medical supply orders. You have a few sources for ordering supplies.

1) CONUS (Continental United States). Order them from U.S. civilian suppliers or through standard, U.S. Army channels via Group Med. These methods are preferred if you intend to transport supplies from CONUS via Military Aircraft (Mil Air).

2) OCONUS (Outside the Continental United States).

a) USAMMCE (US Army Medical Material Center, Europe). DSN 495-7412, Commercial telephone 49-6331-867412, Web Site www.pirmasens.amedd.army.mil/. This command can fill your order and ship it anywhere in the region you like including Africa and the Middle East. They will charge you for the supplies, but the shipping is free. This option is preferred if you do not have Mil Air to transport everything from your CONUS location. A similar option should be available for different regions in the world. Check with Group Med for more information.

b) HN. You can order some or all of your supplies from your HN counterparts or local HN civilian medical suppliers. This method has some advantages. Occasionally, medical supply costs OCONUS are less than U.S. suppliers; compare before you buy. In addition, avoiding overseas shipping charges will significantly reduce transportation costs.

3) Whichever option, or combination of options, you decide to use, place your order through Group Med. These people are the experts. Allow them to order and track your supplies. This will relieve you of that burden.

4) Further, time the delivery of supplies to the HN so you, or someone you trust, can receive, transport and store them.

Receive personnel requests. The names of those participating should be confirmed by now.

c. Any problems must be corrected ASAP. Contact these people. Issue the warning order to them and ask each respective expert to write their portion of the operations order.

d. Submit temporary license requests through the appropriate channels for all Physicians to practice in-country.

e. Submit country clearance requests for all personnel through the S1.

f. Complete and issue the operations order before your next meeting with the HN.

g. Prepare the mission brief for the Battalion and Group Commanders.

h. Request MIPRs as appropriate, then follow up to ensure they were sent, received and are correct.

i. Order or request non-medical supplies including: photography equipment to document the mission, cleaning supplies, office supplies, computer supplies, etc.

j. Order certificates of appreciation or participation to present to HN participants and VIPs.

12. PDSS (PREDEPLOYMENT SITE SURVEY).

a. The patient treatment area site surveys are performed now. Sometimes, it will not be possible to perform a PDSS. If you cannot, try to do the site surveys during the MPC or lengthen the time of your ADVON and do the site surveys then. As a last resort, you can do the site surveys during the mission, a couple of days before moving to each treatment location. See Appendices 20-24 for a variety of site survey checklists. These lists have been adapted, with permission, from the 7th SFG (A) Humanitarian and Civic Assistance Guide. This guide is primarily for engineering H/CA missions.

b. Confirm all previous preparations. Make adjustments as needed.

c. Visit the proposed treatment sites. Bring interpreters with you.

1) Meet the village chief and discuss the mission. Ask permission to perform the mission. This essentially is a formality because you already have permission from high levels of government, but it is the courteous thing to do. Brief him about the mission, what you can do for his people and when you will be there. In areas without modern communications, this is vital to ensure villagers know when the MedCAP will arrive. If the village has a "Shaman" or "Witch Doctor," include him with your plan. If you do, he will not put a curse on you and the villagers will have more confidence in their treatment. You might even learn something from him!

2) Note all distances, routes, and travel times from your base camp or starting point, to each village. Note any key terrain features along the route to designate as checkpoints. Designate LZs (Landing Zones) for MedEvac use. Use a GPS (Global Positioning System) to obtain coordinates for all LZs and checkpoints. Make a map of each site, and the routes to the sites from your base camp, with this information on it. If you have the luxury of a designated force protection team as part of the JCET or JCS exercise you are attached to, they can make these assessments and maps for you. Alternatively, 96th CA (Civil Affairs) can do this for you. See Appendix 13 for an example. Note that checkpoints and other classified information are removed from this map.

3) Inspect the structures you will use for patient treatment. Will you need tents? Are electricity, water, sewage and other modern conveniences available? Do the buildings have cement or dirt floors? Compensate for facility shortcomings in your planning.

4) Inspect your sleeping quarters. If they are inadequate, can you rent rooms at a local hotel? Do you need tents?

5) Consider the force protection issues outlined later in this guide. See paragraph 21.

13. POST PDSS. Review your plan. Make final coordination. Prepare for the FPC (Final Planning Conference) and the ADVON.

14. FPC (FINAL PLANNING CONFERENCE).

a. A FPC is generally planned in conjunction with a JCET or JCS exercise. You do not need to arrange this for a stand-alone MedCAP.

b. If a FPC takes place, it will usually be at a CONUS location. Your counterpart will attend. His TDY will most likely be paid through the JCET or JCS exercise funds or possibly the MedCAP funds, but probably not by his country.

c. Confirm all matters previously discussed. If there are any significant changes, create an addendum to your MoU. Make final preparations.

15. ADVON (ADVANCED PARTY)

a. For an attached MedCAP, two people are needed for this phase. For a stand-alone MedCAP, four people are needed.

b. Confirm all previous agreements. Make adjustments as needed.

c. Meet with the U.S. Embassy Administrative Financial Specialist in the MAP to confirm your MIPR requests are completed and accurate.

d. Complete DA form 3953 (Purchase Request and Commitment). These are completed by either you or the S4 and submitted to the ACO. The ACO uses this information to prepare official orders, DD form 1155 (Order for Supplies or Services), to be presented to HN agencies and businesses providing goods or services to you. Correct completion is necessary to ensure proper order development. See Appendix 14 for an example of DA form 3953.

e. Receive, inspect and secure all supplies not coming with the main body.

f. Perform site surveys if not accomplished before this.

g. Finalize your mission schedule.

h. Prepare to receive the main body; prepare a briefing and make sure food, drink, lodging, and transportation is ready to greet them.

16. MAIN BODY. Deploy per unit SOP. Individual packing list per unit SOP. Bring Aid Station equipment per unit SOP.

17. MISSION.

a. Keep copies of all your MoUs on hand. You may need them to convince the people you deal with that a high-ranking official really does want you to have the items you are requesting.

b. Maintain cordial relations with your counterparts. Remember you are *assisting* them with their ongoing health program Insist upon all safety and force protection issues. The rest is negotiable.

c. If you contract for gasoline, keep a "Fuel Log" in each vehicle to track gasoline consumption. See Appendix 15 for an example.

d. Keep country maps and first aid kits in all vehicles. Do not record secret information on these maps.

e. Secure medical supplies each night.

f. Make daily sensitive items inventories.

g. Take pictures of the mission to submit with your AAR and keep in your files.

h. Submit daily Sit Reps (Situation Reports) on time, as directed by higher headquarters. The report must follow a specific format. Your communications NCO will know this format.

i. Prepare certificates of appreciation or participation for all HN personnel involved.

j. Leave all excess supplies and equipment purchased for the MedCAP with the HN. Ask a HN representative to sign for these items. Simply list bulk expendable medical supplies as such. Itemize durable goods. If you are audited, this will explain the location of high dollar items and excess supplies.

18. STAY BEHIND.

a. You may need to keep a team member behind, after the main body departs, to close out contracts with your vendors. You will submit totals on all contractual expenditures to the Acquisitions and Contracting Officer. He will close the orders with all vendors and submit payment requests to the U.S. Embassy where the MIPRed funds are held. The U.S. Embassy Administrative Finance Specialist will disperse the funds to the vendors within 30 days.

b. As soon as you decide who will stay behind, make airline and hotel reservations for them through the U.S. Embassy. The best choice for this task is someone who participated in the ADVON, assisted with completion of DA form 3953 and negotiated with all suppliers.

19. POST MISSION.

a. Tie up loose ends. Submit travel vouchers. Submit requests for imminent danger and/or hostile fire pay if appropriate. Submit HSM (Humanitarian Service Medal) requests for all those involved with the MedCAP. This may include your S4, the force protection team and of course, the MedCAP team. Submit requests for other awards your team members deserve. Submit requests for a clothing allowance if ordered to wear civilian clothing during the mission.

b. Consider submitting some or all of these requests as soon as possible during your mission to facilitate their completion. Make sure you have copies of everyone's orders before the team leaves the country, particularly if you have a multiunit or multiservice team. See Appendix 16 for an example HSM award request.

c. Submit the JIIPS report to the S3. Complete an AAR that includes the JIIPS report, your POC list, hospital survey information, and any other pertinent observations or lessons learned that may be useful for those who follow you to this area. Ensure a copy reaches the Group Surgeon and the Higher Headquarters Surgeon's Office. If you encountered any unexpected conditions or diseases, submit a report to AFMIC and the WHO.

20. STAND-ALONE MedCAPs.

a. These missions present special problems for the Coordinator. These concern logistics and force protection. One technique to minimize these difficulties is to assign these tasks to an "A" detachment. In addition, it is perfectly acceptable to use this technique for an attached MedCAP. This technique has worked quite well. Essentially, the "A" team commander supports the non-medical portions of the mission while the Surgeon oversees the medical portions of the mission. The "A" team leader is the overall commander. This allows each leader to work within his primary area of expertise while maintaining good command and control.

b. Money must be plentiful for this type of MedCAP. About $250,000 in 1998 dollars, will be required. Most of this will be spent on transportation of people and medical supplies.

c. Perform an IPC, MPC, PDSS and ADVON. A FPC is probably not necessary for this type of MedCAP.

21. FORCE PROTECTION.

a. This is an extremely important issue to consider during planning and execution of the mission.

b. Consult with your unit's force protection team for specific guidance.

c. Develop a force protection plan. See Appendix 17 for an example.

d. Weapons will be required.

1) Develop a plan for bringing them in-country. If the main body travels via mil air this is not a problem. If the main body travels via civilian aircraft, you will have several administrative hurdles to jump. Seek advice from your S3 section regarding the best way to approach this issue.

2) Consider how you will secure the weapons while in-country. How will you carry them while performing patient treatment? Keep them concealed but within arms reach. Make sure you address this issue in your MoU.

e. The HN must provide guards. Decide how many you will need, how you would like them to be armed and what their function will be. Address this in your MoU. Watch for agitators in the crowds that gather. This person may be acting on his own or with orders from an anti-United States organization.

22. NGOs, (NON GOVERNMENTAL ORGANIZATIONS).

a. NGOs are valuable assets for your mission. These organizations are religious and non-religious charitable institutions like UNICEF, the Catholic Relief Agency and many others. They can provide excellent information about the area, people and animals.

b. Contact them from the start of planning and use them to the fullest. You can find out which organizations operate in the area through the U.S. Embassy or your HN counterparts.

c. Of particular note, NGOs that have an ongoing vaccination program in the country can frequently provide free vaccines if you will assist them by vaccinating people in areas they cannot reach or do not have the time or resources to cover.

23. 96th CIVIL AFFAIRS (CA).

a. This unit, based at Fort Bragg North Carolina, can help with many things. They can assess a variety of areas within the country. They can be a liaison between the MedCAP team, HN civilians and the military. Their tactical support teams can conduct an information campaign to inform people in rural areas of the MedCAP and solidify relations in support of future operations. They can perform the site surveys for you. When CA is included in a JCET or JCS exercise, they have their own budget and send a representative to all planning conferences.

b. Begin coordination with them at the IPC. If they join your MedCAP, you will only cover their food and lodging expenses during the time they are with your team, not their entire TDY. Request someone with dual capabilities, preferably a Special Forces Medic. Consider including a CA representative with the ADVON party. Do not simply ask him for advice on Courses of Action (COA); use him to the fullest as outlined above.

24. MEDICAL ISSUES.

a. The JSOTF Surgeon will develop a MedEvac plan for the JCET or JCS exercise. It should detail information regarding HN hospitals, local and regional MedEvac assets available and how to request theater MedEvac assets for patient transport to the U.S. Your portion of the plan should compliment the JSOTF Surgeon's by providing information and instructions regarding evacuation from your treatment sites and base camp to HN MTFs (Medical Treatment Facilities). Your team and the JSOTF Surgeon should visit as many hospitals as possible to aid future missions. Use the hospital survey checklist in appendix 7 as a guide. Include detailed information regarding these hospitals in your AAR.

b. The JSOTF Surgeon should arrange to MIPR funds to the U.S. Embassy to cover hospital expenses for the JCET or JCS exercise. $5,000, in 1998 dollars, is sufficient to cover one emergency hospital stay with surgery. You can request more if you need to, but this should be enough. This money should be available for hospital expenses incurred by soldiers participating in the MedCAP *and* the JCET or JCS exercise.

c. Consider keeping first aid kits in all vehicles. Consider bringing enough equipment to provide initial stabilization and treatment of casualties. The primary threat to the safety of your team will likely be MVAs (Motor Vehicle Accidents).

d. What are the special medical precautions your team needs to take for the AO: immunizations, malaria prophylaxis, et al.

25. APPENDICIES. The appendices are provided to explain important issues, for example appendices one through three, or provide examples for the myriad of paper work needed to coordinate a MedCAP. These appendices are not perfect. There may be better solutions to the issues presented, but these appendices are an excellent starting point. Some of them were adapted from actual MedCAPs; others were created for this guide.

