

APPENDIX K

UNITED STATES DISASTER ASSISTANCE OPERATIONS**K-1. General**

a. During disaster assistance operations, it is important that the CHS response be rapid, well planned, and thoroughly coordinated. This is accomplished by the development of contingency plans, a thorough understanding of the FRP and its delineation of duties and responsibilities, and the rapid assessment of the health care requirements precipitated by the disaster.

b. In these operations, other government agencies may have the lead. An understanding of the command/coordination arrangements is necessary at all levels to gain unity of effort and to avoid unnecessary and counterproductive friction.

K-2. Administrative Support

a. To facilitate the management of personnel and resources flooding into the disaster area, it is essential to establish a central point of administration as soon as possible within the disaster area. Once the JTF surgeon has been designated and his staff established, the administrative unit is activated. The headquarters establishing this administrative unit is responsible for preparing an SOP for the operation. This SOP prescribes formats, reports, submission requirements, and the other myriad of administrative details required to enhance the management of the operation. As the force deployed may be joint in nature, or may come from a number of different types of units, such as Active Component, US Army Reserves, or National Guard, a common reporting system will not exist. One must be established for all relief elements to use.

b. A common communications system among the various units/forces deployed must be established early on if effective C2 and administrative functions are to be successful. A system which is not accessible to a portion of the forces deployed will detract from the overall relief effort.

c. All units, whether administrative or operational, must provide for their own administrative and logistical needs. This includes such items as notebooks, paper, pencils/pens, automated equipment (laptop computers, facsimile machines), typewriters, and such. The local community in the disaster area will not be able to provide this support.

d. When small teams are deployed, they must thoroughly coordinate support for lodging and feeding prior to their deployment. The team cannot assume that it will be able to stay in undamaged motels/hotels in the disaster or outlying areas. They must be prepared to sleep and eat in a field environment.

K-3. Priorities of Support

a. In the initial phase of a disaster assistance operation, the priority of support goes to the rescue, treatment, and evacuation of the disaster victims, to PVNTMED (to include water) concerns, and to food quality and safety assurance.

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- Military evacuation assets (especially helicopters) used to augment civilian capabilities should be carefully deployed to ensure that adequate coverage of the disaster area is effected. Ground evacuation assets should be employed where the road network is still intact and not blocked by debris or rubble. The aeromedical evacuation capability should be used in areas inaccessible by road; or where the criticality of the injury dictates evacuation by air. Existing medical facilities with sustained damage may be used after they have been inspected to ensure they are structurally sound. Aid station and clearing station operations can be established in areas where medical assistance is required but the existing medical facilities are not capable of providing the required support. In addition to independent operations, military medical personnel may be used to augment the staffing at operational civilian medical facilities.

- Preemptive PVNTMED actions can reduce the incidence of morbidity and mortality due to preventable causes of disease (control of disease vectors and rodents, disruption of sanitation facilities, waste disposal, and sewer systems). Additionally, PVNTMED resources are required to ensure the safety of the water supply in the AO.

- Veterinary resources are required to ensure the wholesomeness and safety of the food supply in the disaster area. This is of particular importance in an NBC contaminated environment.

b. As the immediate patient work load decreases, emphasis of support can shift from trauma management to other types of support. Mental health personnel can conduct surveys and provide intervention as required. Veterinary personnel can tend to injured livestock, pets, and wild animals. Depending upon regulations governing temporary housing or life support centers, veterinary help may be required with privately owned pets not allowed to stay with their owners in these facilities. Community health nurses, dietitians, and physical and occupational therapists can begin to work with disaster victims on activities of daily living and meeting their day-to-day health care needs.

c. A goal-oriented approach to disaster assistance must incorporate the reassumption of responsibility by the local community in the disaster area. Within the medical arena, this may require assistance in rebuilding the medical infrastructure, repairing and/or replacing facilities, and decreasing the dependence on military medical assistance. A desired end state should be determined and a time line established for the withdrawal of military medical assistance. This is, of course, established in conjunction with the other agencies conducting relief operations.

K-4. Disaster Relief Task List and Status Board

During disaster relief operations, it is essential that the CHS provided be goal-oriented and continually monitored. It is important, therefore, to establish a task list for the specific operation. Further, a status board should be maintained to track the progress made toward the resolution of the relief effort.

a. The disaster relief task list will be comprised of different elements for each operation. This list is developed by the JTF surgeon/staff in coordination with other participants. Factors such as the cause of the disaster, resources available, time available, and other factors will differ from situation to situation. A sample task list is provided for a natural disaster. This task list (Table K-1) should not be considered all-inclusive and should be tailored to the specific operation.

Table K-1. Sample disaster relief task list

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- ESTABLISH COMMUNICATIONS WITH THE DOD CHS COORDINATOR WITHIN THE AOR.
 - AUGMENT CIVILIAN HOSPITALS WITHIN THE RESOURCES OF THE DEPLOYED TF STRUCTURE.
 - PROVIDE ROUTINE CHS TO US MILITARY FORCES DEPLOYED.
 - ESTABLISH CIVILIAN MTFs CAPABLE OF RESUSCITATION AND STABILIZATION.
 - PROVIDE MEDICAL SUPPORT TO TEMPORARY FACILITIES PROVIDING SUPPORT TO DISASTER VICTIMS.
 - ASSIST AND ORIENT LOCAL, STATE, AND FEDERAL CHS ORGANIZATIONS CONDUCTING DISASTER RELIEF OPERATIONS.
 - ESTABLISH PVNTMED PROGRAMS FOCUSED ON PEST MANAGEMENT, FIELD SANITATION, AND PMM FOR VICTIMS OF THE DISASTER AND THE TEMPORARY AREAS ESTABLISHED FOR HOUSING AND FIELD FEEDING.
 - ESTABLISH A SINGLE POINT OF CONTACT FOR CHL.
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b. To ensure that the status of each CHS functional component is monitored during the relief operation, a status board should be prepared. This status board (Figure K-1) should provide a visual update at a glance. The information can be displayed as a gum-ball chart depicting the civilian community's capability to provide its own support. The colors and their definition could be—

- Green for nearly full predisaster capability.
- Amber for some capability (50-75 percent).
- Red for little or no capability; requires significant DOD assistance.

PUBLIC HEALTH STATUS OF _____
 FROM _____ TO _____

FUNCTIONAL AREA	GREEN	AMBER	RED
PATIENT EVACUATION AND MEDICAL REGULATING	0	0	0
AREA SUPPORT/EMERGENCY TREATMENT	0	0	0
HOSPITALIZATION/MEDICAL TREATMENT FACILITIES/MEDICAL LABORATORY SUPPORT	0	0	0
PREVENTIVE MEDICINE	0	0	0
VETERINARY SERVICES	0	0	0
COMBAT HEALTH LOGISTICS (INCLUDING BLOOD MANAGEMENT)	0	0	0
DENTAL SERVICES	0	0	0
MENTAL HEALTH SUPPORT	0	0	0
COMMAND AND CONTROL	0	0	0
COMMUNICATIONS	0	0	0

LEGEND:

GREEN—NEAR FULL PREDISASTER CAPABILITY.
 AMBER—50–75 PERCENT OF CAPABILITY.
 RED—LITTLE OR NO CAPABILITY.

Figure K-1. Sample status board.