26. CONCLUSION. This guide contains information pertaining to the planning and execution of a MedCAP. Armed with this information, you are well on your way to performing a successful mission. Remember. This is a timed event, without regard to weather. Do the best you can!

LEONARD Q. GRUPPO, JR., EMPA-C, MPAS
CPT, SP, DMO
Staff, Dept. of Emergency Medicine, Darnall ACH

Appendix 1, Title 10, Sec 401 Legal Arguments

DEPARTMENT OF THE ARMY
HEADQUARTERS 5TH SPECIAL FORCES GROUP (AIRBORNE)
321 INDIANA AVENUE
FORT CAMPBELL, KENTUCKY 42223

AOSO-SFA-JA (27-la) 21 February 1997

MEMORANDUM FOR Commander, 5th Special Forces Group (Airborne), Attn:
AOSO-SFA-SU, Fort Campbell, Kentucky, 42223

SUBJECT: Use of Humanitarian and Civic Assistance Funds

1. The undersigned has received a request from the 5th SFG (A) Medical Detachment concerning the use of Humanitarian and Civic Assistance (HCA) funds. Specifically, the question is whether transportation, travel and subsistence expenses of 5th SFG (A) soldiers deploying on a MedCAP can be paid for with HCA funds.

2. The rules for HCA are codified in 10 U.S.C. sec. 401. Subparagraph (c)(1) states "Expenses incurred as a direct result of providing humanitarian and civic assistance under this section to a foreign country shall be paid for out of funds specifically appropriated for such purpose. " Therefore, the answer to the question posed hinges on whether the expenses mentioned above can be said to be a direct result of providing HCA.

3. After reviewing the statute and consulting with the Chief of Operational Law, USASFC (A) and the Chief of Administrative Law, USSOCOM, it is my opinion that the referenced expenses can be paid for with HCA funds under certain conditions. If the MedCAP is a separate mission (i.e., not in conjunction with a JCS or JCET or JCS exercise mission) than the expenses would be covered. If the MedCAP is in conjunction with a military operation/exercise, the expenses will still be covered if the deployed soldiers are performing more than de minimus HCA and are not participating in any other aspect of the military operation/exercise. If, however, DoD personnel are performing HCA incidental to the operation/exercise or would have deployed in support of the operation/exercise regardless of the HCA mission, than these expenses would not be paid for out of HCA funds. The bottom line is that the soldiers must deploy solely to perform the HCA mission if the above expenses are to be covered by HCA funds.

4. POC is the undersigned at xxx-xxx-xxxx.

EUGENE INGRAO
CPT, JA
Group Judge Advocate

Appendix 2

Title 10, United States Code, Section 401

(Includes changes in the FY 1997 DoD Authorization Act, P.L 104-201)

(Restrictive language in italics)

§401. Humanitarian and civic assistance provided in conjunction with military operations

(a)(1) Under regulations prescribed by the Secretary of Defense, the Secretary of a military department may carry out humanitarian and civic assistance activities in conjunction with authorized military operations of the armed forces in a country if the Secretary concerned determines that the activities will promote--

(A) The security interests of both the United States and the country in which the activities are to be carried out; and

(B) The specific operational readiness skills of the members of the armed forces who participate in the activities.

(2) Humanitarian and civic assistance activities carried out under this section shall complement, and may not duplicate, any other form of social or economic assistance which may be provided to the country concerned by any other department or agency of the United States.

(3) Humanitarian and civic assistance may not be provided under this section (directly or indirectly) to any individual, group, or organization engaged in military or paramilitary activity.

(4) The Secretary of Defense shall ensure that no member of the armed forces, while providing assistance under this section that is described in subsection (e)(5)--

(A) Engages in the physical detection, lifting, or destroying of landmines (unless the member does so for the concurrent purpose of supporting a United States military operation; or

(B) Provides such assistance as part of a military operation that does not involve the armed forces.

(b)(1) Humanitarian and civic assistance may not be provided under this section to any foreign country unless the Secretary of State specifically approves the provision of such assistance.

(2) Any authority provided under any other provision of law to provide assistance that is described in subsection (e) (5) to a foreign country shall be carried out in accordance with, and subject to the limitations described in this section. Any such provision may be construed as superseding a provision of this section only if, and to the extent that, such provision specifically refers to this section that is to be considered superseded or otherwise inapplicable under such provision.

(c)(1) Expenses incurred as a direct result of providing humanitarian and civic assistance under this section to a foreign country shall be paid for out of funds specifically appropriated for such purpose.

(2) Expenses covered by paragraph (1) include the following expenses incurred in providing assistance described in subsection (e)(5):

(A) Travel, transportation, and subsistence expenses of Department of Defense personnel providing such assistance.

(B) The cost of any equipment, services, or supplies acquired for the purpose of carrying out or supporting activities described in subsection (e) (5), including any non-lethal, individual or small-team landmine clearing equipment or supplies that are to be transferred or otherwise furnished to a foreign country in furtherance of the provision of assistance under this section.

(C) The cost of equipment, services and supplies provided in any fiscal year under paragraph (2) (B) may not exceed $5,000,000.

(3) Nothing in this section may be interpreted to preclude the incurring on minimal expenditures by the Department of Defense for purposes of humanitarian and civic assistance out of funds other than funds appropriated pursuant to paragraph (1).

(d) The Secretary of Defense shall submit to the Committees on Armed Services and Foreign Relations of the Senate and to the Committees on Armed Services and Foreign Affairs of the House of Representatives a report, not later than March 1 of each year, on activities carried out under this section for the preceding fiscal year. The Secretary shall include in each such report--

(1) A list of countries in which humanitarian and civic assistance activities were carried out in the preceding fiscal year.

(2) The type and description of such activities carried out in each country during the preceding fiscal year; and

(3) The amount expended in carrying out each such activity in each country during the preceding fiscal year.

(e) In this section, the term" humanitarian and civic assistance" means:

(1) Medical, dental, and veterinary care provided in rural areas of a country.

(2) Construction of rudimentary surface transportation systems.

(3) Well drilling and construction of basic sanitation facilities.

(4) Rudimentary construction and repair of public facilities.

(5) Detection and clearance of landmines, including activities relating to the furnishing of education, training, and technical assistance with respect to the detection and clearance of landmines.

(f) Not more than $16,400,000 may be obligated or expended for the purposes of this section during fiscal years 1987 through 1991.

Appendix 3

Title 10 Section 2551, Humanitarian assistance

-STATUTE-

1. Authorized Assistance. - To the extent provided in defense authorization Acts, funds authorized to be appropriated to the Department of Defense for a fiscal year for humanitarian assistance shall be used for the purpose of providing transportation of humanitarian relief and for other humanitarian purposes worldwide.

2. Availability of Funds. - To the extent provided in appropriation Acts, funds appropriated for humanitarian assistance for the purposes of this section shall remain available until expended.

3. Status Reports. –

a. The Secretary of Defense shall submit to the congressional committees specified in subsection (f) an annual report on the provision of humanitarian assistance pursuant to this section for the prior fiscal year. The report shall be submitted each year at the time of the budget submission by the President for the next fiscal year.

b. Each report required by paragraph (1) shall cover all provisions of law that authorize appropriations for humanitarian assistance to be available from the Department of Defense for the purposes of this section.

c. Each report under this subsection shall set forth the following information regarding activities during the previous fiscal year:

1) The total amount of funds obligated for humanitarian relief under this section.

2) The number of scheduled and completed transportation missions for purposes of providing humanitarian assistance under this section.

3) A description of any transfer of excess non-lethal supplies of the Department of Defense made available for humanitarian relief purposes under section 2547 of this title. The description shall include the date of the transfer, the entity to whom the transfer is made, and the quantity of items transferred.

4. Report Regarding Relief for Unauthorized Countries. - In any case in which the Secretary of Defense provides for the transportation of humanitarian relief to a country to which the transportation of humanitarian relief has not been specifically authorized by law, the Secretary shall notify the congressional committees specified in subsection (f) and the Committees on Appropriations of the Senate and House of Representatives of the Secretary's intention to provide such transportation. The notification shall be submitted not less than 15 days before the commencement of such transportation.

5. Definition. - In this section, the term "defense authorization Act" means an Act that authorizes appropriations for one or more fiscal years for military activities of the Department of Defense, including authorizations of appropriations for the activities described in paragraph (7) of section 114(a) of this title.

6. Congressional Committees. - The congressional committees referred to in subsections (c)(1) and (d) are the following:

a. The Committee on Armed Services and the Committee on Foreign Relations of the Senate.

b. The Committee on National Security and the Committee on International Relations of the House of Representatives.

-SOURCE-

(Added Pub. L. 102-484, div. A, title III, Sec. 304(c)(1), Oct. 23, 1992, 106 Stat. 2361; amended Pub. L. 104-106, div. A, title XIII, Sec. 1312, Feb. 10, 1996, 110 Stat. 474.)

-MISC1-

AMENDMENTS

1996 - Subsec. (b). Pub. L. 104-106, Sec. 1312(1), (2), redesignated subsec. (d) as (b) and struck out former subsec. (b) which read as follows: "Authority To Transfer Funds. - To the extent provided in defense authorization Acts for a fiscal year, the Secretary of Defense may transfer to the Secretary of State funds appropriated for the purposes of this section to provide for-

"(1) the payment of administrative costs incurred in providing the transportation described in subsection (a); and

"(2) the purchase or other acquisition of transportation assets for the distribution of humanitarian relief supplies in the country of destination."

Subsec. (c). Pub. L. 104-106, Sec. 1312(1), (3), added subsec. (c) and struck out former subsec. (c) which read as follows: "(c) Transportation of Humanitarian Relief. –

"(1) Transportation of humanitarian relief provided with funds appropriated for the purposes of this section shall be provided under the direction of the Secretary of State.

"(2) Such transportation shall be provided by the most economical commercial or military means available, unless the Secretary of State determines that it is in the national interest of the United States to provide such transportation other than by the most economical means available. The means used to provide such transportation may include the use of aircraft and personnel of the reserve components of the Armed Forces.

"(3) Nothing in this subsection shall be construed as waiving the requirements of section 2631 of this title and sections 901(b) and 901b of the Merchant Marine Act, 1936 (46 U.S.C. App. 1241(b) and 1241f)."

Subsec. (d). Pub. L. 104-106, Sec. 1312(4), redesignated subsec. (f) as (d) and substituted "the congressional committees specified in subsection (f) and the Committees on Appropriations of the Senate and House of

Representatives of the" for "the Committees on Appropriations and on Armed Services of the Senate and House of Representatives, the Committee on Foreign Relations of the Senate, and the Committee on Foreign Affairs of the House of Representatives of the". Former subsec. (d) redesignated (b).

Subsec. (e). Pub. L. 104-106, Sec. 1312(3), (5), redesignated subsec. (g) as (e) and struck out former subsec. (e) which required status reports and specified time for submission, coverage and contents.

Subsec. (f). Pub. L. 104-106, Sec. 1312(6), added subsec. (f). Former subsec. (f) redesignated (d).

Subsec. (g). Pub. L. 104-106, Sec. 1312(5), redesignated subsec. (g) as (e).

NOTIFICATIONS REGARDING HUMANITARIAN RELIEF

Notification provided to appropriate congressional committees with respect to assistance under this section to include detailed description of items for which transportation is provided that are excess non-lethal supplies of Department of Defense, including quantity, acquisition value, and value at time of transportation of such items, see section 1504(c) of Pub. L. 103-160, set out in a Humanitarian and Civic Assistance note under section 401 of this title.

LAWS COVERED BY INITIAL REPORTS

Section 304(d) of Pub. L. 102-484 provided that: "For purposes of (former) subsection (e) of section 2551 of title 10, United States Code, as added by subsection (c), section 304 of the National Defense Authorization Act for Fiscal Years 1992 and 1993 (Public Law 102-190; 105 Stat. 1333), and the humanitarian relief laws referred to in subsection (f)(4) of section 304 of that Act (as in effect on the day before the date of the enactment of this Act (Oct. 23, 1992)) shall be considered as provisions of law that authorized appropriations for humanitarian assistance to be available for the purposes of section 2551 of title 10, United States Code."

Appendix 4
MIPR Request, MIPR, MIPR Acceptance

DEPARTMENT OF THE ARMY
HEADQUARTERS
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KENTUCKY 42223

AOSO-SFA-SN-SD 5 May 1998

MEMORANDUM For U.S. Embassy (Jordan), Attn: Mr. Al-Jones

SUBJECT: Example MIPR Request

1. Request that a MIPR be established to support the Certain Success exercise.

ITEM	**COST**
Vehicles	$9,310.00
Fuel	$400.00
Laundry Service	$500.00
Lodging and Food	$4,875.00
BULK FUNDING FOR SUPPLIES AND SERVICES	$2,600.00

2. The total cost for this MIPR is $17,685.

a. APC: XXXX

b. AMOUNT: $17,685

3. The telephone number at the Embassy is xxxxxx/yyyyyy EXT. xxxx FAX xxxxxx

4. POC for this memorandum is CPT Mike at (xxx) xxx-xxxx or DSN xxx-xxxx

IRON MIKE
CPT, OD
BN S-4

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST

1. PAGE 1 OF 1 PAGES

2. FSC	3. CONTROL SYMBOL NO.	4. DATE PREPARED	5. MIPR NUMBER	6. AMEND NO.
		07 May 98	MIPR8HCAK00076	BAS

7. TO:	8. FROM: *(Agency, name, telephone number of originator)*
MILITARY ASSISTANCE PROGRAM EMBASSY OF THE U.A. OF AMERICA UNIT 70207 ATTN:MAJ BALL AMMAN JORDAN APO AE 90892-0207 VOICE 011-962-6-5920101EXT 2545 FAX 592-0160	CDR USA MEDDAC, BACH ATTN: MCXD-RM-P BUDGET FTCKY 42223-5349 PH: 502-798-8794 DSN: 635-8794 FAX: 502-798-8793 DSN: 635-8793

9. ITEMS ☐ ARE ☐ ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING ☐ HAS ☐ HAS NOT BEEN ACCOMPLISHED.

ITEM NO. a	DESCRIPTION *(Federal stock number, nomenclature, specification and/or drawing No., etc.)* b	QTY c	UNIT d	ESTIMATED UNIT PRICE e	ESTIMATED TOTAL PRICE f
1.	MEDICAL CARE 5TH SFG (JAMES MCCLELLAN 798-3263 FAX: 798-2732.)				$2,500.00
2.	SERVICES WILL BE PROVIDED THROUGH REIMBURSEMENT. DIRECT CITING OF ACCOUNTING DATA IS NOT AUTHORIZED.				
3.	ALL BILLING MUST IDENTIFY MIPR NUMBER AS SHOWN ABOVE IN BLOCK 5.				
4.	THIS MIPR MUST BE FINALIZED (INCREASE/DECREASE) ON OR BEFORE 15 SEP 98				
5.	REQUEST ONE COPY OF ACCEPTED DD FORM 448-2 BE RETURNED TO THE ADDRESS IN BLOCK 8.				
6.	POC AT MEDDAC IS WANDA LARKIN, RESOURCE MANAGEMENT DIVISION, 502-798-8794.				

10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS.

11. GRAND TOTAL $2,500.00

12. TRANSPORTATION ALLOTMENT *(Used if FOB Contractor's plant)*	13. MAIL INVOICES TO *(Payment will be made by)*
	DFAS-SA-AOA 500 MCCULLOUGH ST. SAN ANTONIO, TX 78215-2100 PAY OFFICE DODAAD

14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW. THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.

ACRN	APPROPRIATION	LIMIT/ SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION	ACCTG STA DODAAD	AMOUNT
	9780130	1881	0747416840000000000025GZ000000MIPR8HCAK00076DBIA	00018064	$2,500.00

15. AUTHORIZING OFFICER *(Type name and title)*	16. SIGNATURE	17. DATE
JACK K. TROWBRIDGE, MAJ, MS, CH, RMD		07 MAY 1998

DD FORM 448, JUN 72 PREVIOUS EDITION IS OBSOLETE. USAPPC V4.00

[redacted]

ACCEPTANCE OF MIPR

1. TO *(Requiring Activity Address) (Include ZIP Code)*	2. MIPR NUMBER	3. AMENDMENT NO.
CDR USA MEDDAC, BACH ATTN: MXCD-RM-P BUDGET, FTCKY 42223-5349 FAX 502-798-8793	MIPRSHCAKOOO76	BAS
	4. DATE *(MIPR Signature Date)* 07 MAY 98	5. AMOUNT *(As Listed on the MIPR)* $2,500.00

6. The MIPR identified above is accepted and the items requested will be provided as follows: *(Check as Applicable)*

- *a.* [X] ALL ITEMS WILL BE PROVIDED THROUGH REIMBURSEMENT *(Category I)*
- *b.* [ ] ALL ITEMS WILL BE PROCURED BY THE DIRECT CITATION OF FUNDS *(Category II)*
- *c.* [ ] ITEMS WILL BE PROVIDED BY BOTH CATEGORY I AND CATEGORY II AS INDICATED BELOW
- *d.* [ ] THIS ACCEPTANCE, FOR CATEGORY I ITEMS, IS QUALIFIED BECAUSE OF ANTICIPATED CONTINGENCIES AS TO FINAL PRICE. CHANGES IN THIS ACCEPTANCE FIGURE WILL BE FURNISHED PERIODICALLY UPON DETERMINATION OF DEFINITIZED PRICES, BUT PRIOR TO SUBMISSION OF BILLINGS.

7. [ ] MIPR ITEM NUMBER(S) IDENTIFIED IN BLOCK 13, "REMARKS" IS NOT ACCEPTED (IS REJECTED) FOR THE REASONS INDICATED.

8. TO BE PROVIDED THROUGH REIMBURSEMENT CATEGORY I			9. TO BE PROCURED BY DIRECT CITATION OF FUNDS CATEGORY II		
ITEM NO. *a*	QUANTITY *b*	ESTIMATED PRICE *c*	ITEM NO. *a*	QUANTITY *b*	ESTIMATED PRICE *c*
				1	$2,500.00
d. **TOTAL ESTIMATED PRICE**			*d.* **TOTAL ESTIMATED PRICE**		$2,500.00

10. ANTICIPATED DATE OF OBLIGATION FOR CATEGORY II ITEMS	11. GRAND TOTAL ESTIMATED PRICE OF ALL ITEMS
	$2,500.00

12. FUNDS DATA *(Check if Applicable)*

- *a.* [ ] ADDITIONAL FUNDS IN THE AMOUNT OF $ _____ ARE REQUIRED *(See Justification in Block 13)*
- *b.* [ ] FUNDS IN THE AMOUNT OF $ _____ ARE NOT REQUIRED AND MAY BE WITHDRAWN

13. REMARKS
POC MAJ. A.T. BALL, AVN. OFFICER/COMPTROLLER
TEL COMM. 011-962-6-5920101 X-2545
FAX COMM 011-962-6-5920160
ALTERNATE: MOHAMMAN AL-KALIL
TEL COMM 011-962-6-5920101 X-2691
FAX COMM 011-962-6-5927849

14. ACCEPTING ACTIVITY *(Complete Address)*	15. TYPED NAME AND TITLE OF AUTHORIZED OFFICIAL	
MAP, JORDAN UNIT 70207 APO AE 09892-0207, POB 354, AMMAN 11118, JORDAN	MAJ A.T. BALL, AVN. OFFICER/COMPTROLLER	
	16. SIGNATURE	17. DATE 980511

DD FORM 448-2, JUL 71 PREVIOUS EDITION WILL BE USED UNTIL EXHAUSTED. USAPPC V4.00

Appendix 5
Tentative Schedule

MedCAP Early Victor '98 Schedule

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	
MAY 24 ADVON	**25** ADVON	**26** ADVON	**27** ADVON	**28** ADVON	
31 ACLS Prep MedCAP Prep	**June 1** ACLS MACO King Hussein Hospital Tour	**2** ACLS Jump #1 Site Survey #1	**3** ACLS Receive/ Preposition Water/Tables/Supplies	**4** Cultural Day	M
7 Site #2 Mugeyer el Sahran Site Survey #4	**8** Site #3 Sabeha el Sahran Site Survey #5	**9** Site #4 Om el Jamel MACO Site Survey #6	**10** Site #5 Hammamet el Amoosh Jump #3 Move to Salti AFB	**11** Cultural Day	
14 Site #6 North Azraq	**15** Site #7 South Azraq	**16** Site #7 South Azraq	**17** Site #7 South Azraq	**18** Move to JSOTF Prep Hot Wash	I

Appendix 6
Memorandum of Understanding

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KY 42223-6222

MEMORANDUM OF UNDERSTANDING BETWEEN THE U.S. ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
AND THE JORDAN ARMED FORCES ROYAL MEDICAL SERVICES

SUBJECT: Memorandum of Understanding for Medical Civic Action Program (MedCAP) Early Victor (EV) 1998

1. Purpose. This report outlines the structure of the MedCAP for Early Victor, 1998. It reiterates the understandings reached between myself and the Director of Field Medical Services in the Royal Medical Services, Brigadier General Mohammed Abbadi, M.D., and Major Tariq M. Almomani, M.D. during meetings on 14 and 16 March, 1998.

2. Reference. Title 10 section 401 U.S.C.

3. Problem. Reach an understanding regarding specific details surrounding the EV 98 MedCAP.

4. Scope. This document outlines the plan of action and the logistical details for the EV 98 MedCAP.

5. Understandings, agreements, support and resources needed.

a. The MedCAP team will provide two services for the Host Nation (HN).

(1) First, as a Combined Training mission, we will teach a certifying Advanced Cardiac Life Support (ACLS) course from 1-3 June. The MedCAP team will teach this course to approximately 15 physicians and nurses selected by the HN. It will be accomplished without the support of Title 10 funds.

(2) Second, we will execute a MedCAP to augment ongoing HN medical programs. This has a four fold approach:

(a) Primarily, immunizations for Measles Mumps Rubella (MMR), and Hepatitis B (Hep B) will be administered. These have not previously been administered to the civilian population.

(b) We will provide pulmonary screening of subjects to rule out (R/O) diseases such as Chronic Obstructive Pulmonary Disease (COPD), Emphysema and Asthma. This will be accomplished through history,

physical examination (PE), X-ray analysis, and if financially possible, Pulmonary Functions Testing (PFT). If this is not feasible, we may use Peak Flow Meters as a screening tool.

(c) We will conduct general physical examinations to diagnose and treat a variety of acute minor illnesses and identify those individuals that require more substantial care at a definitive HN treatment facility. We will bring a wide range of medicines to accomplish this.

(d) Finally, our preventive medicine (PM) specialist will provide classes to the civilian population in preventive dental care and to HN health care providers in biomedical investigations for infectious disease and unexplained illness epidemics.

b. The HN will add at least three physicians and attempt to match our number of medics, totaling seven, for the MedCAP. The exact number of medics added by the HN will be dictated by the availability of suitable sleeping quarters for the joint team.

c. The MedCAP will operate from two HN Air Force Bases, Safawi Air Base and Salti Air Base about 2-3 hours North East of Amman, near Azraq, from 4 through 17 June. Several days will be spent at each base. Each day we will go to a nearby village to treat the local populace. Tentatively, the villages will be assessed and prepared 1-2 days in advance of our arrival by joint HN and United States (US) Civil Military Operations (CMO) teams.

d. Fridays, the religious day, will be off days for both the HN and US teams as is the custom in Jordan. These days will be used by the JSOTF as cultural days and those who wish to take advantage of this time to enjoy the rich cultural heritage of Jordan. Brigadier General Mohammed Abbadi expressed a desire to assist us in that endeavor.

e. Civilian clothing is the prescribed uniform during the MedCAP. The Desert Camouflage Uniform (DCU) will be worn to official military functions and while conducting training on the environs of military facilities.

f. The force protection plan will be submitted to the JSOTF operations section (S3) no later than (NLT) 5 April. In brief, the force protection plan will be in accordance with (IAW) SOCCENT directives. The HN providing one to four armed guards will facilitate this. The situation and our request will determine the exact number. SOCCENT directives have been explained to the HN concerning carrying weapons and ammunition for self-defense measures, and they agreed to allow us this measure so long as our weapons are not openly displayed.

g. At the request of the HN, and to facilitate the accomplishment of MedCAP objectives as prescribed by the HN, we will do our best to purchase the following specialized supplies and equipment while maintaining budgetary guidance. Other needed supplies and equipment will be purchased through, or supplied by, the HN as indicated in paragraph H, (1 through 3) below.

(1) Patient Exam tables (2)
(2) Screens sufficient to ensure privacy for two patient examination areas
(3) Pulse-Oximeter machine (1)
(4) Needle-less injector air guns for immunizations (2)

(5) Pulmonary Function Test machine (1) (Note. This may be difficult to obtain while maintaining budgetary constraints)

(6) MMR vaccine, 2000 doses, purchased in Amman, Jordan

(7) Two good quality coolers to transport the vaccines

(8) A variety of medical supplies adequate to treat acute minor illnesses

h. The following section outlines agreed upon services and their associated costs for the Early Victor MedCAP, 1998. These items were discussed in the above mentioned meetings with the HN. This data is subject to change; however, both parties must agree to any changes. This information will be confirmed and modified as needed at the Final Planning Conference (FPC).

(1) One 2 1/2 ton truck with driver, for 14 days at a cost of $80 (U.S. Dollars)/day, totaling $1120 USD. The truck will be available on the day of arrival of the main body, approximately 28 May, and then again from 3 through 18 June (except the two Fridays off).

(2) Secure storage area at Safawi Air Base and Salti Air Base for Medical supplies and equipment from 28 May through 18 June provided at no charge (N/C). Access to the storage site will be limited to the commander of the HN and US forces or their designated representative.

(3) Benzene fuel will be provided for the duration of the MedCAP for the 2 1/2 ton truck, two rented civilian 4x4 vehicles and a rented civilian mini-van, for approximately $500 USD.

(4) The US will not be financially or otherwise responsible for any vehicles used in the MedCAP except those mentioned in paragraph H, (3) above. Furthermore, the HN will be responsible for all costs and support of their own personnel.

(5) Food, Water and Lodging for the MedCAP at Safawi Air Base and Salti Air Base will be provided for 13 men. The rooms will be similar to Visiting Officer Quarters (VOQ). Seven, two-man rooms in good condition, clean, electric lights, working bath rooms with showers, air conditioning, heat, serviceable mattresses in spring suspended or box spring type beds, linens, and lockable doors are agreed upon. Also included are three meals per day; hot breakfast and dinner, and hot or boxed lunch as appropriate. In addition, 4 Liters of bottled water per man, per day will be provided. These services will be given from 4-18 June (15 days) at a cost of $25 USD per man per day for a total $4875 USD.

(6) One portable X-ray machine will be rented from the HN for $1360 USD for the duration of the MedCAP.

(7) Suitable X-ray film will be purchased equaling 500 exposures for $1360 USD.

(8) An additional 500 exposures of suitable X-ray film will be purchased by the HN to augment the US film purchase at N/C.

(9) One X-ray technician will accompany the MedCAP for its duration at N/C.

(10) The US team will perform bio-medical waste storage. Bio-medical waste disposal will be provided by the HN as needed at N/C.

(11) Village schools or other suitable structures with electricity will be used for screening and treatment of civilians at N/C to the US. There will be no utilities fees associated with the use of these structures.

(12) The HN will provide one to four armed guards with rifles loaded with live ammunition, to help protect the MedCAP forces from attack. The exact number will be determined by the situation and by our request. The guards, and all required support for them, will be provided by the HN at N/C.

(13) 500 doses of Hep B vaccine (adult) will be ordered from the HN at a cost of $4.08 USD (3 JD) each for a total of $2,040 USD. The order will be placed through the U.S. Embassy, Amman, NLT 10 Apr 98.

i. The total HN expenditure portion of the MedCAP is $11,255 USD.

6. Effective 17 March 1998.

MOHAMMED D. ABBADI, M.D.
Brigadier General
Director of Field Medicine

17 March 1998

MIKE FORCE, PA-C
CPT, SP, DMO
MedCAP Coordinator

17 March 1998

CF:
Director of Royal Medical Services, Jordan
JSOTF Commander, EV 98
Commander SOCCENT
Defense Attaché, US Embassy, Jordan

Appendix 7

HOSPITAL SURVEY

City/Country _____

Hospital name _____

Trauma level _____

Address _____

_____

Telephone #'s _____

Date of assessment _____

Assessor _____

Hospital POC

- Name, title and position _____
- Office _____
- Home _____
- Cell Phone _____
- Pager _____
- Fax _____
- E-mail _____

Emergency department

- Location (floor, wing) _____
- Number of trauma beds _____
- Trauma Capacity (case load at one time) _____
- POC _____
- 24 hour Desk Phone #
  - Primary _____
  - Secondary _____
  - Alternate _____
- Radio frequencies
  - Primary _____

Secondary _____

Alternate _____

Helipad

Grid Coordinates _____

Location (cardinal direction from hospital) _____

_____

Elevation _____

Max capacity (largest ACFT) _____

Weight limit _____

Ambulance services recommended:

Name	Phone #	Freq.	Call sign

Operating Room

Location (floor, wing) _____

Number of or suites _____

Intensive Care Unit

Location (floor, wing) _____

_____

Number of Beds _____

Response times

ER _____

X-ray _____

Radiologist _____

Clinical lab _____

Whole blood _____

Pathologist _____

Internist _____

Cardiologist _____

Coronary care unit _____

Anesthesiologist _____

General surgeon _____

Thoracic surgeon _____

Orthopedic surgeon _____

Neurosurgeon _____

Operation team _____

Intensive car unit _____

Air EVAC _____

Ground EVAC _____

Distances to site:

Site	Kilometers	Drive Time	Fly Time

Type of cases referred to other hospitals _____

Name of other referral hospitals:

Name	Phone #	POC

Additional Information:

Appendix 8
Personnel Requests

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KY 42223-6222

AOSO-SFA-SN-MD 10 MAR 98

MEMORANDUM FOR S-3

SUBJECT: Personnel requirements request for Early Victor (EV) MedCAP

1. The following MOS' are requested for the EV MedCAP. They have been determined as essential for successful completion of the mission.

   18B- 1
   18C- 1
   18D- 4
   18E- 1
   91S- 1
   98G/91B- 1

2. 19th SFG (A) has stated that they are interested in augmenting us with MedCAP personnel. POC is SFC Supinski @ COMM (440) 543-1782.

3. POC is the undersigned @ xxx-xxxx.

IRON MIKE, M.D.
CPT, MC, FS
Battalion Surgeon

*Note: this request is designed to compliment personnel from the Medical Detachment.

DEPARTMENT OF THE ARMY

Headquarters and Headquarters Detachment
2nd Battalion 5th Special Forces Group (Airborne)
Fort Campbell, Kentucky 42223-6222

AOSO-SFA-SN-CO 28 Oct 97

MEMORANDUM FOR Commander, 5th Special Forces Group (Airborne), Fort Campbell, Kentucky 42223-6217

SUBJECT: Request for Family Practice Physician

1. Request one female family practice physician to participate in MedCAP to Jordan from June 1, 1998 to June 18, 1998.

2. Recent discussions with Host Nation Officials, MAJ Almomani, indicate that the majority of women in Jordan will be reluctant to be examined by American or Jordanian male medical professionals. In spite of the western attitude of most Jordanians in and about the city, the population in the rural areas the MedCAP Team will operate is more traditional and not accepting of women being put in what is viewed as a compromising situation. This will limit the overall capabilities and mission accomplishment of the MedCAP.

3. In order to resolve this mission-limiting problem, it was mutually determined and agreed upon by both the HN and the MedCAP representative that a female family practice physician would be a valuable asset to the mission. The MedCAP team will be able perform to its fullest capabilities and set new standards for further missions that face the same cultural hurdles.

4. The benefit to the unit will be the opportunity to gain valuable training from a specialist that usually does not accompany a MedCAP Team. Most MedCAP Teams consist of personnel from this unit and rarely have additional specialists attached. Having a family practice physician will be a rare and valuable training opportunity for all 5th Group personnel involved.

5. Attachment will begin at Fort Campbell, Kentucky on or about 24 May 1998. Attachment will end on or about 23 June 1998.

6. All expenses will be provided.

7. Point of Contact is MSG Fearless, Operations Sergeant, BN Med, @ DSN xxx-xxxx.

BRONZE BRUCE
LTC, SF
Commanding

Appendix 9
Example Medical Supply Order

NOTE: This order is only and example. Although it provides and excellent starting point, it is recommended you thoroughly review it. Further, it is recommended you divide this example order into categories of medications when you review it. For example: antibiotics, GI meds, ophthalmic meds, HTN meds, etc. Then adjust it based upon the guidance in the body of this document.

ITEM	NSN	U/I	PRICE	ORDERED
ACETOMINOPHEN	6505-00-985-7301	BT	$ 6.04	300
ACETOMINOPHEN LIQUID	6505-01-130-4676	BT	$ 0.39	1000
ACYCLOVIR OINT	6505-01-137-8451	TU	$ 19.93	20
ADHESIVE SURG	6510-00-926-8881	PG	$ 7.49	20
ADHESIVE SURG	6510-00-926-8882	PG	$ 7.49	20
ADHESIVE SURG	6510-00-926-8883	PG	$ 7.49	20
ADHESIVE SURG	6510-00-926-8884	PG	$ 7.49	20
AIRWAY NASAL	6515-00-167-6637	PG	$ 145.08	1
AIRWAY PHARYN 100MM	6515-00-687-8052	BX	$ 4.42	1
AIRWAY PHARYN 80MM	6515-00-958-2232	BX	$ 4.42	1
ALBENDAZOLE	6505-01-447-7334	BT	$ 62.33	1
ALBUTEROL INHALER 17 G	6505-01-116-9245	EA	$ 3.54	200
ALBUTEROL TABS	6505-01-138-8028	BT	$ 2.75	10
ALUM ACETATE 60CC	6505-00-104-8061	BT	$ 7.39	300
AMITRIPTYLINE 25MG	6505-00-082-2659	BT	$ 1.16	1
AMOXCIL CAPS	6505-01-010-7953	BT	$ 1.50	300
AMOXICILLIN 500 GM	6505-01-115-1474	BT	$ 7.16	300
AMPICILLIN 250 MG	6505-00-770-8343	BT	$ 3.63	50
ANTIPYRINE DROPS	6505-00-598-5830	BT	$ 1.14	10
ANUSOL HC OINTMENT	6505-00-063-6226	PG	$ 10.12	1
APLICATOR 6 INCH 100S	6515-01-234-6838	PG	$ 0.65	10
ARTIFICIAL TEARS	6505-01-015-6465	PG	$ 15.30	150
ASPIRIN ASAP	6505-00-100-9985	BT	$ 0.56	300
ATENOLOL	6505-01-177-1977		$ 84.85	1
ATTAPULGATE 12S	6505-01-315-5357	PG	$ 2.80	1
AUGMENTIN 250MG	6505-01-344-0449	BT	$ 21.05	20
AXID TABS 60S	6505-01-360-5743	BT	$ 41.14	10
AZITROMICIN 18S	6505-01-377-0468	PG	$ 65.81	10
AZMACORT	6505-01-206-9233	PG	$ 8.77	10
BACITRATION OINTMENT	6505-00-159-6625	EA	$ 0.79	700
BAG EAR POLITZER	6510-00-308-5400	EA	$ 16.04	2
BANDAGE 37X37X52	6510-00-201-1755	EA	$ 2.02	4
BANDAGE ADHESIVE 3IN	6510-00-597-7469	BX	$ 1.86	50

BANDAGE ELASTIC 3 IN	6510-00-935-5821	PG	$ 3.53	10
BANDAGE ELASTIC 4 IN	6510-00-935-5822	PG	$ 5.27	10
BANDAGE GUAZE 4YX4.5	6510-00-582-7992	PG	$ 7.48	10
BECLOMETHASONE INH	6505-01-412-9291	EA	$ 15.64	5
BEDADINE SWAB STICKS	6510-01-008-7917	BX	$ 8.50	50
BENADRYL 50 ML 1000S	6505-00-582-4868	BT	$ 8.52	500
BENZOIN TINCTURE PT	6505-01-261-7527	PT	$ 3.88	5
BENZOCAINE GEL 20%	6505-01-064-5769	BT	$ 1.68	50
BENZONATATE	6505-00-660-1798	BT	$ 30.81	
BENZOTATE TESSALON	6505-00-660-1798	BT	$ 24.68	100
BIAXIN TABS	6505-01-354-8481	BT	$ 93.62	15
BISCODYL TAB 100S	6505-00-118-2759	BT	$ 4.29	300
BISMUTH SUBSALICYLATE	6505-01-244-8010	PG	$ 2.54	100
BLADE KNIFE # 11	6515-00-660-0010	PG	$ 0.72	2
BLADE KNIFE #10	6515-00-660-0011	PG	$ 1.31	2
BLANKET COMBAT	7210-00-935-6665	EA	$ 9.07	20
BLANKET LIGHT WEIGHT	7210-00-935-6667	EA	$ 5.37	20
BLANKET LIGHT WEIGHT	7210-00-935-6668	EA	$ 6.98	20
BRUSH SURGICAL SCRUB	6530-00-772-5935	EA	$ 1.22	25
BUPICAINE HCL 50M	6505-00-138-7347	VI	$ 2.51	5
BUPIVACAINE, MARCAINE	6505-00-138-7347	VI	$ 2.51	10
CALAMINE LOTION	6505-00-687-4535	EA	$ 0.48	500
CARDIZEM	6505-01-286-5641	BT	$ 107.56	2
CARDURA TABS	6505-01-351-9256	BT	$ 57.63	0
CASE 7.5X2X4	6545-00-113-3722	EA	$ 3.20	5
CASE MED INSTRUMENT #3	6545-00-912-9870	EA	$ 17.99	20
CASE MEDINSTRUMENT #	6545-01-382-5876	EA	$ 92.72	5
CATERIZATION KIT	6515-00-149-0105	KT	$ 5.41	5
CATERTHER & NEEDLE 14GA	6515-01-153-5373	PG	$ 54.81	1
CATERTHER & NEEDLE 16GA	6515-01-050-0208	PG	$ 32.69	2
CATERTHER & NEEDLE 18GA	6515-01-282-4878	PG	$ 35.20	2
CATERTHER & NEEDLE 20GA	6515-01-008-7972	PG	$ 49.92	2
CEFACLOR CECLOR LIQUID	6505-01-152-3607	BT	$ 8.55	10
CEFAZOLINE SODIUM 1 GR	6505-01-010-0832	VI	$ 1.50	10
CEFIXIME TABS 400MG	6505-01-310-0609	BT	$ 197.94	1
CEFTRIAXONE SO 250MG	6505-01-227-7028	PG	$ 71.40	100
CEMENT ZINC PHOSPHATE	6520-00-514-2450	PG	$ 3.80	5
CEPACOL LOZENGES	6505-01-171-6051	PG	$ 22.20	5
CEPHALEXIN	6505-00-197-9200	BT	$ 10.93	100
CHARCOAL ACTIVATED	6505-00-135-2881	BT	$ 3.23	10
CHLORAMPHENICOL 250MG	6505-01-1562180	PG	$ 11.83	2
CHLOROQUINE	6505-01-267-9662	BT	$ 105.26	2
CIMETIDINE TABS 300MG	6505-01-264-4453	BT	$ 29.63	100

CIPROFLOXACIN TABS	6505-01-272-2385	BT	$ 95.71	5
CLINDAMYCIN CLEOCIN	6505-01-185-3309	PG	$ 21.35	10
CLOBETASOL PROPIONATE	6505-01-387-7695	TU	$ 30.76	2
CLONIDINE 0.1 MG TABS	6505-01-134-8388	BT	$ 97.67	4
CLOTRIMAXOLE CREAM 15G	6505-01-023-5011	TU	$ 1.08	200
CONDOM RUBBER 100S X 3	6515-00-117-8416	PG	$ 13.18	50
COTRIMOXAZOLE				10
COUMADIN SODIUM	6505-00-482-2725	BT	$ 5.00	5
CAUTERY HIGH TEMP 10S	6515-01-021-3688	PG	$ 60.39	1
CYCLOBENZAPRINE	6505-01-062-8010	BT	$ 1.60	5
DAPSONE	6505-01-185-7862	BT	$ 20.51	2
DECONOMINE TABS 500S	6505-01-091-7508	BT	$ 22.79	300
DEXAMETHAZONE TABS	6505-00-687-8482	BT	$ 31.03	20
DEXTRO & GUAFENISIN	6505-01-329-6484	BT	$ 34.99	200
DEXTRO LOZENGES	6505-01-149-4121	PG	$ 2.25	20
DEXTROSE 50% 50CC	6505-00-139-4460	PG	$ 16.69	20
DIAZAPAM INJ	6505-01-240-6894	VI	$ 18.88	5
DIAZAPAM TABS	6505-01-098-5803	BT	$ 2.98	20
DIAZEPAM INJ	6505-00-375-8955	PG	$ 3.49	10
DICLOXACILLIN DYNAPEN	6505-00-369-7289	BT	$ 7.07	50
DIGOXIN	6505-00-165-1483	BT	$ 10.86	2
DILANTIN	6505-00-687-8486	BT	$ 13.11	10
DILTIAMZEM XR	6505-01-353-9842	BT	$ 129.82	
DIMETAPP CAPS	6505-01-206-5977	BT	$ 136.28	100
DIMETAPP ELIXIR	6505-01-206-5979	BT	$ 4.33	100
DIPHENHYDRAMINE 1ML	6505-00-148-7177	PG	$ 9.47	20
DIPHENHYDRAMINE 30ML	6505-01-035-2744	EA	$ 1.18	10
DIPHENHYDRAMINE CAPS	6505-00-116-8350	BT	$ 1.13	200
DISPOSABLE CONTAINER	6530-01-183-2863	PG	$ 36.63	30
DOCUSATE SODIUM	6505-00-118-1449	BT	$ 10.31	30
DOXAZOSIN 8 MG TABS	6505-01-351-9256	BT	$ 57.63	3
DOXICYCLINE HYCLATE	6505-00-009-5063	BT	$ 27.69	5
DRAINAGE UN 2400ML	6515-01-023-2903	PG	$ 150.23	1
DRESSING FIELD	6510-01-201-7425	EA	$ 5.22	20
DRESSING FIELD	6510-00-201-7430	EA	$ 3.59	20
DRESSING FIELD FIRST AID	6510-00-159-4883	EA	$ 1.95	20
DUBICAINE OINTMENT	6505-00-299-9535	TU	$ 0.69	100
ENTEX	6505-01-107-1479	BT	$ 2.45	200
ENVELOPE DISPENSING	8105-01-099-0355	PG	$ 14.76	5
EPINEPHRINE 1:1000	6505-00-299-8760	BX	$ 6.05	2
ERTHROMYCIN SEARATE	6505-01-083-5988	BT	$ 4.58	25
ETHAMBUTOL	6505-00-403-7645	BT	$ 23.55	2
EUGENOL USP 1OZ	6505-00-153-8379	BT	$ 1.02	10

FELODIPINE 10MG	6505-01-350-0352	BT	$ 15.11	4
FENOFEXADINE	6505-01-443-2356	BT	$ 56.18	4
FIRST AID EYE DRESS	6545-00-853-6309	PG	$ 9.42	20
FIRST AID KIT RIGID	6545-00-922-1200	EA	$ 69.83	5
FLASH LIGHT 3 V	6230-00-125-5528	PG	$ 9.42	4
FLUCONONIDE 15GR	6505-00-149-0160	TU	$ 1.11	300
FLUOCONAZOLE	6505-01-319-8233	BT	$ 425.05	1
FLUOXETINE 20MG CAPSULES	6505-01-397-4313	BT	$ 102.55	3
FOLIC ACID	6505-0-150-7552	VI	$ 3.97	2
FOOT POWDER	6505-01-008-3054	EA	$ 0.52	50
FORCEPS TRACH	6515-00-332-3300	EA	$ 8.09	5
FORCEPS HEMO HALSTED	6515-00-334-4900	EA	$ 13.56	5
FOSINOPRIL	6505-01-383-0886	BT	$ 300.65	1
FUROSEMIDE 10ML INJ	6505-01-157-5115	VI	$ 99.35	2
GENTAMICIN SULFATE	6505-01-213-9514	BT	$ 7.24	40
GLIPIZIDE XL 10 MG	6505-01-198-0075	BT	$ 2.65	30
GLOVES 7 1/2	6515-01-149-8841	PG	$ 18.94	10
GLOVES 8 1/2	6515-01-149-8843	PG	$ 18.94	10
GLOVES LARGE	6515-01-364-8554	PG	$ 5.84	75
GLUCOPHAGE	6505-01-417-9964	PG	$ 6.30	2
GLYBURRIDE TABS	6505-01-313-3707	BT	$ 94.78	1
GUAFENISIN SYRUP 4 OZ	6505-00-064-8765	BT	$ 0.55	300
GUAZE IODOFORM	6510-01-003-7697	PG	$ 55.80	2
GUAZE PETRO 3X36INCH	6510-01-112-6414	PG	$ 5.17	5
HUMABID, GUA, DEXTRO	6505-01-329-6484	BT	$ 75.65	20
HYDROCHLOROTHIAZID	6505-01-356-8499	BT	$ 41.19	5
HYDROCORTISONE CREAM	6505-00-926-2095	TU	$ 0.74	700
HYDROXIZINEHYDROCHLORID	6505-00-579-9715	BT	$ 8.78	5
HYTRIN	6505-01-358-3848	BT	$ 251.00	2
IBUPROFEN SYRUP 100MG	6505-01-316-5050	BT	$ 1.31	300
IBUPROFEN TABS 800 MG	6505-01-214-9062	BT	$ 16.37	20
INDOMICIN CAPS 25	6505-00-118-2776	BT	$ 3.03	20
INSECT STING KIT	6505-01-043-6795	EA	$ 7.35	20
INTRAVENOUS INJ KIT	6515-00-117-9021	PG	$ 37.32	1
IPECAC SYRUP 30ML	6505-00-926-9197	BT	$ 0.93	10
ISONIAZID	6505-00-135-6904	BT	$ 3.47	20
KALOIN & PECTIN	8605-00-890-1657	BT	$ 1.82	50
KAOPECTATE	6505-01-315-5357	BX	$ 2.51	100
KETOROLAC	6505-01-357-5374	PG	$ 53.34	30
LEVOTHYROXINE TABS	6505-00-915-1630	BT	$ 2.11	30
LIDOCAINE & EPINEPHRINE	6505-00-582-5182	BT	$ 7.45	5
LIDOCAINE 1% INJ	6505-00-598-6116	BT	$ 1.05	5
LIDOCAINE 1.0%	6505-00-598-6116	BT	$ 3.87	5

LIDOCAINE 2% INJ	6505-00-598-6117	BT	$ 0.47	5
LIDOCAINE 2%	6505-00-598-6117	BT	$ 1.19	5
LIDOCAINE OINTMENT 5%	6505-00-785-4357	TU	$ 3.05	50
LIPSTICK ANTI CHAP	6508-01-265-0079	PG	$ 23.59	4
LOPERAMIDE HCL CAPS	6505-01-066-6568	BT	$ 20.55	30
LUBRICANT SURGICAL	6505-00-153-8809	TU	$ 3.57	5
MASK CUPPED SURGICAL	6515-00-982-7493	PG	$ 9.09	10
MASK ORANASAL ADULT	6515-01-215-4177	EA	$ 20.87	4
MAXZIDE 50/75				10
MECLEZINE HCL 100S	6505-00-962-6211	BT	$ 1.20	4
MEDROXYPROGESTERONE	6505-01-059-9006	BT	$ 47.67	5
MEFLOQUINE	6505-01-315-1275	PG	$ 98.23	Variable
MEPERIDINE, DEMROL	6505-01-126-9360	VI	$ 20.13	5
METFORMIN 500MG	6505-01-413-9608	BT	$ 50.79	1
METHOCARBAMOL TABS	6505-00-660-1601	BT	$ 11.42	10
METIPRANOLOL	6505-01-331-1550	BT	$ 21.63	5
METRONDIZOLE TABS	6505-00-890-1840	BT	$ 3.06	150
MIDAZOLAM	6505-01-239-5493	PG	$ 137.33	5
MILK OF MAGNESIA	6505-00-148-7263	BT	$ 0.78	300
MORPHINE SULFATE 1.5ML	6505-00-129-5518	PG	$ 3.17	10
MORPHINE SULFATE 60 ML	6505-01-317-4958	VI	$ 3.87	1
MULTIVITAMIN TABS	6505-01-060-2393	BT	$ 1.62	500
MUPIROCIN 30GR	6505-01-352-3658	TU	$ 15.79	2
MYLANTA LIQUID	6505-00-080-0975	BX	$ 31.38	10
NALBUPHINE, NUBAIN	6505-01-115-9852	PG	$ 1.83	2
NALOXONE, NARCAN	6505-00-079-7867	PG	$ 1.94	2
NAPHAZOLINE OTHOL	6505-00-071-7867	BT	$ 4.00	
NAPROXEN TABS 250 G	6505-01-207-6127	BT	$ 47.17	2
NEOSULF& BACITRATION	6505-00-299-8740	BT	$ 1.08	50
NIFEPIDINE CAPS	6505-01-242-0950	BT	$ 30.65	10
NITROFURANTOIN EXTENDED	6505-01-352-3884	BT	$ 84.22	5
NITROGYCERIN TABS	6505-00-687-3663	BT	$ 4.13	5
NORGESIC FORTE	6505-01-029-9116	BT	$ 78.11	2
NORVASC 250MG	6505-01-367-5242	BT	$ 65.41	5
OMEPRAZOLE 20MG CAPS 1000S	6505-01-415-3580	BT	$2,176.88	1
OXYMATAZILONE	6505-00-869-417	BT	$ 0.75	300
PAD COOLING CHEM 4S	6530-00-133-4299	PG	$ 5.15	10
PAD COT 6.35X.39C	6510-01-107-7575	PG	$ 5.04	5
PAD ISOPROPYL ALCOHOL	6510-00-78-3736	PG	$ 0.68	50
PAD NON ADHERENT	6510-00-11-0708	PG	$ 7.86	10
PAD POVIDONE IMPREGNATE	6510-01-010-0307	PG	$ 2.72	20
PEDIALYTE	8940-00-064-4165		$ -	200
PEDIAZOLE SUSP	6505-01-144-5318	BT	$ 8.13	100

PENICILLIN G POT	6505-00-958-3305	BT	$	1.37	20
PENICILLIN V POTASSIUM	6505-00-149-0141	BT	$	2.04	150
PEPCID INJECTION	6505-01-281-1249	VI	$	16.39	5
PEPTO BISMOL TABS	6505-01-315-5357	BT	$	1.41	50
PERMETHRIN CREAM RINSE	6505-01-321-8812	TU	$	12.32	150
PERMETHRIN NIX RINSE	6505-01-256-4972	EA	$	9.19	20
PETOLATUM WHITE 1 OZ	6505-00-254-5527	TU	$	0.44	20
PHENERGEN 25MG	6505-00-680-7352	BX	$	9.39	2
PILLOW PNEUMATIC	7210-00-299-8520	EA	$	2.46	5
PIROXICAM CAPS 20MG	6505-01-137-4268	BT	$	10.78	20
PODOFILOX, CONDYLOX	6505-01-338-4710	BT	$	33.73	10
PRAVASTATIN	6505-01-354-6996	BT	$	114.97	2
PRAZINQUANTEL 600MG	6505-01-168-4445	BT	$	5.55	MSN DCT
PREDNISONE TABS 500	6505-00-279-7606	BT	$	11.21	10
PREMARIN	6505-00-584-0413	BT	$	26.51	2
PREMETHERIN CREAM RINSE	6505-01-256-4972	PG	$	2.50	150
PRIMAQUINE PHOSPHATE	6505-01-348-2465	BT	$	35.42	5
PROMETHAZINE INJ 25	6505-00-680-7352	BX	$	7.81	2
PROMETHAZINE SUPP	6505-00-133-5214	BX	$	18.33	5
PSUEDAFED TABS 1000S	6505-00-958-2366	BT	$	10.85	20
PYRAZINAMIDE 500MG	6505-00-764-4319	BT	$	273.86	2
PYRIDOXINE 25 MG	6505-00-687-3570	BT	$	11.83	1
RANITIDINE	6505-01-317-2031	BT	$	59.60	5
RIFAMPIN	6505-01-362-6259	BT	$	43.12	5
RINGER LACTATED	6505-01-330-6267	PG	$	8.07	4
ROBITUSSIN DM	6505-01-318-1565	BT	$	2.25	500
SCAPOLOMINE PATCHES	6505-01-138-5692	PG	$	25.04	5
SCISSORS BANDAGE	6515-00-935-7138	EA	$	3.83	25
SCISSORS GENERAL	6515-01-060-4280	EA	$	21.70	5
SCISSORS IRIS	6515-00-364-4800	EA	$	20.93	5
SENA FRUIT	6505-00-656-1468	BT	$	4.09	5
SEPTRA DS TABS	6505-01-016-1470	BT	$	4.82	10
SERTRALINE	6505-01-360-8958	BT	$	126.25	2
SILVER NITRTRATE APPLICAT	6505-00-299-9672	PG	$	2.98	1
SILVER SULFADIAZINE CREAM	6505-00-560-7331	TU	$	17.61	1
SILVADENE CREAM	6505-01-161-7135	TU	$	2.35	2
SOAP ANTIBICROBIAL	6508-00-852-6579	BX	$	35.84	10
SODIUM CHLORIDE INJ	6505-00-330-6269	BX	$	5.69	5
SPATULA DENTAL	6520-00-926-2052	EA	$	6.03	5
SPECCULUM NASAL	6515-00-369-9100	EA	$	32.75	2
SPIRONLACTONE, ALDACTON	6505-00-926-8996	BT	$	127.70	1
SPLINT ARM ADULT	6515-00-935-6592	EA	$	6.77	2
SPLINT FINGER	6515-00-168-6894	PG	$	7.47	2

SPLINT LEG ADULT	6515-00-935-6593	EA	$ 8.64	2
SPLINT TRACTION	6515-01-250-8936	EA	$ 262.97	1
SPLINT WIRE LADDER	6515-00-373-2100	EA	$ 2.65	10
SPLINT WOOD 18 IN	6515-00-372-1200	EA	$ 8.06	2
SPONGE SURGICAL 2X2	6510-00-782-2700	PG	$ 2.64	100
SUNSCREEN PREP 4 OZ	6505-01-121-2366	BT	$ 1.18	50
SUPPORT ANKLE ELASTIC	6515-01-342-0037	EA	$ 4.00	10
SUPPORT ANKLE MED	6515-01-342-2403	EA	$ 4.00	10
SYNTHROID 4S	6505-01-312-6349	PG	$ 30.57	10
TERAZOSIN 5MG CAPSULES	6505-01-281-2852	BT	$ 46.43	2
TERBINAFINE, LAMISIL	6505-01-433-8677	BT	$ 186.54	2
TETRAHYDROZALINE EYE DR	6505-00-139-4600	EA	$ 1.92	50
THEOPHYLLINE 300MG	6505-01-166-9018	BT	$ 4.09	2
THERMOMETER CLINICAL	6515-00-149-1405	EA	$ 0.85	30
TIMOLOL SOLUTION	6505-01-069-6518	BT	$ 8.64	2
TOLFANATE GREAM 15G	6505-01-022-2648	TU	$ 0.92	300
TONGUE DEPRESSOR 500S	6515-00-324-5500	PG	$ 1.07	20
TRIAMCINE 1%	6505-00-682-8194	TU	$ 0.43	200
TRIAMTERENE	6505-01-390-0308	PG	$ 14.21	2
TRIPOLIDINE & PSUEDAFED	6505-00-753-96145	BT	$ 2.15	100
TYLENOL III/ CODEINE	6505-01-086-2993	PG	$ 44.85	2
TYLOX	6505-01-211-6803	PG	$ 8.03	10
VEETIDS TABS	6505-01-297-8702	BT	$ 20.93	5
VERAPAMIL 100S	6505-01-135-4251	BT	$ 3.59	2
VERAPAMIL CALAN, SR 240MG	6505-01-382-1896	BT	$ 64.84	1
VERMOX TABS	6505-01-388-1364	PG	$ 35.26	100
VITAMIN PRENATAL	6505-01-347-6833	BT	$ 4.51	500
WARFARIN 2MG TABS	6505-01-052-2857	BT	$ 21.19	1
WATER INJ 5 ML	6505-00-543-4048	PG	$ 8.23	2
WATER PURIFICATION TABS	6805-00-985-7166	BT	$ 0.53	100
WITCH HAZEL, TUCKS	6505-00-142-8812	EA	$ 3.03	50
ZINC OXIDE OINTMENT	6505-00-150-1990	TU	$ 0.55	10
ZITHROMAX CAPS 20S	6505-01-417-9967	BT	$ 98.82	10
ZOLPIDEM TABS	6505-01-435-4310	BT	$ 114.85	1

Appendix 10
Example Veterinary Supply Order

American Live Stock Company

PRODUCT	U/I	ITEM	QTY	PRICE (EA)
Vitamin B Complex 250ml	BT	Vitibc250	5	$ 3.36
ALBON BOLUS 5G 50S	BT	ALBONB2	2	$ 44.98
TERRAMYCIN SCOUR TABS 100S	BT	TERAD100	2	$ 33.56
IRON DEXTRAN INJ 100ML	BT	IRONDEXD	5	$ 17.25
CEFA=DRY INTRAMAMMARY INFU 12	BX	CEFADRY	1	$ 16.82
CEFA-LAK INTRAMAMMARY INFU 12	BX	CEFALAK	1	$ 17.33
MASTITIS INDICATOR 30S	BX	MASTINDC	1	$ 2.56
BLOOD STOPPER 16 16OZ	BT	BLOOD16D	1	$ 3.41
AMITRAZ 760ML	EA	TAKTIC	3	$ 38.98
INSETICIDE POUR ON 6PT	EA	CYLENCE6P	10	$ 80.89
GUN INSECT. POUR ON	EA	CYLENCEGU	2	$ 48.08
LD-44Z FARM INSECT FOGGER	CN	DAIRYLD44	2	$ 8.94
PAINT STICK, TWIST	EA	PAINTTW	75	$ .96
BANDAGE SELF AHD KOFLEX	RO	COFLEX	30	$ 1.27
HALTER ROPE	EA	HALT1010	3	$ 2.99
SCAPELS DIS. W/ HANDLE #10	BX	SCALP280	2	$ 7.69
SYRINGE REPEATER 50 ML ALFLE EA		SYRALL50	6	$ 42.95
NEEDLE DISP 16 X 1	EA	NEEDLD16B	100	$ .21
NEEDLE STAINLESS STEEL 18X1	DZ	NEEDL18C	1	$ 6.22
NEEDLE STAINLESS STEEL 18X3/4	DZ	NEEDL18B	1	$ 6.22
NEEDLE STAINLESS STEEL 20X1	DZ	NEEDL20C	1	$ 6.22
NEEDLE STAINLESS STEEL 20X3/4	DZ	NEEDL20B	1	$ 6.22
GLOVES COTTON CANVAS W/KNOB	EA	GLA305L	6	$ 2.17
GLOVES LEATHER COW HIDE LARG	EA	GLA1718	6	$ 2.48

BUTLER Company

KETAMINE HCL 100MG/ML 10ML	EA	AVC50425	4	$ 8.94
LIDOCAINE 2% 100ML	BT	WAB10375	2	$ 1.25
XYLAZAINE 100MG/ML 50ML	BT	WAB10955	4	$ 18.10
XYLAZAINE 20MG/ML 20ML	BT	WAB10945	2	$ 17.25
YOHIMBINE INJ 2MG/ML 20ML	BT	VAM04841	2	$ 31.16
BEUTHANASIA SOL C3N 100ML	BT	SAH22084	1	$ 27.84
SPLINT CARPO PLAST LARGE 2X16	EA	JOR91193	4	$ 3.00
SPLINT CARPO PLAST MED 1X1/2	EA	JOR91192	8	$ 3.00
SPLINTS QUICK LARGE PR	PR	JOR11903	4	$ 11.40

KEITH SONES (Nairobi, Kenya)

ALBENDAZOLE 10% SUSP 1 LITER	BT	175	$ 23.50
*** MANY MORE PURCHASED IN-COUNTRY AT $13.00 EA***			
BLUEKOTE AREOSOL 200ML	CN	100	$ 2.15
CYMELASAN TRYPANOSOMIASIS	BT	15	$ 3.80
IVERMECTIN 1% INJ 50ML	BT	20	$ 19.90
NEEDLE HYPO 16GA 100S	BX	1	$ 7.80
NEEDLE HYPO 21GA 100S	BX	1	$ 7.80
OXYTETRACYCLINE LA 200 100ML	BT	100	$ 4.30
SYRINGE DISP 10CC	EA	50	$ .21
SYRINGE DISP 20CC	EA	50	$ .25
TERRAMYCIN OPTH OINT 3.5G	TU	300	$ .30
TYLAZINE 20% INJ 100ML	BT	15	$ 6.95
CCCP VACCINE	DS	30,000	$ .20

GROUP MEDICAL SUPPLY OFFICE

APPLICATOR COTTON TIP 100S	PG	2	$ 2.00
BAG DISP ENV. 1000S	BX	1	$ 3.00
BETADINE SOLUTION 16OZ	BT	5	$ 1.00
BOTTLE DISP GLASS PLAST 100ML EA		25	$ .20
COTTON ROLLED	RO	10	$ 1.00
GUAZE 4X4	BX	1	$ 20.00
GLOVES LARGE EXAM	BX	2	$ 20.00
TAPE POUROS 1 IN	BX	1	$ 5.00
WATER INJ STERILE 1ML 6S	BX	5	$ 8.98

WAL-MART

COOLER 2 CU FT	EA	2	$ 79.95

MISC.

DOPRAM 10ML /ML	BT	1	$ 10.00
MERCK VET MANUAL	EA	5	$ 30.00

TOTAL: $ 15,036.53

Appendix 11

Preventive Medicine Supply List

(30 Days for 15 personnel)

NSN	DESCRIPTION	U/I	ALLOW	LOCAL PUR
6810002550471	Calcium hypochlorite, 6 oz	BT	2	Wal-Mart (HTH)
6850002706225	Chlorination Kit, Water Pu	KT	1	Wal-Mart (Pool Test Kit)
3740001325936	Duster, Manually Operated	EA	1	
8415010129294	Glove, Chemical and Oil	PR	4	Wall-Mart/COOP
4240001906432	Goggles, Industrial, Non-vented	PR	2	Wal-Mart
6840012103392	Insect Repellent, Personal	BT	2/IND	Wal-Mart
6840012103392	Insecticide, Chlorpyrifos (liquid)	BT	2+	Wal-Mart (Dursban)
6840010676674	Insecticide, d-Phenothrin	CN	1/5 IND+	Wal-Mart (RAID)
3740002523384	Mousetrap, Spring, 12s	DZ	2	Wal-Mart
3740002601398	Rattrap, Spring, 12s	DZ	1	
	Glue Boards	BX	10*	Wal-Mart
3740012343448	Repair Parts Kit, Sprayer	EA	1	Wal-Mart
6840007534973	Rodenticide, Anticoagulant	CN	2+	Wal-Mart
	Sprayer, Insecticide, Hand (2 gal)	EA	1	Wal-Mart
3740002523383	Swatter, Fly, 12s	PG	1	Wal-Mart
6850009857166	Water Purification Tablets	BT	2/IND	
6840011837244	Insecticide, Fly Bait	CN	2+	COOP
4250012594590	Respirator, Pesticide, M/Lg	KT	2	Wal-Mart
6840012781336	Repellent, Clothing, Permethrin	CN	1/IND+	Eagle Mart
	Millipore Coli-Count H2O Tester	BX	1	Group Med Supply
6850013526129	Chlor-Floc Water Disinfection	BX	5*	
6685004446500	Thermometer, 200F	EA	2	Eagle Mart
	Flashlight		1	
6510007863736	Alcohol Pads	BX	1	

+ Due to restrictive storage requirements, these pesticides should be purchased shortly before mission and left in the host nation.

* Optional item. Highly recommended.

RECOMMENDED REFERENCES

FM 8-33	Control of Communicable Diseases in Man
TB MED 530	Occupational and Environmental Health Food Service Sanitation
TB MED 577	Sanitary Control and Surveillance of Field Water Supply
DA FORM 5162	Routine Food Service Inspection Checklists (15 copies)
USAEHA TG 174	Personal Protective Techniques against Insects and Other Arthropods

Appendix 12
Civilian Clothes Allowance Request

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KENTUCKY 42223-5000

AOSO-SFA-SN-MD 6 October 1998

MEMORANDUM THRU

Commander, 2nd Battalion, 5th Special Forces Group (Airborne), Fort Campbell, Kentucky 42223-6207

Commander, 5th Special Forces Group (Airborne), Fort Campbell, Kentucky, 42223-62223

FOR Commander, United States Army Special Operations Command (Airborne), Attn: AOPE-PP (SSG Wyatt), Fort Bragg, North Carolina 28307-5200

SUBJECT: Request for Partial Civilian Clothes Allowance (PCCA)

1. Reference AR 700-84, Chapter 8, Unit Supply Update.

2. In accordance with the above reference, request authorization to dray a TDY civilian clothing allowance.

3. The following information is provided:

   a. Name: Grade/Rank MOS/SSI SSN

   b. Start and end dates of the TDY:

   c. Type of last authorized civilian clothing allowance: NA

   d. Date last clothing allowance received: NA

   e. Style and type of civilian clothing required: Fall casual/field.

   f. Expected length of tour requiring civilian clothing: 30 days

4. Justification: The above mentioned soldiers were required by the JSOTF Commander to conduct the MedCAP in civilian clothing. This operation was conducted in small towns and villages throughout the country in austere conditions. Members were exposed to numerous civilians in poor health and came in daily contact with numerous diseases and infections. The daily movement, set up, breakdown and return of the clinic supplies also created wear and tear of the soldiers' clothes.

5. POC for this action is CPT Mike or MSG Fearless, @ xxx-xxxx.

IRON MIKE, M.D.
CPT, MC, FS
Battalion Surgeon

Appendix 13
Budget Examples

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KY 42223-6222

AOSO-SFA-SN-MD 17 March 1998

MEMORANDUM FOR Record

SUBJECT: Budget Estimate Early Victor 1998

1. The following is an estimate of MedCAP costs and expenditures for Early Victor, 1998.

Item	Amount	# Days	Cost/day	Total
2 1/2 ton truck	1	15	$80	$1120
4x4, 4 door	1	37	90	3330
4x4, 4 door	1	27	90	2430
Van, 8 Pax	1	27	90	2430
Fuel	?			400
Laundry	1/man x3 weeks		500	
ADVON				
Plane ticket	1			2400
Hotel		12	150	1800
Per Diem		12	81	972
MAIN BODY				
Food with JSOTF	13	11	17	2431
Food/Lodging	for MedCAP (from HN)			
	13	15	25	4875
Water	6L/man/day	11	2.70	387
MREs (contingency)	3/manx3d (11 boxes)			0
OPFund				500
Pre-deployment SSSC				300
Hidden cost 5% of total				2600
MedCAP supplies				
X-ray machine rental	1			1360
X-ray film	500 exp			1360
Misc. Medicine				3000
MMR Vaccine	2000		6	12000
Hep B Infant	500 (HOLD)		6.80 (HOLD)	3400 (HOLD)

Hep B Adult	500	4.08	2040
Exam Tables	2	125	250
Auto Injectors	2	250 (est.)	500
Pulse Oximeter	1	500	500
Pulmonary Funct Tst	1	5000 (est.)	5000
Patient Screens	2	100 (est.)	200

TOTAL **$52,685**

*(Note to the reader, this budget had only $56,000 available)

2. POC is the undersigned @ DSN xxx-xxxx, COMM xxx-xxx-xxxx, Fax xXXXX, email: forcem@soc.mil, @ Le Meridien Rm. 538 through 18 March.

MIKE FORCE, PA-C
CPT, SP, DMO
Battalion Physician Assistant

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KY 42223-6222

AOSO-SFA-SN-MD 27 May 1998

MEMORANDUM FOR Director of Field Medical Services, King Hussein Hospital, Jordan

SUBJECT: Budget Estimate for Early Victor MedCAP 1998, Jordanian obligations

1. The following is an estimate of MedCAP costs and expenditures for Early Victor, 1998. This is only an estimate of expenditures. The official contracts will be forthcoming soon from our contracting officer Major Steve Conroy.

Item	Amount	# Days	Cost/day	Total
2 1/2 ton truck	1	14 (est.)	$80	$1120 (est.)
Lodging	7 rooms	15 (est.)	$20/room/night	$2100 (est.) or $10/man/night which ever is greater
Water	4L/man/day for 12 men	15 (est.)	$0.85/L	$612
Food	3 meals/man/day at officer mess on RJAF base to be determined with boxed lunches when requested.	16 (est.)	$10/man/day	$2880 (est.)
X-ray machine rental	1	15 (est.)		$1360
X-ray film	500 exp			$1360
Hep B Adult	500		$4.08	$2040

2. POC is the undersigned @ DSN xxx-xxxx, COMM xxx-xxx-xxxx, Fax xXXXX, email: forcem@soc.mil, mobile phone 39166, @ Le Meridien Hotel, 569-6511, Rm. 304 through 29 May.

MIKE FORCE, PA-C
CPT, SP, DMO
MedCAP Coordinator

Appendix 14
Subsistence Support Request

DEPARTMENT OF THE ARMY
HEADQUARTERS
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KY 42223-5000

AOSO-SFA-SN-SD 22 April 1998

MEMORANDUM THRU

Commander, HHC, 5th Special Forces Group (Airborne), ATTN: Comptroller (ATTN: SSG Childs), Fort Campbell, Kentucky 42223-6223

Commander, 5'h Special Forces Group (Airborne), AOSO-SFA-SD, Fort Campbell, Kentucky 42223-6223

Commander, United States Army Special Operations Command, AOFI-RM-SF (ATTN: Mr. Chandler), Fort Bragg, North Carolina 28307-5200

FOR Headquarters, Department of the Army, ATTN: DSC-LOG (Mr. Chandler), Fort Bragg, North Carolina, 28307

SUBJECT: Request for Funding Authority for Exercise (Jordan MedCAP) 26 May 1998 - 26 June 1998

1. Request funding authority IAW paragraph 10-5, AR 30-1 in the amount of $12,480.00 to establish support agreements using MPA funds for subsistence support, bottled water and host nation meals from the nation of Jordan.

2. This exercise will rely logistically on host nation contracts and local purchases due to a shortage of strategic airlift and limited host nation military support. Total personnel supported in this exercise are thirteen (13 Pax).

3. Requested Details. Subsistence Support ($1,456.00)

a. Personnel from the 5th SFG (A) will use these funds to purchase supplemental ration items. Personnel will be eating host nation contracted rations. All personnel will be under field conditions for the entire operation. Funds will be paid to the vendor by a Class A Agent. Cost calculations are $3.50 x 13 personnel x 32 days = $1,456 00.

b. Supplemental ration items to be purchased.

(1) Condiments (salt, pepper, seasoning)

(2) Vegetables (lettuce, onions, potatoes)
(3) Fruits (apples, oranges, pineapples)
(4) Bread and rolls
(5) Bottled Water ($3,536.00)

(a) Personnel will consume bottled water due to the substandard host nation supply. Personnel are anticipated to consume 6 liters of water per day per person. This will include water for personal hygiene.

(b) Cost calculations are $.85 per liter x 13 personnel x s liters per day x 32 days = $3,536.00

c. Host Nation Rations. ($7,488.00)

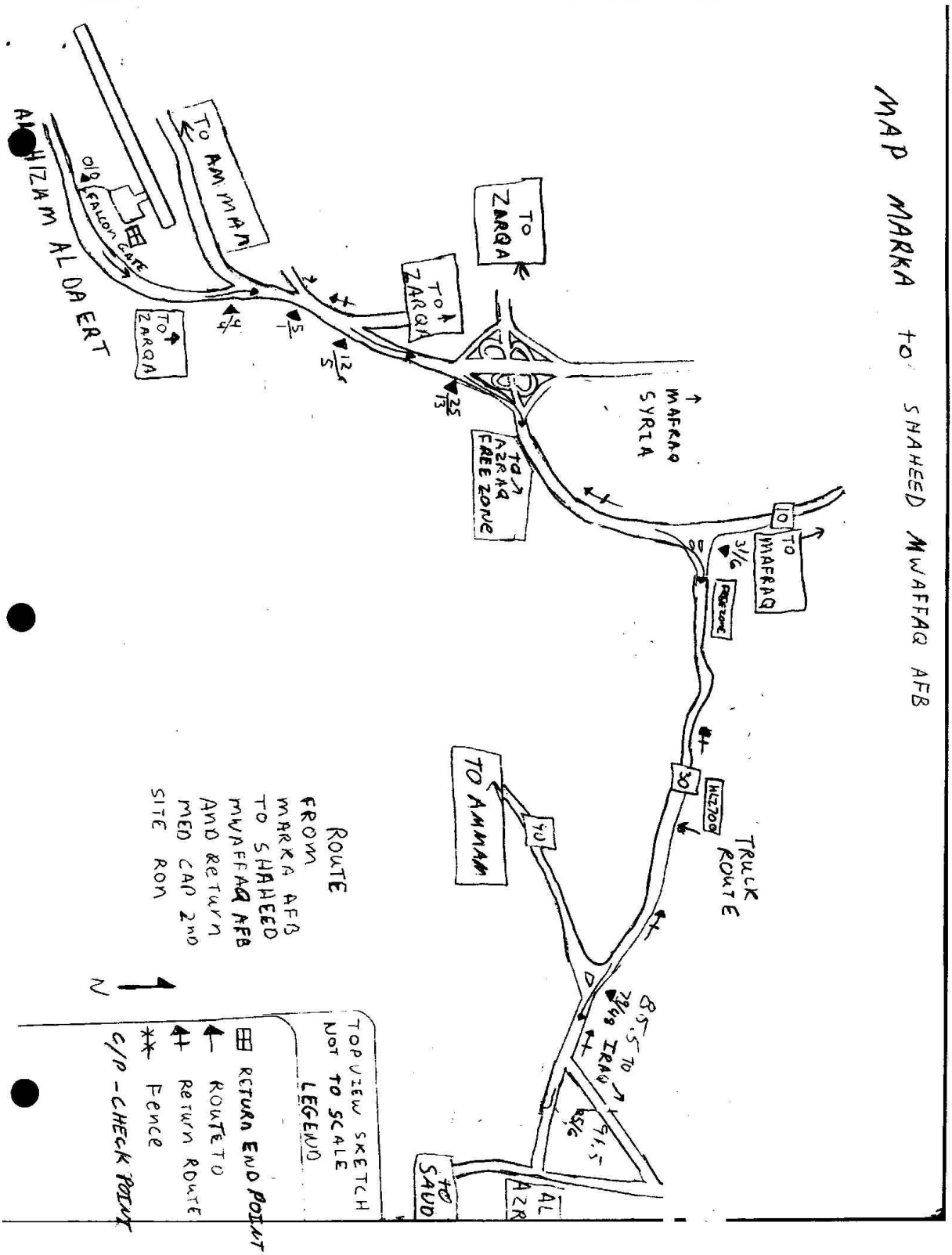
(1) Personnel in this exercise will eat host nation contracted rations for the duration of the exercise. Ration cycle will be A-M-A. All personnel will be under field conditions for the duration of the exercise.

(2) Cost Calculations are $18 per man per day x 13 persons x 32 days = $7,488.

4. POC for this action is CPT Mike, DSN xxx-xxxx or commercial (xxx) xxx-xxxx.

IRON MIKE
CPT, OD
Bn S-4

Appendix 15, Example Strip Map



PURCHASE REQUEST AND COMMITMENT
For use of this form, see AR 37-1; the proponent agency is OASA(FM)

1. PURCHASE INSTRUMENT NO.	2. REQUISITION NO.	3. DATE	PAGE OF
		26 May 1998	PAGES

4. TO:	5. THRU:	6. FROM:
USASOC CONTRACTING		JSOTF

It is requested that the supplies and services enumerated below or on attached list be

7. PURCHASED FOR	8. DELIVERED TO	9. NOT LATER THAN (Date)
MedCAP	Marka AFB	30 MAY 98

The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: *(Check appropriate box and complete item.)*

10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION	11. TELEPHONE NUMBER
1 LT Len Gruppo	569-6511 x304

	12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

14. ITEM	15. DESCRIPTION OF SUPPLY OR SERVICES	16. QUANTITY	17. UNIT	18. ESTIMATED UNIT PRICE *a*	18. ESTIMATED TOTAL COST *b*
1	2.5 ton truck, covered, w/driver est June 5 thru 18 June Delivered to Marka AFB, JSOTF at 1100 hrs, exact date TBD POC Brigadier General Abbadi	est 14	days	$80	est $1120

25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE

FUND CERTIFICATION

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

19. ACCOUNTING CLASSIFICATION AND AMOUNT

Payment initiated upon completion of exercise (by check drawn on 978 0100 5600 505020 012173000 25GZ 000000 MIPR 8HSFGSS081 SREL20 or cash from MedCAP account @ US Embassy)
Payment will be made to: Director of Royal Medical Services in addition to his position

20. TYPED NAME AND TITLE OF CERTIFYING OFFICER	21. SIGNATURE	22. DATE

23. DISCOUNT TERMS

24. PURCHASE ORDER NUMBER

26. DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ☐ NO ☐

IF YES, NUMBER OF DAYS REQUIRED

27. TYPED NAME AND GRADE OF INITIATING OFFICER	28. SIGNATURE	29. DATE
TERRY CYFERS, CPT		26 MAY 98
30. TELEPHONE NUMBER: 569-6511 x338		
31. TYPED NAME AND GRADE OF SUPPLY OFFICER	32. SIGNATURE	33. DATE

34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	35. SIGNATURE	36. DATE

DA FORM 3953, MAR 91 EDITION OF AUG 76 IS OBSOLETE USAPPC V2.00

Appendix 17

Vehicle Fuel Consumption Log

Vehicle Make, Model, License #_____

Date	Amount in Liters	Location

Appendix 18
Humanitarian Service Medal

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KY 42223-6222

AOSO-SFA-SN-MD 5 May 1998

MEMORANDUM THRU Commander 2/5th SFG (A), Fort Campbell, KY 42223-6222

FOR Commander 5th SFG (A), Fort Campbell, KY 42223-6222

SUBJECT: Recommendation for Award of the Humanitarian Service Medal

1. IAW AR 600-8-22.2-15, Request that the following personnel assigned to the Jordan Medical Civic Action Program (MedCAP) is awarded the Humanitarian Service Medal. These Service Members provided humanitarian assistance in Jordan during operation Early Victor from 1 to 18 June 1998. This mission has been classified as a humanitarian mission by USCINCCENT. Reference USCINCCENT (S) message Planning Directive to E.V. 98, DTG 081902ZAUG97.

2. The following personnel participated in humanitarian assistance operations in Jordan:

NAME	SSAN	RANK	SERVICE

3. Further request that the record of listed individuals who have already been permanently awarded a HSM, from another unit or activity, be annotated to reflect the appropriate Oak Leaf Cluster for this award and place in their military personnel record jacket.

4. POC is the undersigned at xxx-xxxx.

IRON MIKE, M.D.
CPT, MC, FS
Battalion Surgeon

Appendix 19
Force Protection

DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS DETACHMENT
2ND BATTALION, 5TH SPECIAL FORCES GROUP (AIRBORNE)
FORT CAMPBELL, KY 42223-6222

AOSO-SFA-SN-MD 25 May 1998

MEMORANDUM FOR Commander JSOTF Early Victor 98

SUBJECT: Force protection plan for Early Victor MedCAP 98

1. To ensure the safety of the MedCAP team, several measures will be taken. They are outlined below.

2. Wear of civilian clothes is required to minimize the profile of the team.

3. Carry, or keep small arms nearby for personal or team defense.

4. Host Nation (HN) guards will travel with convoys to and from treatment sites and position themselves inside and outside of treatment structures as directed by the mission commander.

a. Two armed guards will be utilized at the treatment site, one inside the building, and the other outside.

b. Regular army HN personnel will accompany the site survey team.

5. In addition to the HN guard, the communications NCO will maintain communications while in or near the communications vehicle. He will maintain a good observation position covering the building entrance, and warn the treatment team of any observed threat via Saber radio.

6. The two-man rule will be in effect always, except while running for physical training on Host Nation Air Force Bases (HNAFBs).

7. Sleeping quarters will be within HNAFBs. These are considered secure and no additional active force protection measures will likely be employed while within its confines. At a minimum, however, a radio/phone watch will be maintained 24hrs/day.

8. The team will be able to communicate with its elements and the JSOTF by some or all of the following means:

a. TACSAT, CDC & voice secure
b. INMARSAT w/ KL43
c. Cellular phone w/ KL43
d. Land Line w/ KL43
e. HF ALE
f. HF, single channel w/ KL43
g. Saber Secure (w/ base station) and vehicle assembly kits
h. Courier

9. In the event of a dramatic increase in risk to any element of the team, the following actions will take place:

a. The element will consolidate and attempt to address the threat by either neutralizing it or withdrawing from the area. Simultaneously, the HN forces on site will be asked for assistance.

b. If withdraw is required, the team will move via the most expedient means available to the nearest check point. These points will be marked on team member's maps and all team members will be thoroughly familiar with the plan. There, they will reassess, regroup, account for personnel and equipment and take appropriate action to ensure the survival of the element/team.

c. An attempt will be made to contact all other elements of the MedCAP not with the affected element and to contact the JSOTF. This is to be accomplished by the most expeditious and secure means available in order to apprise them of the situation, obtain guidance from the commander, and request assistance as needed.

10. In the event serious injuries are sustained, the following actions will take place:

a. If possible, secure the area or attempt to remove the injured from the threatened area (i.e. oncoming traffic, attackers, etc.) Proceed as in section "9" above if the situation warrants.

b. Render self-aid, buddy aid, then seek higher medical assistance.

c. Contact the MedCAP commander and apprise him of the situation. The JSOTF will then be contacted for same and to request a MedEvac.

11. POC is the undersigned.

MIKE FORCE, PA-C
CPT, SP, DMO
MedCAP Coordinator

Appendix 20

DATE:

SITE SURVEY CHECKLIST*

Village: _____

Grid: _____

Map Sheet: _____

1. Village leader's name: _____

2. Population Information
   a. Number of infants: _____
   b. Number of children: _____
   c. Number of adults: _____
   d. Total: _____

3. General Information.

   a. Description of living conditions

      (1) Economy / Commerce
      (2) Type of housing
      (3) Sanitation (Method of handling garbage, human and animal refuse)
      (4) Main food supply, typical diet
      (5) Water supply (Location in village, height of water table and type and number of wells
      (6) Electricity (Source and Type)
      (7) Personal Hygiene, Clothing, Shoes

   b. School

      (1) School Teacher (s) _____

         (a) Level of training_____
         (b) Language spoken_____
         (c) Number of students _____
         (d) Age and grade distribution_____

      (2) Facilities

         (a) Dimensions of schoolhouse _____
         (b) Condition of building

1 Inside: _____
2 Outside: _____

(c) Nearby terrain feature (obstacles for LZ setup of identifying area)
(d) Nearest large town and distance: _____
(e) Local modes of communication, number and effectiveness: _____

4. Potential Landing Zones

a. Grid coordinates: _____

b. LZ capabilities (type and number of aircraft): _____

c. Obstacles and security considerations on LZ

5. Sketch a diagram of village and area for the mission (Include LZ, schools, water supplies, and potential medical areas).

6. Comments

7. Members of site survey team (Include name, rank, MOS or title)

*(Reprinted with permission and adapted from the 7th SFG (A) H/CA Engineering Guide)

Appendix 21

DATE:

SITE SURVEY, MEDICAL*

Village: _____

1. Village medical capabilities

    a. Name of facility: _____
    b. Description of facility
    c. Equipment and supplies on hand:

_____
_____
_____

    d. Availability of resupplies: _____
    e. Are records kept at facility: _____
    f. Number, Name and credentials of local Physicians, Dentists, Veterinarians and Nurses

_____
_____
_____

    g. Sketch of facility

2. Health Conditions

    a. Main Health Problems

b. Recent Mortality Last 3 Months Cause
   (1) Infant

   (2) Children

   (3) Adults

c. Immunizations
   (1) Date of last immunizations: _____
   (2) Shots given and to whom: _____
   (3) Who administered shots: _____
   (4) How often shots are given: _____

3. Nearest larger treatment facility
   a. Name: _____
   b. Location (city, grid, etc): _____
   c. Distance: _____
   d. Accessible by road, air, water and length of travel:
_____
   e. Point of contact: _____
   f. Telephone # or radio frequency: _____
   g. Capabilities: _____

4. Other recent medical care (by whom, what was done, are there any records, etc)

*(Reprinted with permission and adapted from the seventh SFG (A) H/CA Engineering Guide)

Appendix 22

Date:

Site Survey, Preventive Medicine*

Village: _____

1. Climate:
   a. Temperature: High: _____
      Low: _____
   b. Rainfall: (inches)

2. Water:
   a. Source: (River, spring, rain, snow, well or other…)_____
   b. Location of source (in village, distance from village, direction of flow, location of waste site in relation to water source)

_____
_____

   c. Is source shared with animals:_____
   d. Water treatment capabilities of the village:_____
   e. How is water stored: (Provide Sketch)

3. Food:
   a. What is main food source of the village:_____
   b. How is the food prepared: (cooked, boiled, fried, raw, other…)

_____
_____

   c. How is food stored: (refrigerated, smoked, dried, canned)_____

4. Sanitation:
   a. Are there latrines: (number, what type and how well maintained)

_____
_____

   b. How is waste disposed of : (sewage, garbage, landfills, open pit, burning, other..)
   c. Is there a source of electricity: (source and voltage) _____

d. Are there any industrial sites: (chemical, agricultural, etc…)

e. Describe average living accommodations: (average # / house, # of rooms, are there doors, screens, windows or chimneys)

_____
_____

f. Are hand-washing facilities available: _____

5. Vectors:
   a. Name of local public health organization:
   b. Point of contact at local public health organization: _____
   c. Signs of rodents in the village (tracks, trails, droppings and visual sightings)

_____
_____ Control measured used to control problem:
_____

   d. Are insects (flies, mosquitoes, ticks) a problem in the village. If you notice them while you are there, they are likely a problem. _____
   e. Are there any on-going PM problems in the area: _____
   f. Is night soil used as a fertilizer for crops: _____
   g. Are fish and shrimp used as a significant food source for the village. If so, where are they caught? (sketch where in relation to the village)

*(Reprinted with permission and adapted from the 7th SFG (A) H/CA Engineering Guide)

Appendix 23

Date:

Site Survey, Veterinary*

Village: _____

1. Animal Population
   a. Cats: _____
   b. Dogs: _____
   c. Horses / Mules: _____
   d. Sheep / Goats: _____
   e. Pigs: _____
   f. Cows: _____
   g. Fowl: _____

2. What is the common usage of animals in the village: _____

3. What problems have been experienced with the animals of the village within the past year?

   a. Cats: _____
   b. Dogs: _____
   c. Horses / Mules: _____
   d. Sheep / Goats: _____
   e. Pigs: _____
   f. Cows: _____
   g. Fowl: _____

4. What type of animal / veterinary facilities are available in the village. (Housing, stalls, working chutes)

5. Describe any on-going agriculture improvement project. (us, religious, host national)

6. Date of last veterinary assistance visit (work done, by whom, and scope of work)

_____
_____

7. Name of nearest veterinary service: _____
   a. Point of contact: _____
   b. Location: _____
   c. Size of location: _____

8. List any specific requests for assistance by villagers or local government.

_____
_____

9. Points of contact

   a. Country team USDA member: _____
   b. Ministry of Agriculture of Natural Resources (address and phone number)
   c. _____
_____
   d. Local Representative: _____
   e. Local Agriculture related organizations (i.e., Association of Ganaderos)

10. Do animals roam free in the village, are they penned or corralled. (sketch where pens of corrals are in relation to the village. Specify what type animals are in what pens.)

*(Reprinted with permission and adapted from the 7th SFG (A) H/CA Engineering Guide)

Appendix 24

DATE:

Site Survey, Dental*

Village _____

1. Number of people in village requiring dental care: _____

2. Location of nearest dentist, dental facility (to include size and capabilities)(sketch):

3. Availability of route and emergency dental care:

4. Date of most recent dental mission: _____
   a. Who did it: _____
   b. What was done: _____
   c. Any records: _____

5. Availability and usage of dental aids (toothbrushes, paste, floss, etc…)

6. Facilities available for dental treatment:

_____
_____
_____

*(Reprinted with permission and adapted from the 7th SFG (A) H/CA Engineering Guide)